North East Lincolnshire

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 Board[1]

Inspection date: 10 July 2017 to 3 August 2017

Report published: 25 September 2017

Children's services in North East Lincolnshire are good		
1. Children who need help and protection		Requires improvement to be good
2. Children looked after and achieving permanence		Good
	2.1 Adoption performance	Good
	2.2 Experiences and progress of care leavers	Good
3. Leadership, management and governance		Good

[1] 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.

Executive summary

Children's services in North East Lincolnshire are good. Progress has been made in the local authority since the last full inspection of children's services in 2012. Services have been strengthened. Children's needs are identified and met more quickly, and they benefit from joint support delivered via child in need and child protection arrangements. Partners share a commitment to strengthening preventative services for children and families to provide early help and reduce the demand for statutory social care services. This is beginning to have the desired impact.

The local authority has successfully attracted additional investment to support development plans. Strategic partners have reconfigured their resources in consultation with each other to maximise joint impact. The most deprived areas are benefiting from multi-agency, targeted interventions that are intended to have long-term impact on outcomes for children and families.

The local authority knows itself well through good use of detailed and accurate performance information and a robust quality assurance framework. Areas of strength and weakness are identified and addressed. Many successes can be seen through this approach, but some weaknesses persist, such as the timeliness of social work assessments, the clarity of plans and the uptake of the council's preferred neglect assessment tool. Private fostering is not promoted, and no privately fostered children are assessed and supported at the time of the inspection.

The workforce strategy, which includes a comprehensive training offer, is successful. Staff turnover has been reduced by over half in the last two years. Further work is underway to improve workforce stability on a regional basis, and good efforts to increase the qualifications and expertise of the workforce continue.

The local authority works well with its partners to safeguard children who go missing and those at risk of child sexual exploitation or radicalisation. Appropriate interventions for individual children occur, alongside coordinated and effective strategic oversight and responses. The strong emphasis on prevention ensures that many children are helped to stay safe and avoid risky situations. There is good, widespread awareness raising of these issues across the community.

The very small number of children at high risk of sexual exploitation are known. Considerable effort is made to understand and share information about their circumstances. However, the records of meetings do not clearly set out if this is achieving improved safety for them.

Thresholds for statutory children's social care involvement are widely disseminated and generally understood across partner agencies. Assessing the right level of support for a child and their family is assisted by the joint enterprise of the multi-agency Families First Access Point (FFAP), a single point of contact for requests for support across the spectrum of early help and statutory services.

Children's circumstances are appropriately considered and further information is gathered to determine the most appropriate level of intervention. While this system generally works well, some shortfalls were seen during the inspection, leading to needs and risks remaining unassessed or addressed for a few families. The local authority swiftly amended systems during the inspection, providing assurance that this would not recur.

Statutory child in need and safeguarding services are effective. All agencies are fully engaged in supporting and protecting children and families. A range of panels provide additional assurance that decisions to escalate or de-escalate the level of intervention in an individual child's and family's life are carefully considered and agreed on a multi-agency basis.

There is an appropriate focus on understanding risk and protective factors for children, although assessments are not always sufficiently analytical and too many take too long to complete. Plans are not always sufficiently clear about individual responsibilities, timescales or desired outcomes. This contributes to difficulties in measuring progress and reducing delay for some children, whose outcomes are not improving quickly enough.

Efforts have been made to ensure that practitioners in all agencies have the skills and tools to identify and respond to neglect. However, the partnership's preferred assessment tool remains under-used in all agencies that work with children.

Decisions that children should come into care are appropriate and timely. The local authority is successful in nearly all its applications for care orders to the courts. Children are enabled to return to the care of their parents when it is safe to do so, with arrangements carefully monitored and supported. More children would benefit from independent visitors and support from the effective advocacy service.

Outcomes for children in care are positive, and placement stability continues to improve. Children are placed in stable and secure alternative homes as quickly as possible. Adoption performance is good and improving, with many strong aspects. However, child permanence reports are variable in quality.

Social workers visit regularly and know their children well. Independent reviewing officers (IROs) provide good oversight and keep plans on track. Educational and other progress is tracked, with additional support provided promptly. Current progress across all education key stages is positive.

Care leavers have a good range of support services, including personal advisors (PAs) and suitable housing options. They develop good independence skills. However, too many care leavers, particularly those aged 19 to 21, are not currently in education, employment or training (NEET). They are not routinely given details of their health histories.

Children's views are considered well in individual plans for them, but insufficient attention has been given to enhancing their collective influence. The Council for Children in Care (CfCC) is underdeveloped. The corporate parenting panel does not hear enough directly from children or check that the pledge is being kept. The scrutiny panel is insufficiently focused on children in care and care leavers.

The Health and Wellbeing Board's focus on vulnerable children is weak and the children's action plan is not up to date, hampering the ability to see its impact.

Contents

The local authority

Information about this local authority area[2]

Previous Ofsted inspections

- The local authority operates eight children's homes. All were judged to be good or outstanding in their most recent Ofsted inspection.
- The last inspection of the local authority's safeguarding arrangements was in May 2012. The local authority was judged to be adequate.
- The last inspection of the local authority's services for children looked after was in May 2012. The local authority was judged to be good.

Local leadership

- The director of children's services (DCS) has been in post since September 2013 and became the deputy chief executive in 2015.
- The chief executive has been in post since January 2014.
- The chair of the Local Safeguarding Children Board has been in post since June 2014.

Children living in this area

- Approximately 34,204 children and young people under the age of 18 years live in North East Lincolnshire. This is 21% of the total population in the area.
- Approximately 29% of the local authority's children aged under 16 years are living in low-income families.
- The proportion of children entitled to free school meals:
  - in primary schools is 16% (the national average is 15%)
  - in secondary schools is 15% (the national average is 13%).
- Children and young people from minority ethnic groups account for 4% of all children living in the area, compared with 21% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are Mixed and Asian British.
- The proportion of children and young people with English as an additional language:
  - in primary schools is 5% (the national average is 20%)
  - in secondary schools is 3% (the national average is 16%).

[2] 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.

Child protection in this area

- At 30 June 2017, 1,948 children had been identified through assessment as being formally in need of a specialist children's service. This is a reduction from 2,029 at 31 March 2016.
- At 30 June 2017, 204 children and young people were the subject of a child protection plan (a rate of 60 per 10,000 children). This is a reduction from 221 (65 per 10,000 children) at 31 March 2016.
- At 30 June 2017, no children lived in a privately arranged fostering placement. This is a reduction from three at 31 March 2016.
- In the two years before inspection, no serious incident notifications have been submitted to Ofsted and one serious case review (SCR) has been completed.
- There were no SCRs ongoing at the time of the inspection.

Children looked after in this area

- At 30 June 2017, 307 children were being looked after by the local authority (a rate of 90 per 10,000 children). This is an increase from 295 (86 per 10,000 children) at 31 March 2016. Of this number:
  - 89 (or 29%) live outside the local authority area
  - 41 live in residential children's homes, of whom 24% live out of the authority area
  - Three live in residential special schools[3], all of whom live out of the authority area
  - 233 live with foster families, of whom 27% live out of the authority area
  - 11 live with parents, of whom 18% live out of the authority area
  - Six are unaccompanied asylum-seeking children.
- In the last 12 months:
  - there have been 18 adoptions
  - 22 children became subject of special guardianship orders
  - 146 children ceased to be looked after, of whom 5% subsequently returned to be looked after
  - 16 young people ceased to be looked after and moved on to independent living
  - one young person ceased to be looked after and is now living in a house in multiple occupation.

