Sefton Metropolitan Borough Council
Care Practice Diagnostic

24th to 27th April 2018

Feedback Report

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1. Executive Summary

Sefton Council and its partners have clear ambitions to drive their children's services improvement journey within the context of wider reform of the council's developing approach to locality delivery of neighbourhood public services. Children's Social Care benefits from good leadership - managerial and political - both corporately and within the service. Children's Services faces some real challenges – Sefton has some very deprived communities (several of the most deprived super output areas in the country are found in Sefton), while some northern parts of the Borough are relatively affluent. There are a high number of private children's residential homes, drawing in children looked after by other authorities. The council has developed good relationships with these privately managed homes. These 'outlier' issues provide challenges for the council which it manages well within the resources available.

The last Ofsted inspection of Children's Services in 2016 found that they 'Require improvement'. Both the Director of Children's Services (who is also Director of Adult Services) and the Head of Children's Social Care were only recently appointed at that time. They have led the service's response following that inspection. Key elements of this have been a new structure and ways of working for social work teams; an increased focus on practice; improved quality assurance arrangements and the development of a stronger learning culture. Managers and staff are equally aware that they are part way through a significant cultural change. The Chief Executive has championed that improvement through her chairing the council's Improvement Board and Children's Social Care has benefited from appropriate challenge and support from the lead member and Overview & Scrutiny.

A key strength is that social workers and foster carers like working for Sefton. Social workers feel supported and secure with their managers. Supervision is regular, reliance on agency workers is minimal, managers are visible and morale is good. The new structures have been received positively by staff and there is a willingness to embrace change. This is not to say that this change is not presenting difficulties – for example the need to develop a new and wider range of skills for social workers in the Locality Teams, and balancing assessment and longer term work within teams. There has been a significant impact on caseloads in some teams. However, staff and managers are supporting each other through this process. The new structures are leading to fewer handovers between social workers and give the opportunity to develop longer term relationships with children and families.

The MASH (Multi Agency Safeguarding Hub), the 'front door' into early help or social care, appears to be robust. There is a consistent and appropriate application of thresholds, based on the revised Level of Need Guidance which is well regarded across partners. From the sample of cases reviewed, decisions appear to be generally sound and timely.

From our in-depth review of a small sample of cases of children looked after or at the edge of care, care planning and risk management is generally effective, although recording could be more consistent and comprehensive and permanency planning

needs to continue to be strengthened. There is rightly now a stronger focus on neglect than was previously the case in Sefton, which is leading to older children with more complex needs now coming into care. There is evidence of the use of the Signs of Safety approach, both in the MASH and to a lesser extent in care planning. Signs of Safety is regarded as a useful tool by social workers, but is less favoured by managers. In particular it is thought to be less helpful for longer term planning for looked after children and consideration of permanence. It may be giving rise to instances of 'professional optimism' to persist with a plan or placement that may not be child focused or timely, and / or result in placement instability. Signs of Safety should be seen as one tool within a wider approach.

Adoption performance is on a positive trajectory, with an increase in children placed for adoption albeit the numbers remain relatively small. There are good tracking, monitoring and decision making arrangements for children with a plan for adoption. Sefton has a commitment to placing older children for adoption and for placing sibling groups together, notwithstanding that these children may be harder to place.

Sefton thus has a good platform on which to build. However, leaders and practitioners recognise that there is more to do to improve support and outcomes for looked after children and young people in Sefton and are keen to pursue that journey. The peer team consider that the following are among the key issues which Sefton needs to address with its partners.

The current re-structuring of health commissioning arrangements across Sefton and the wider Liverpool City area provides the opportunity to develop stronger relationships with key health partners. Commissioning arrangements can be improved – those for services for looked after children are currently fragmented and find it challenging to demonstrate improvements in health outcomes. There are opportunities to build upon a number of good health-related projects and initiatives which already exist, such as developments around lower level support to promote emotional wellbeing. There are early signs of improvement in key areas, such as the timeliness of health assessments. The council should develop closer working relationship with health, to nurture a shared commitment to statutory duties and improving performance further.

Data is not always robust and sometimes contradictory – particularly cross agency data. Sefton needs to improve the quality and consistency of the data it produces, to improve the management and delivery of services and more effectively tell the story of the improvements it has achieved, to future external scrutiny or inspection.

Leaders and managers need to keep a close eye on caseloads and frontline work in localities. Although overall social work caseloads have decreased, those in the Locality Teams remain relatively high. Sefton needs to address the current dip in performance which has been associated with the change to new working arrangements and structures to ensure that this does not become a trend. It should complete the self-improvement cycle to check corrective actions are taken as part of the wider quality assurance framework.

Sefton should implement Signs of Safety as part of a wider framework that draws on other approaches, particularly around risk assessment and capacity to change. The peer team have provided examples of such approaches adopted by other councils. There is a need to improve the quality and timeliness of child focused decision making to achieve early permanence, particularly for young children, and earlier decision making around whether siblings should be placed for adoption together or apart. Sefton should build on the commitment of foster carers by greater engagement with them at a senior level, listening and responding to their views to enhance its intelligence of the impact of practice on children and young people.