The casework model used in this area

- Signs of Safety.

[3] These are residential special schools that look after children for 295 days or less per year.

Recommendations

1. Social work assessments of children and their families should be timely, and lead to clear plans and interventions which enable the extent of progress to be measured.

2. Ensure that the intervention plans for children and young people at high risk of sexual exploitation are clear and that their progress over time is tracked.

3. More care leavers should benefit from education, employment and training opportunities, including those provided by the local authority as a diligent corporate parent.

4. Ensure that the CfCC is able to influence senior decision-makers in the local authority area effectively.

5. The corporate parenting panel should ensure that all council services are executing their duties towards children in care, in line with the pledge.

6. The local political scrutiny panel should be aware of how well vulnerable children are being supported.

7. Ensure that the Health and Wellbeing Board's priorities for children are aligned with other strategic boards' priorities, and that progress is being made with these priorities.

8. Ensure that care leavers have full information about their health histories.

9. All child permanence reports should include a good, comprehensive account of an adopted child's birth family history.

10. Increase the take-up of the independent visitor and advocacy services for those children in care who would benefit from these opportunities.

11. Private fostering should be promoted so that all children who are privately fostered can be assessed and provided with support appropriate to their needs.

Summary for children and young people

- Many people work together to help children and young people to achieve their goals and stay safe. They include family support workers, social workers, health workers, the police and youth workers.
- Children and young people are helped to stay safe. This includes being safe from dangers such as sexual exploitation and radicalisation. Some adults were placing children and young people at risk. The police have stopped them doing this.
- Some children and young people have been neglected by their parents, and the council is working hard to stop this. We agree with the council's managers that there is more to do. Everyone who works with children and young people needs to be able to spot neglect.
- Social workers give good help to those children and young people who need it. We have asked managers to make sure that children's needs are assessed quicker so that faster help is given.
- We have asked for children's plans to be clearer, so that everybody knows exactly what should happen next. Plans need to say who is responsible and when something should happen by.
- Many young people share their views at meetings. Advocates are available to help them. This is a good service, and we have asked the council to make sure that every child and young person knows about it.
- Children who come into care have plenty of support and their lives improve. They can stay in touch with people who are important to them. They have good foster carers and generally achieve well. Everyone goes to the school that is best for them, and everyone has extra support to achieve.
- The council has promised to look after children who are in care. The council is their 'corporate parent'. Many promises are being kept, but there are some areas that need more support.
- The Council for Children in Care needs better support and help. This is so that more children and young people can be involved. This will help councillors to know what is important to young people and respond to them.
- Care leavers have plenty of help to smooth their path into independent living. If they want, they can stay with their foster carers as they get older. Care leavers need to have full details of their health histories.
- Too many care leavers are NEET. We have asked the council to help young people to go to college. More young people should have apprenticeships and jobs.

The experiences and progress of children who need help and protection	Requires improvement

Summary

Children who need help and protection in North East Lincolnshire receive services that keep them safe. Social workers know their children and families well, and there is a strong focus on understanding their needs, based on a recognised model of social work practice. However, analyses of needs do not always result in effective plans that measure progress in a timely way to ensure that children's outcomes are improved and sustained.

Early help is well established, with a range of services to support families. Contacts and referrals to children's social care are coordinated effectively, although arrangements are still developing and being refined – for example, reducing the number of electronic inboxes for different services.

Multi-agency working is a strength. Children benefit from information sharing between agencies to decide the appropriate next steps to safeguard them. The quality of referral information from other agencies remains variable. The response to children and families who are signposted to early help services has not always been timely.

Too many single assessments take too long to be completed, and performance has not improved despite management actions intended to tackle this. This means that some children and families experience drift and delay while their needs are identified, before a clear plan of support is put in place.

Efforts have been made to ensure that practitioners in all agencies have the skills and tools to identify and respond to neglect. However, the use of the preferred assessment tool is underdeveloped within children's social care and in other services. Some children have remained in neglectful situations for too long.

Children's voices are routinely sought and reflected in their case records. The multi-agency response to children who are missing and/or at risk of sexual exploitation is prompt and determined, and captures children's views well. Good work takes place to prevent child sexual exploitation and to educate children about risks. Considerable information sharing and multi-agency discussion take place for children at high risk of sexual exploitation, leading to intervention plans. However, some plans are too brief and do not show effectiveness in reducing the risks experienced by these children.

Private fostering is not promoted or given sufficient priority across the children's workforce.

Children who have disabilities receive a good service and are well supported to make the transition to adult social care at the right time.

Inspection findings

12. Early help services are wide ranging, and provide universal and targeted support to children and families through easily accessible centres, known as family hubs, located across the community. Early help assessments are variable in quality, but all are based on a recognised model of practice which has been adopted across children's services. The model helps workers, parents and children to understand each family's strengths and weaknesses, and how these are affecting their children. Early help assessments assimilate concerns and decide on the next steps, ensuring that support is tailored to meet the diverse individual needs of children and families.

13. An effective weekly panel scrutinises the cases of families in which no or limited progress appears to have been made, despite the provision of early help services. This ensures that cases are escalated appropriately to children's social care for additional support.

14. The regular cluster single assessment meeting ensures that families receive appropriate support and interventions according to their needs, such as access to accredited parenting programmes. Support from within families is identified well through extensive use of family group conferences. Children benefit from a suitable range of respite and outreach activities to prevent family breakdown and avoid coming into care.

15. An efficient, coordinated response for contacts, referrals and advice is provided by the FFAP, operational since January 2017. The FFAP is multi-agency and has appropriate management oversight at key decision-making points – for example, when a contact should lead to a social work assessment. Co-location of social workers, police officers and other specialists from early help and health services ensures swift, coordinated responses. Prompt, good-quality information sharing with wider health services, such as substance misuse and midwifery, is facilitated by the specialist safeguarding nurse in the FFAP.

16. The quality of contact and referral information received by the FFAP is variable, and some requests for support do not make it clear whether parental consent has been secured prior to the request being made. Other weaknesses in the FFAP arrangements were seen by inspectors. Some referrals were assigned to an early help assessment inbox without the reasons for the referral being reviewed by the social workers or managers in the FFAP. A small number of cases were seen in which the presenting information indicated that a statutory service was required. The local authority rectified these arrangements during the inspection so that all contacts and referrals are considered before determining the appropriate next steps for each family.

17. Thresholds for children's social care involvement are mostly understood by partner agencies, although a small number of children's cases were seen in which earlier referral was warranted and children's needs were not met as a result. When children are referred, the immediate risk of harm is identified effectively within the FFAP. Children are kept safe and progressed through to

children's social care teams promptly for a single assessment or other action. The rationale for decisions on next steps is recorded clearly, and children are seen by social workers promptly and on their own, when relevant. In a small number of cases, families are signposted to early help services despite having complex needs and risk factors. This has delayed the delivery of statutory intervention, for some.

18. All domestic abuse referrals are carefully screened by the police officer in the FFAP, giving each an appropriate risk rating. This ensures that high-risk concerns are prioritised and decision-making is informed by the timely collation of police-held information. Victims are supported well by specialist staff. Additional funding has recently been secured to develop a range of initiatives to provide additional support for families experiencing domestic abuse, including programmes for non-convicted perpetrators. Operation Encompass ensures that schools in the pilot programme receive early alerts on children experiencing domestic abuse in the home environment. Schools report favourably on this initiative, saying that they are able to support these children better.

19. Multi-agency forums, such as multi-agency risk assessment conferences and multi-agency public protection arrangements, assess and manage risk effectively for families with complex multiple needs. These include domestic abuse, substance misuse and parental mental ill health. These forums are well coordinated, held frequently in response to increasing demand and well attended by relevant agencies, including the voluntary sector. Together, these agencies offer a range of preventative and creative support services for children and families, including education and awareness-raising programmes, specialist independent advisors, refuge provision and outreach support.

20. Out-of-hours social work support is effective and responsive, and coordinates seamlessly with daytime services, providing appropriate advice and guidance to professionals and members of the public. Issues that occur out of hours are followed up promptly, ensuring that risks are identified and appropriate interventions put in place. Effective use is made of an emergency bed for children and families in crisis, including for children at risk of being held overnight in custody.

21. Child protection strategy meetings are timely and attended by relevant partner agencies, and consider all risks effectively. Good account is taken of the views of children and parents. Decisions to proceed to a child protection conference after safeguarding investigations are appropriate.

22. Social work assessments vary in quality. Some are thorough, with a clear analysis. Others are overly descriptive, without sufficient emphasis on analysing the child's and family's situation. Too many assessments take too long to be completed. They are not always updated in response to significant change to the child's circumstances. These factors means that some children and families wait too long for actions to address their needs, and intervention plans do not always reflect current risks and protective factors.

23. There is consistent use of a recognised model of social work practice to consider risk and protective factors, which helps professionals to articulate the concerns that they have in an easily understandable way. This helps parents to understand what professionals are worried about. However, some assessments are over-optimistic about parents' capacity to change. Assessments do not always consider children's and parents' individual characteristics, including their ethnicity and cultural heritage.

24. Children's views are described well on their case records, and they are enabled to express their wishes and feelings via electronic communication tools. Their views inform child protection conferences, and attendance at conferences is encouraged, sometimes with the support of a trained advocate. Child protection conferences are timely. Chairs take care to ensure that the families who attend understand what is being said. This assists with their ability to engage in safety planning. Poor practice by professionals is challenged appropriately by chairs. The child protection panel, which meets regularly, ensures that plans are carefully considered prior to conference.

25. The quality of children in need and child protection plans is inconsistent. Danger statements within plans provide some clarity about what needs to change to make improvements to children's lives. In a small number of cases, children have remained on a child in need plan when a more serious intervention was required. Plans are not always updated or specific enough about timescales, contingency arrangements and how to measure progress. (Recommendation)

26. The local authority and its partners recognise that neglect is a significant issue for children. Training, awareness raising and tools have been launched across the partnership. However, the take-up of the neglect assessment tool remains low within social care and other children's services, including education and health. However, neglect is identified using the local authority's wider preferred model of social work practice. Children's cases were seen in which appropriate responses to neglect are underway, including instigating legal proceedings. Inspectors agreed with local authority audits, which identified previous missed opportunities.

27. Children at risk of child sexual exploitation receive a well-coordinated and well-established multidisciplinary response. The long-standing nature of joint arrangements in the local authority area has enabled an increasing emphasis on prevention, while also coordinating plans for children at higher risk. Operation Priam, jointly delivered by police officers and specialist youth workers, is effective and engages well with children who are at risk of being exploited. Individual risk assessments capture both risks and protective factors well, are updated regularly and inform discussion at frequent multi-agency child exploitation (MACE) meetings. However, the risk assessment tool is lengthy and does not always translate into effective plans. There is insufficient evidence that the risk assessment process leads to significant change for high-risk children. Minutes from the MACE meetings are lengthy and provide a narrative about the young person and their circumstances, but they lack clarity about next steps

and timescales, and do not evidence impact or a reduction in risk over time for some children. (Recommendation)

28. The vast majority of children who go missing from home or care are identified promptly at FFAP via the 'missing' notification inbox. A panel regularly reviews cases of children who go missing in order to check that their plans are appropriate and are meeting their needs. Debriefings with children upon their return are completed by specialist staff from the 'Young and safe' team, who are independent of the social work service. Debriefings are detailed and capture the views of the child. However, they are not always timely or sufficiently analytical about the push and pull factors, and what needs to happen to keep children safe. Debriefings do not always clearly inform the planning process, and are difficult to locate on the child's electronic case record.

29. Secure and well-established arrangements are in place for children missing education. The vast majority are highly likely to have moved abroad. This unusual profile is attributed to economic migration to and from the local area. The team deploys creative and tenacious strategies to successfully locate these children and obtain the address of their overseas schools.

30. Effective and clear procedures are in place to support children and their families who are electively home educated (EHE). The number of registered EHE children is 165 and has increased each year. Good efforts have been made to understand the reasons for this rise, and a recent Local Safeguarding Children Board audit pointed to unresolved issues with the school and/or levels of anxiety in children about key transition points. It is too early to see the impact of the action plan drawn up in response to this audit. All children are regularly reviewed when academic progress and emotional well-being are discussed. Good links are in place with the local college, and increasing numbers of former EHE children are attending the 14 to 16 provision at the college. The young person's support service provides advice and guidance to all EHE pupils about suitable post-16 provision. Children are supported well to reintegrate into mainstream provision or further education.

31. When 16- and 17-year-olds present as homeless, they are assessed and supported to access appropriate accommodation in accordance with a clear local protocol. Those who are assessed as being vulnerable or at risk are provided with additional support through a child in need plan or, if necessary, entry into care.

32. Private fostering referrals have declined to the point where there are no open cases. Private fostering is not well promoted and it is not a priority for the local authority or its statutory partners. This means that children who are privately fostered remain unknown, their needs are not assessed and additional support is not provided when necessary. (Recommendation)

33. Designated officer arrangements are in place to respond to allegations against adults who work or volunteer with children. In most of the cases sampled, referrals were responded to promptly and on a multi-agency basis.

34. The needs of children who have disabilities are met well. Children benefit from thorough assessments and detailed support plans. Transition to adult social care is supported well with early planning. Case records show good accounts of children's needs and social workers make considerable efforts to ensure that children's views are elicited whenever possible, and that these inform their assessments, plans and reviews.

The experiences and progress of children looked after and achieving permanence	Good

Summary

Decisions that children should be looked after are usually appropriate and timely. In a small number of cases seen, there were delays in intervening. Children are not looked after unnecessarily. Court work, such as written evidence and plans, is improving and nearly all care order applications are successful. Plans for children to return home from care are effective, with ongoing support and monitoring of progress.

Social workers know children well. They visit them regularly and make sure that their voices are heard. Children receive good health support, including help to meet their emotional and mental health needs. Children are helped to understand and make sense of their past history, although occasionally this work is delayed. Not enough children are able to benefit from the support of an independent visitor.