2. Recommendations

a) Ensure that data used for service management and self-evaluation is consistent, robust and supported by appropriate narrative as necessary

b) Develop a more concise and focused self-assessment format to better tell Sefton's story

c) Closely monitor social work caseloads, in particular in Locality Teams, and take action to address if these rise to a level which impacts on the quality of casework

d) Address the current dip in aspects of performance, associated with the re-structure and introduction of new ways of working. Ensure that these do not become a longer term trend, so that the benefits of the changes are realised

e) Provide opportunities for a wider range of members to engage with children's social care, to enhance understanding of front line delivery, and take advantage of the intake of new councillors following the elections to further raise the profile of the corporate parenting role

f) Continue to strengthen working relationships with heath partners, in particular around key performance challenges such as the timeliness of initial and review health assessments. Establish clear and shared ownership for the care pathway and performance improvement

g) Consider opportunities for the wider and more effective use of the information gathered from the SDQs (Strengths and Difficulties Questionnaires) to improve support and outcomes for children looked after, including work with health partners

h) With the CCG, consider the potential benefits of commissioning dedicated health services for children and young people looked after

i) Further enhance the offer of low level support to promote emotional wellbeing, ensuring that this is linked to the wider CAHMS strategy and well communicated

j) Complete the self-improvement cycle by checking that corrective actions are always taken as a result of audit findings

k) Implement Signs of Safety as part of framework that draws on other approaches, particularly around risk assessment and capacity to change

l) Improve child focused decision making to achieve early permanence, including earlier decision making around placement options

m) Strengthen the quality of support and interaction with Sefton foster carers, including building a carer engagement programme that considers all factors that may lead to instability in placements.

3. Summary of the peer diagnostic approach

The fundamental aim of each diagnostic is to help councils and their partners reflect on and improve the impact of looked after services for children and young people. It is important to remember that a peer review is not an inspection; it provides a critical friend to challenge the council and their partners in assessing their strengths and identifying their own areas for improvement.

The Care Practice Diagnostic (CPD) is designed to follow the child's journey from the edge of care through care and permanency planning, adoption and leaving care. The main elements of the CPD were:

- A review of data and key documentation
- A review of case records (we looked in depth at a small sample of eight cases in advance of the main CPD visit plus a further four cases while we were on-site. We also sampled 26 recent contacts / referrals to the MASH as part of our review of the 'front door' to social care and early help in Sefton)
- On-site work over four days (from 24th to 27th April 2018) including individual interviews, focus groups and a practice observation of a LAC review.

The documentary evidence provided to the team was used to guide its focus in assisting you with your on-going improvement and enabled the team to provide some feedback concerning the effectiveness of the council's self-assessment. In particular, the case records review helped to inform the peer team's findings in relation to frontline practice. However, it should be recognised that the team were only able to consider a relatively small number of cases and but the diagnostic is not a substitute for the council's own quality assurance processes.

The peer team

Peer diagnostics are delivered by experienced officer peers. The make-up of the peer team reflected your requirements and the focus of the diagnostic. Peers were selected on the basis of their relevant experience and expertise and their participation was agreed with you. The peers who delivered the CPD at Sefton were:

- Stuart Smith, Director of Children's Services, Calderdale Metropolitan Borough Council (lead peer)
- Beate Wagner, Director of Children's Services, Wakefield Council
- Parmjit Chahal, Head of Service for Children's Access, London Borough of Harrow
- Sue Lowndes, Head of Adoption and Fostering, Hertfordshire County Council
- Nancy Sayer, Designated Nurse for Looked After Children, Kent CCGs
- Andy Gill, associate peer (document analysis)
- Paige Gore, LGA Children & Community Safety Team (shadowing the diagnostic)
- David Armin, LGA diagnostic manager

4. Scope and Focus

In general, a CPD looks at care practice under four broad themes:

- Effective practice and service delivery
- Outcomes for children, birth parents and adopters
- Vision, leadership and strategy
- Managing resources and workforce.

In undertaking the CPD in Sefton, we paid particular attention to the following areas of focus agreed with the council and present our findings under these headings:

- **The council's self-assessment** - does it accurately reflect the current position and identify what needs to be addressed?
- **The effectiveness of the 'Front Door'** - taking account of the refreshed Level of Need guidance and the focus on early help
- **The restructure of children's social care** - is this having an impact, in particular in relation to more effective decision making and care planning?
- **Improving the health of children looked after** - in particular the interface between health and social care and the contribution of all partners
- **The implementation of signs of safety across the partnership** - is this well embedded and used effectively?
- **Adoption performance** – is this continuing to improve and is there scope to further enhance Sefton's approach?

In addition to the above, the team also provide their reflections on the leadership of children's social care and the council's approach to its key role as a corporate parent.

5. Main Findings

5.1 The council's self-assessment

We begin by providing some reflections on the impressions formed by the council's self-assessment and supporting documentation, before the on-site evidence gathering phase of the diagnostic which provides the basis of the team's main findings and conclusions.

The documents provided clear evidence of progress since the Ofsted SIF inspection in 2016. There is a clear key focus on outcomes for children in care, practice improvement and learning together, rather than an over focus on compliance monitoring. The vision and supporting road