Successful work has led to more foster carers being available for children. Decisions about where children should live are carefully considered, and placement stability is improving. Children are very positive about where they live and the majority make good progress. Foster carers are well supported and feel valued.

The educational progress of each child is carefully tracked. If children are not making expected progress, good support is put in place to promote improvement. Overall, current progress across all key stages is positive. IROs come to know their children well and rigorously monitor the progress of children's plans between reviews. Reviews are timely and well attended by relevant professional staff and family members.

There are several useful mechanisms in place for the local authority to learn from children about their experiences in care. However, the CfCC is underdeveloped. Senior corporate parents need stronger links with the CfCC to ensure that it can properly represent children's views and contribute to service development.

Early permanence is well established, and children move to live with permanent families without delay. Adoption is considered for all children who would benefit from this, and the adoption service ensures the best outcomes for these children.

Care leavers have trusting, long-standing relationships with their PAs and can access a range of good support services. They live in safe and supportive housing and are helped to develop independence skills. Those who attend college are well supported. However, too many care leavers, particularly those aged 19 to 21, are NEET.

Inspection findings

35. Decisions that children should be looked after are appropriate, timely and carefully considered, based on clear evidence and a balanced analysis of risk. In a small number of cases seen, there were missed opportunities to intervene earlier, despite escalating concerns or lack of progress. These few children did not have their outcomes improved quickly enough.

36. Legal measures are used appropriately. Letters to parents during pre-proceedings set out professionals' concerns and expectations clearly. Statements for court are clear and of good quality. The vast majority of applications are accepted by the courts. The average length of time for completing care proceedings, at 30 weeks, is outside the required timeframe but close to the national average. Partners, including the Children and Family Court Advisory and Support Service (Cafcass), recognise the overall improvement of the local authority's work in legal proceedings for children, although there is still a need to ensure consistency of practice across the service.

37. Children have positive relationships with social workers and other professionals. Support is sensitive to their individual needs and stage of development. Children, including the few who live far from their home area, are visited regularly and seen alone. Social workers record their purposeful visits to children well, with a strong emphasis on including children's views.

38. Inspectors saw several examples of direct work with children that had helped professionals to understand and respond to children's views, wishes and feelings. Planning consistently includes a requirement for life-story work in order to help children to make sense of their past. The majority of life-story work seen by inspectors was good but, in several cases, completion had been delayed.

39. Some children have benefited from effective advocacy or from an established relationship with an independent visitor. However, advocacy take-up is low. Only a very small number of children are currently matched to an independent visitor. (Recommendation)

40. The CfCC is underdeveloped, and needs a clearer sense of purpose and direction. There is insufficiently wide representation of children in care and care leavers in this group, and no succession planning to ensure that there are always children who can raise issues on behalf of the wider group. The vast majority of children and young people in care do not participate in formal groups that are intended to have influence and to pass information between senior officers and members, and this is a shortfall. (Recommendation)

41. Dedicated healthcare staff provide good support for children and carers. Nearly all children receive prompt health assessments and dental checks, although initial health assessments for children living outside the local authority area are often late. The local authority and its health partners are taking steps to

improve this to ensure that all children have timely assessments. Support for children from the child and adolescent mental health services is highly valued by professional staff and foster carers. It is flexible and timely, and promotes stability. Good work is undertaken with carers and staff to help them to understand and respond appropriately to specific behaviours. The annual health fun day gives children in care the opportunity to experience a range of enjoyable, positive activities and to tell staff what they think about the help and care that they receive.

42. Findings from completed strengths and difficulties questionnaires (SDQs) appropriately inform interventions to meet children's emotional health needs. Analysis of SDQ responses has led to service improvements, including better access to support for children who are subject to special guardianship and child arrangement orders, or who live with family and friends carers.

43. The looked after children education (LACE) team, led by an experienced virtual headteacher, supports 219 statutory school-aged children and 24 young people attending full-time post-16 provision. Personal education plans are good and are regularly reviewed. They provide a vivid picture of individual children's progress, including their social and emotional well-being, academic abilities and attitude to learning. The plans show how the pupil premium is being used to improve progress. When children are not making expected levels of progress, LACE staff identify and agree support strategies with the school, foster parents and carers to promote improvement. Attendance is high at primary school, at 98%. It is lower at secondary school, at 91%. However, current figures show continuing improvement in attendance.

44. Currently, 73% of all children in care, living both in and out of the local authority area, attend schools that were judged as good or outstanding at their last inspection. However, only 52% of secondary pupils living in the local authority area attend good or better schools, reflecting the inspection outcomes of schools in North East Lincolnshire. Appropriate actions to mitigate this are taken. For example, those children attending a local academy that was recently judged to require improvement have been individually assessed on the suitability of the school and/or additional support that they might need to ensure that their progress is maintained.

45. Current progress across all key stages is generally positive. The majority of current Year 11 children are now in mainstream provision. At least half are on track to achieve some GCSEs and several are likely to achieve good grades, including in English and mathematics. This will be a significant improvement from last year, when the majority of Year 11 young people were not in mainstream schools and were not entered for GCSE exams. As a consequence, attainment at key stage 4 was poor. Attainment for the majority of children at key stages 1 to 3 is at least in line with that of their peers in the local authority, and they are making expected progress.

46. The behaviour attendance collaborative works hard to keep children in care in mainstream education and avoid exclusion. Despite this, 17% (38/219) have

experienced a fixed-term exclusion and three were permanently excluded last year. These decisions are being appealed against and plans are in place to provide them with suitable alternative provision in the future.

47. A small number of children in care access suitable alternative provision. Most children spend between six and 12 weeks in alternative registered provision and, whenever possible, return to mainstream schools. All provision is assured for quality, and each young person has a bespoke offer.

48. The local authority has a good understanding of its placement requirements. Targeted and productive recruitment activity, such as monthly drop-ins at a local supermarket, coupled with effective support for existing foster carers, has resulted in a year-on-year increase in the number of carers to meet the needs of children in care.

49. Placement stability is improving and broadly in line with comparators. The proportion of children who have been in the same placement for at least two years or placed for adoption increased from 63% in 2015–16 to 68% in 2016–17. The figure for 2017–18 to date is 73%. Reasons for instability, including the very small number of unplanned placement endings, are well analysed and understood. Decisions about who should care for children are carefully considered and clearly recorded. The vast majority of children in care live close to their home area. Children's contact with family and friends is well supported. When possible, brothers and sisters are able to live together.

50. Placements for children in care meet their needs well. Children are very positive about where they are living, and the majority make good progress. The local authority's commitment to providing long-term stability is exemplified by keeping children with their foster carers when this meets their needs.

51. The majority of care plans for children are timely, detailed and based on clear assessments of their individual needs. Day-to-day arrangements are discussed at placement planning meetings, although not always recorded on the electronic file. For a few children, planning is too reactive or is insufficiently focused on the longer term.

52. Nearly all foster carers spoken with by inspectors were very positive about the support that they receive from the local authority. They feel valued by staff, including children's social workers and senior managers, who they describe as approachable. Foster carers are particularly well supported by their link officers, whose supervisory visits to them are well recorded and purposeful, helping carers to reflect upon and develop their practice.

53. Foster carers' annual reviews are inclusive, robust and productive. Foster carers benefit from a wide variety of training opportunities, which have good take-up. Good support is available to family and friends carers, but take-up is lower. Not all of these carers know about what is on offer, such as peer support groups. The support needs of foster carers' birth children are addressed well, including through the 'Kids that care' group.

54. Foster carers are clear about their delegated authority to make day-to-day decisions. Planning for children's care is effective. In a small number of cases, information for carers was not provided when the child first moved to live with them. Risks are identified accurately, and the plans to manage those risks are explicit, setting out what everybody is expected to do to keep children safe. A minority of safety plans seen were not updated in line with changed circumstances or emerging concerns.

55. Multi-agency working is well coordinated and partner agencies offer good support to children and families. In a small number of cases, there was insufficient urgency to engage with, or challenge, partners to make sure that the right help was in place promptly for children and carers.

56. Permanence is pursued and tracked in a timely manner. Supervision sessions and management directives routinely consider permanence for individual children. Although records of case discussions are sometimes over descriptive, the majority are suitably directive and focused. The resource allocation meeting provides a further effective layer of oversight and assists prompt decision-making. Actions arising from resource allocation meetings do not always assign a responsible person or expected timescale to each agreed action, which makes it difficult to measure progress.

57. Statutory reviews are timely and well attended, and lead to clear recommendations that help children to make progress. IROs are actively and appropriately involved in case planning, including for those children in care proceedings. The recently increased capacity of the IRO service has ensured that IROs have manageable caseloads. They take time to know children well and they rigorously monitor progress between reviews. Nearly all children participate in and contribute to their reviews. There is similarly good engagement with parents, including those who are resistant. Challenge from IROs is proportionate and effective.

58. Children are able to provide feedback on their experiences in care through questionnaires and events such as the activity-based health fun day and art day. Exit questionnaires, completed by children who have to move between foster placements, give important insights into their experiences. The survey, conducted by independent advocates, is a small but innovative example of seeking children's views to help to shape services. The mainly positive responses from children have provided reassurance to the fostering service about how moves are managed. The findings also include areas for development, including an enhanced focus on children's internet access and on clearer explanations about the reasons for their placement moves. These are appropriately being incorporated into the service's development plan.

The graded judgement for adoption performance is that it is good

59. The adoption team is suitably experienced and provides high-quality support to children and adopters to ensure that children are able to benefit from living in a permanent home.

60. Adoption is considered in a timely way at resource allocation meetings for all children who are potentially unable to return to their birth family. Adoption social workers begin planning for children at the earliest opportunity. Adoption planning meetings carefully set out children's backgrounds and future needs so that family finding can begin swiftly, reducing the time before children move to permanent homes.

61. Appropriate use is made of concurrent and parallel planning. National search facilities are used well to supplement the availability of adopters from within the council's own resources and the local consortium.

62. Early permanence is well established and promoted. These arrangements reduce the number of carers in a child's life and assist the development of attachments to their permanent carers. Adopters who had chosen this route said that they felt well supported through the process.

63. The number of adopters recruited by the local authority has decreased over recent years, with the focus switched to preparation for regionalisation, which is expected to create a greater pool of potential adopters. Importantly, this has not negatively impacted on the local authority's ability to find children adoptive families. Older children, groups of children and children who have more complex health needs have also been successfully placed.

64. Systems to monitor and track children who need adoptive placements are effective. The adoption tracker provides useful data on performance and trends, and also flags issues which could cause delay, allowing them to be addressed. Although adoption performance remains over government thresholds for the three-year average, current performance has improved significantly over the last two years.

65. The local authority reports that, in 2016–17, the average time between a child entering care and moving in with their adoptive family was 475 days. This is a vast improvement on its previous three-year average of 524 days for 2012–15 which, while higher, was still better than the national average of 593 days and the statistical neighbour three-year average of 567 days.

66. The local authority makes good efforts to find adoptive homes for children who are traditionally harder to place. During 2015–16, there were 35 children (20%) aged five years or older who were adopted, compared to the rate for England of 15%. Overall, in the 12 months before this inspection, there were 44 children who had a decision to adopt or who had been adopted.

67. The adoption panel is appropriately constituted, experienced and representative. The panel scrutinises adoption practice – for example, regarding timeliness of matters and the quality of reports – and provides feedback to individuals to promote continuous improvement.

68. Management oversight of quality and practice in respect of adoption is enhanced in other ways. For example, the twice-yearly panel chair's report provides a useful overview of adoption activity and informs the agency decision-maker, who also receives monthly updates from the agency advisor and attends adoption panel training.

69. Child permanence reports are of sufficient quality to enable well-informed decisions regarding the suitability of adoption. However, they are not of a consistently good standard. Some reports lack details of parents' and older brothers' and sisters' histories, despite these being available in case records. This has implications for adopted individuals who may wish to view their records at a later date to gain an understanding of their birth family history. (Recommendation)

70. Life-story work, encompassing life-story books and letters for later life, gives a good account of a child's early history and the reasons why they were placed for adoption.

71. Prospective adopters' reports are comprehensive and sensitively worded, with clear rationales for recommendations. This supports appropriate matching of adopters with children. Adoptive parents were very complimentary about the service that they had received from the local authority throughout their adoption journey. Adopters spoke highly of their social workers, describing them as a great support at all times.

72. The need for adoption support is assessed when children are matched with their adoptive families and is further assessed as required. Adoption support plans are appropriate, reflective of individual circumstances and regularly reviewed. Therapeutic support is available and the adoption support fund has been successfully accessed. A range of support groups are well used and liked by adopters, including a young person's group, an adopters' group and family time. The effectiveness of adoption support is reflected in the absence of any disruptions for the past 18 months.

73. Support is always offered to birth families, including the offer of a visit from the adoption social worker to discuss their support needs and a birth family support group.

The graded judgement about the experience and progress of care leavers is that it is good

74. The vast majority of young people have known their PAs for a long time. PAs know their young people very well, and relationships between PAs and care leavers are trusting. PAs are good at keeping in touch with the 82 care leavers whom they are supporting. As a result, only one care leaver is not in touch with the through care service.

75. Care leavers spoken to were positive about themselves, and have a good understanding of their rights and entitlements. Their achievements are celebrated well at an annual award ceremony. They receive a range of awards for academic progress, sporting achievement and making a positive contribution. Young people who have gained degrees have come back to speak at celebration events, helping to provide inspiration to others.

76. Care leavers are positive about the service that they receive. They feel safe and well supported and, as a result, the vast majority make steady progress towards successful independence. They are helped to understand risks and are guided to make positive choices in relation to their lifestyles and relationships. One care leaver said: 'I feel very lucky that I can talk to my PA about anything, that I am staying put with my foster carers and attending university. It makes me feel normal, just like other people my age.' This summarises what many care leavers told inspectors.

77. Pathway planning is helpful, supports young people's progress, challenges them to consider the consequence of their actions and builds resilience. Plans are detailed and evaluative, providing sufficient information about what is going well for the young person and where the challenges lie. Targets are realistic, and realistic contingency plans are in place. Care leavers said that pathway planning gives them a good opportunity to set some goals and think about what is going well, what is not going well and what they should be aiming for. They said that having a copy of their pathway plans means that they can see what they have achieved. They liked the fact that PAs visit them to complete their pathway plans and discuss what happens next.

78. The health of care leavers is well considered, and an accessible and appropriate range of health services are available to them. Care leavers take increasing responsibility for their own health, but they are not given copies of their health histories. They receive a health consultation before leaving care, but this is not incorporated into pathway plans. This means that important information regarding young people's health is not recorded in a document that they can keep and refer back to if necessary. (Recommendation)

79. The vast majority of care leavers are in suitable and high-quality accommodation. There is a wide range of flexible and bespoke housing options available to them. Options include fully supported accommodation with other

alternatives, including floating support, at a reduced level of intensity. This means that young people can be matched to different levels of support that is appropriate to their needs. This helps to ensure that their self-help and independent living skills develop at the pace appropriate to each individual.

80. The option for young people to remain with their foster carers beyond 18 years of age is encouraged and considered at an early stage. Currently, six young people, a good proportion, are benefiting from these arrangements, with more planned. Carers are well supported to offer this option to young people. For others – for example, those undertaking further education – the option to return to foster carers during holiday periods is also available.

81. There is good communication between the staff involved in supporting care leavers. Accommodation providers and other partners keep everyone who is involved updated about their progress. Many care leavers move successfully into living on their own, and 38% of the current cohort are now living independently. The local authority's web-based housing application arrangements ensure that care leavers' housing applications are matched to the most appropriate provider. Care leavers are given priority on the Home-Link register.

82. PAs make good efforts to keep in touch with the six care leavers who are in custody. Resettlement into the community is prioritised, and plans are in place to support them to return to the area once they are released. For one young person, a bespoke housing option is being considered with one of the commissioned providers.

83. Good protocols are in place between the through care service and local education providers. This helps care leavers to make successful transitions into further education, and they are fully informed of the financial support that they are entitled to. College staff provide suitable and tailored support, and take account of the particular challenges that young people face in their journey through care. As a result, the vast majority of care leavers who are currently in education, employment or training are attending further education programmes.

84. Five care leavers are being supported to attend university. Good packages of care, including financial support, fee payments, a personal allowance, holiday accommodation and ongoing personal support from their PA and/or foster carer, ensure that these young people have every opportunity to achieve.

85. Support for care leavers who have not achieved at this level is less effective. The local authority has a significant issue with unemployment and youth unemployment across the wider population, and this is amplified for care leavers. No care leaver has an apprenticeship with the council and only a very small number of young people have been offered work experience, with an even smaller number taking up internships.

86. The monthly multi-agency strategy meeting on those who are NEET has not managed to reduce the NEET rate. A high proportion of care leavers are NEET, at 48% overall, rising to 58% for 19- to 21-year-olds. However, some of these young people are not eligible for education, employment or training by virtue of being in custody or being new parents. New initiatives, such as a project targeting all such young people, including care leavers, are assisting six young people back into education, employment or training. This is complemented by a weekly careers advice drop-in for care leavers. These are sensible initiatives, but it is too soon to see their full impact, and more robust action is required to address this outcome for young people leaving care. (Recommendation)

Leadership, management and governance	Good

Summary

Good progress has been made in North East Lincolnshire since the last inspection of children's services in 2012. Senior leaders are responding to significant social problems and deprivation by engaging with partners in the strategic planning of services and focusing on those areas of greatest need. This is important, as the local authority is the 20th most deprived in the country. Targeting of resources has been assisted by a comprehensive needs assessment and good commissioning arrangements. The local authority has been successful in attracting funding to support these plans. Partners, including the police, have reconfigured resources to maximise impact on the most vulnerable sections of the community.

The authority knows itself well. It has good performance information and a robust quality assurance framework, enabling it to identify areas of strength as well as areas for improvement.

The local authority has engaged all partners well in its work to safeguard children, including arrangements for missing children and those at risk of child sexual exploitation. The authority understands the risks posed by child sexual exploitation and is active in raising awareness of these issues in schools and in the wider community.

Children are kept safe in North East Lincolnshire, but there is limited effectiveness in some cases. Not all vulnerable children's assessments and plans are progressed swiftly enough. Private fostering is not promoted.

Work to identify those young people at risk of radicalisation is well developed and results in appropriate interventions. Support is provided to schools to assist in raising awareness.

Outcomes for children in care are positive, with placement stability improving and permanency being considered, and achieved, for many. Care leavers receive good support, but too few benefit from being in education, employment or training.

Actions taken to establish a successful workforce strategy, together with a comprehensive training offer, have made the local authority a more attractive place to work. As a result, staff turnover has been reduced by over half in the last two years.

More work needs to be done to ensure that the wishes and feelings of children in care are heard and taken into account, particularly in the work of the corporate parenting and children's services scrutiny panels. The CfCC has insufficient influence, and needs to be developed and better supported.

Inspection findings

87. Good progress has been made in North East Lincolnshire since the last inspection of children's services in 2012. In particular, senior leaders demonstrate vision and strategic awareness in responding to key areas of need in the authority. Ambitious plans to tackle endemic deprivation and associated social problems are well advanced. They demonstrate an awareness of deep-rooted problems in local communities and an understanding of the need to tackle these jointly with other agencies. The DCS and the chief executive, together with political leaders, are aware of their respective responsibilities and the priorities for children's services. An understanding of the importance of synergy in planning and use of resources is demonstrated by the creation of a single leadership team and joint board that encompasses both the local authority and the clinical commissioning group.

88. Community needs are clearly set out in a comprehensive joint strategic needs assessment. This has enabled well-informed commissioning of services, supported by a robust commissioning strategy. Alignment with the sufficiency strategy ensures that appropriate services are available to children and families, and further services are planned in response to emerging needs. The impact of the Health and Wellbeing Board is less clear, with an out-of-date strategy and a lack of focus on some key areas of vulnerability for young people, such as mental health and neglect, although services for children in these areas are being delivered nonetheless. (Recommendation)

89. Governance arrangements with the Local Safeguarding Children Board are well established. These include regular meetings with the DCS and an annual meeting with the chief executive to evaluate the performance of the independent chair.

90. The recent wholesale review of services for children and young people across the age range of 0 to 19 was conducted through a well-planned and executed commissioning approach. The rebalancing of services is intended to increase the focus on prevention and reduce the demand on statutory social care services. Some programmes and services are already in place, including early help hubs, a programme for vulnerable women and family group conferencing.

91. Multi-agency targeted activity is well underway in two of the most deprived wards in the local authority area. The police have refocused resources into these areas, and joint work with social workers, specialist youth workers and others is showing improved outcomes for individual young people and their families. These initiatives are too new to see the longer-term impact, but early signs are encouraging, with more partners, such as the fire service and housing workers, keen to support targeted interventions in families. The initiative is benefiting from long-term investment from a national voluntary organisation, including evaluating the impact of this localised approach to multiple adversity and the prevention of neglect.

92. The local authority has been successful in attracting further support for identified areas of need. This includes funding from the clinical commissioning group, the local crime commissioner, safer and stronger communities and national funding to tackle violence against women and girls. These successful bids have enabled the development of, for example, programmes for non-convicted domestic abuse perpetrators. This is reinforcing an already broad range of services to tackle domestic abuse, embed a social work practice model, and deliver family group conferencing and restorative practice.

93. The local authority benefits from a wide range of social care information and performance measures. Despite cumbersome IT systems, key performance data is successfully extracted. This allows trends and themes in practice to be seen, including those areas which require improvement. Information is available to frontline managers and staff on the timeliness of completion of assessments and reports. This is useful to remind staff and managers of outstanding tasks. However, despite this information flow, some performance issues, such as the timeliness of single assessment completions, remain poor.

94. The quality assurance framework is robust, including a forward plan of auditing activity. Social work case auditing highlights areas of strength and areas in which practice needs to improve. The local authority's own auditing of work closely corresponds to findings in this inspection. Key points for learning are identified through a performance board and shared with staff. The local authority also provides the Local Safeguarding Children Board with findings from its audits, ensuring that the board is aware of the quality and impact of safeguarding practice within children's social care.

95. The local authority has engaged all partners in work to safeguard children. The police are committed, strong partners and work closely with children's services, resulting in effective joined-up services for children, particularly in the delivery of the FFAP and the arrangements for missing children and those at risk of child sexual exploitation.

96. Children are kept safe in the local authority, although there is limited effectiveness in a few children's cases. Not all children's plans are progressed in a timely way, leading to some children being on plans too long and their outcomes not improving quickly enough. Management oversight, while evident, is not always effective – for example, in ensuring that plans are specific, measurable, have timescales and assign responsibilities. Supervision of social workers is regular, but records of supervision are sometimes overly descriptive at the expense of reflection and analysis of case progress. Private fostering is not promoted, and no children are currently being supported in a private fostering arrangement.

97. A range of strategic and operational interventions to tackle child sexual exploitation are well coordinated and deliver focused, multi-agency responses to safeguard children. This includes awareness raising in schools and with taxi drivers, fast-food outlets and, more recently, commercial accommodation providers and hoteliers. The established outreach services operated by the

police and the 'Young and safe' team during the busy summer months in Grimsby and Cleethorpes are effective. These services support young people attracted to the seafront, including those who are missing, at risk of child sexual exploitation or otherwise vulnerable.

98. Partners, managers and political leaders work well together to keep abreast of the prevalence and nature of child sexual exploitation in the area, informed by a detailed and comprehensive problem profile. This ensures that strategic responses match current risks. Children who go missing from home or care benefit from joint work between the local authority and the police, and are all tracked. Children receive appropriate, although not always timely, return home interviews from the 'Young and safe' team. The local authority and the police have been active in pursuing prosecutions and applying successfully for child abduction notices, with 22 issued in 2016–17. However, while MACE meetings occur regularly, the minutes and risk assessments do not show the progress of the most vulnerable children and young people, and the extent of improvement or deterioration needs to be clearer. There are regular, lengthy multi-agency discussions about each young person. Staff know them well and can describe what actions are in place for each young person. However, it is not clear from the records if this leads to increased safety and reduced risks.

99. Neglect is a significant feature of deprivation in the area, and considerable work has been done to raise both awareness and competence in social workers and other staff who work with children. This has been assisted by embedding a recognised social work model of practice, a multi-agency neglect strategy and tool, and practice guidance. Children's cases were seen in which neglect had been identified through the local authority's preferred social work model of practice, but use of the neglect assessment tool remains low.

100. The current range of placement options for children, together with good support for foster carers, is sufficient to ensure stable and lasting placements for all children. The local authority exceeds its target of providing at least 80% of placements in-house, and usually meets 90% or better. Additional capacity is sought, when necessary, through a regional consortium providing residential and foster placements.

101. Outcomes for children in care are positive, and placement stability is improving. Care leavers are supported well, but more needs to be done to ensure greater participation and success in apprenticeships and permanent employment.

102. There are well-established, effective arrangements to identify and respond to concerns about radicalisation. Careful analysis of the local authority area has identified adult mental health and young people's social isolation and deprivation as features of those who are at risk of, or already hold, extreme views. All schools have held workshops and are given a 12-week lesson plan on radicalisation. Local minority ethnic communities have been engaged in this work, including leaders of the two local mosques.

103. The workforce development strategy is comprehensive and well planned. Training provided under the auspices of the Local Safeguarding Children Board is comprehensive. The two local universities both support new social workers completing their first year in employment and provide professional career development for experienced staff. The local authority has succeeded in reducing the overall turnover of staff from 32% in September 2014 to 13.5% in September 2016.

104. The local authority is actively involved in the Local Family Justice Board through its legal department. Cafcass senior staff report that the overall quality of work in the local authority is improving but that there is still some variability. Performance in timeliness of care proceedings is at 30 weeks, which shows a deterioration from 26 weeks a year ago, attributed to five particularly complex cases. The vast majority of applications by the local authority are accepted by the courts.

105. Local Councillors regularly attend the corporate parenting panel and scrutinise children's services through local democratic arrangements. However, there is insufficient focus on the voice of children in care and whether their outcomes are improving. The scrutiny panel's programme of work does not include a focus on children in care. The corporate parenting board, also regularly attended by the chief executive, does not hear from the CfCC or find other ways to elicit the views of children in care and care leavers. This means that the corporate parenting panel cannot ensure compliance with the corporate parenting pledge. (Recommendations)

106. The voice of children at an individual case level is much better, with children's views clearly recorded on case notes and through use of an electronic survey tool. This tool captures children's views at key decision-making points, such as child protection conferences and looked after reviews. There is an established compliments and complaints process, which leads to clear action plans for change, when necessary. Learning from complaints is clearly set out and actions are pursued to completion. However, the collective views of children in receipt of social work services are not systematically gathered to influence strategic development and service delivery.

The Local Safeguarding Children Board (LSCB)

The Local Safeguarding Children Board requires improvement to be good

Executive summary

The North East Lincolnshire Safeguarding Children Board requires improvement to be good. The board is meeting its statutory responsibilities. Effective governance arrangements are in place, and the board oversees local safeguarding arrangements, such as the response to child sexual exploitation.

The board does not collect all the performance information that it needs, and board members do not routinely review the performance information that is available. This hampers its ability to scrutinise partner agencies and hold each to account. The audit programme provides some assurance about the effectiveness of local safeguarding practice in partner agencies. However, the board does not have oversight of all the risks that might reduce the ability of partner agencies to safeguard children.

Most partners are well represented on the board and attendance is good. The executive and operational boards are supported by a well-developed sub-group structure, which ensures that the board is able to deliver its work programme. The board's website includes helpful safeguarding updates, alongside reports on recent audits and SCRs. Up-to-date multi-agency procedures are easily accessible. However, these are not promoting the safety and welfare of children who are privately fostered. The board's annual report does not include all key areas of safeguarding practice.

The child death overview panel (CDOP) is well developed and effective. The board, supported by the SCR sub-group, has taken appropriate steps to disseminate learning from SCRs. However, the national panel of independent experts is not routinely informed of cases considered by this sub-group.

Robust strategic and operational arrangements safeguard and protect children who go missing, are at risk of child sexual exploitation or are at risk of being radicalised. While young people are increasingly involved in the work of the board, key information about the experiences of children, such as children in care, is not considered by the board.

An up-to-date, multi-agency threshold document is in place, and the board has taken steps to ensure that it has an understanding of how consistently this is being applied.

Although a process for undertaking and learning from multi-agency section 11 audits is in place, and assurance regarding safeguarding in schools is received annually, the board has not received similar assurance from other services, such as early years providers, libraries or leisure services.

Recommendations

- Ensure that board partners have sufficient understanding of performance information to challenge and hold each other to account for safeguarding services effectively.
- The LSCB should be assured that the time allocated to the chair's role is sufficient to meet the needs of the board in executing its full range of responsibilities.
- Monitor risks in all partner agencies that have the potential to impact on the agency's capacity to safeguard and promote children's welfare.
- Monitor the effectiveness of safeguarding practice in wider services that work directly with children and young people, such as early years settings, libraries and leisure services.
- Enable the experiences of children in need and in care to be heard by the board so that the quality and effectiveness of frontline services can be understood and challenged, as necessary.
- Develop clear processes for notifying serious incidents involving children to both Ofsted and the Serious Case Review National Panel, and for determining when the criteria are met for commissioning an SCR or other learning lessons review.
- Ensure that private fostering is promoted.
- Report annually on the effectiveness of safeguarding services, including frontline practice, private fostering, learning from SCRs and learning from child deaths.

Inspection findings – the Local Safeguarding Children Board

107. The North East Lincolnshire Safeguarding Children Board meets its statutory responsibilities, and clear governance arrangements between the board and the local authority are in place. The chair meets regularly with the director of children's services, who is also the deputy chief executive and is accountable to the chief executive. There is a well-developed structure and a protocol setting out the relationships between different strategic boards. Communication channels are established between the board and its sub-groups, ensuring that priorities and work plans are shared.

108. The majority of partner agencies are represented at an appropriately senior level on the board. Attendance is good, and they are able to influence safeguarding practice within their own agencies and challenge each other to improve services for vulnerable children. The chair holds agencies to account for services in key areas, such as children at risk of sexual exploitation. Engagement by schools and colleges, including the independent sector, is particularly strong, evidenced by an active education sub-group and school safeguarding leads' network. However, the board has not ensured representation from schools on the executive or operational boards.

109. A challenge log is maintained in relation to the board's work programme and issues identified in audits or performance information. This leads to improvements in multi-agency practice. Partners are expected to report any known risks that may have an impact on their agency's safeguarding performance, but these are not included in the challenge log. The absence of a comprehensive shared risk register means that the board does not have an overview of risks across the partnership and cannot ensure that these are addressed. (Recommendation)

110. Performance information is available to the board regarding the effectiveness of some services and improvement activity, such as early help services. However, the board does not scrutinise other important data, such as the timeliness of health assessments for children in care or the proportion of referrals to specialist children's services that result in child protection enquiries and plans. In addition, the executive and operational boards receive a performance summary report rather than directly scrutinise performance scorecards. The independent chair does not attend the operational board. These issues combine to reduce the board's accountability and its ability to identify and respond to themes, trends or issues in service provision. (Recommendations)

111. The board's website is easily accessible, with news and information. Multi-agency policies and procedures are up to date, clear and comprehensive. Learning from audits and SCRs is well publicised. The multi-agency threshold document is available and the board has tested the consistency of its application. Findings have led to a stronger escalation process and more activity to increase agencies' understanding of the application of thresholds.

112. Children are increasingly engaged in the work of the board, such as challenge events and developing child-friendly tools. However, the board does not receive information about complaints, advocacy or the annual survey of children who are in need or looked after. (Recommendation)

113. Effective strategic and operational arrangements identify and safeguard children and young people who go missing or who are at risk of sexual exploitation. Considerable work has also been undertaken to promote awareness and improve the local response to radicalisation. Responses to children who go missing, including the timeliness of return home interviews, are reported to the board regularly. Significant awareness-raising and preventative work has been undertaken to improve the resilience of children and develop the skills and knowledge of staff to respond to potential child sexual exploitation. Training and awareness raising have taken place for taxi drivers, fast-food outlets, hoteliers and business owners. Regular, joint work between local authority youth workers and police officers is undertaken to reduce risk and build the resilience of children and young people. However, the work of the MACE group is not quality assured by the board, and current performance information does not help the board to understand its effectiveness in reducing risk for the most vulnerable children.

114. The board's audit programme is well aligned to its priorities. Multi-agency audits provide an in-depth understanding of the effectiveness of frontline practice, identify relevant learning and make recommendations to improve multi-agency working. Actions are tracked to ensure compliance. The board also receives the findings and action plans from single-agency audits, which provides assurance that agencies interrogate practice within their own organisations.

115. The bi-annual programme of section 11 audits is subject to appropriate peer review and provides assurance of safeguarding arrangements within agencies. Schools report annually on their safeguarding practice, which is positive. However, other settings, such as nurseries, libraries and leisure services, are not asked to evaluate or report on their safeguarding practice. (Recommendation)

116. The board has not promoted any awareness raising with regard to private fostering, nor challenged the local authority on its inactivity. There have been no notifications in recent months and there are no private fostering arrangements in place at the time of the inspection. (Recommendation)

117. Established and clear multi-agency arrangements review and learn from child deaths. The annual report is appropriately detailed and reflects the work undertaken by the CDOP. Public health campaigns, service reviews and training opportunities have been undertaken as a consequence of learning from child deaths.

118. Learning from the last SCR has been disseminated across agencies and the impact on practice is monitored. Two learning reviews have recently been completed. However, the national panel of independent experts and Ofsted were not informed of these, and were also not informed of previous instances of learning reviews held. (Recommendation)

119. A wide range of multi-agency safeguarding training is delivered, reflecting the board's priorities and wider learning. Training, tools and a professional capability framework are being rolled out to improve the response to neglect. However, use of the preferred neglect assessment tool remains low. Evaluation of the impact of training on frontline practice has been limited, and this has been identified as an area for further development.

120. The board's annual report for 2015–16 includes data, key achievements and progress made. However, it lacks analysis of the effectiveness of practice and wider partner agency effectiveness. The report comments on the management of allegations against professionals, but does not include private fostering or learning from case reviews and child deaths. (Recommendation)

Information about this inspection

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 differences that adults make to the lives of children, young people and families. They read case files, watched how professional staff work 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 whom 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 eight of Her Majesty's Inspectors (HMI) from Ofsted and an Ofsted inspector.

The inspection team

Lead inspector: Sheena Doyle

Team inspectors: Anji Parker, Peter McEntee, Matthew Brazier, Matthew Reed, Pam Blackman (OI), Lorna Schlechte, Nicola Bennett and Caroline Walsh

Senior data analysts: Peter McLaughlin and Stewart Hartshorne

Quality assurance manager: Bob Morton

Any complaints about the inspection or the report should be made following the procedures set out in the guidance 'Raising concerns and making complaints about Ofsted', which is available from Ofsted's website: www.gov.uk/government/publications/complaints-about-ofsted. If you would like Ofsted to send you a copy of the guidance, please telephone 0300 123 4234, or email enquiries@ofsted.gov.uk.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

This publication is available at www.gov.uk/government/organisations/ofsted.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: http://eepurl.com/iTrDn.

Piccadilly Gate
Store Street
Manchester
M1 2WD
T: 0300 123 4234
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk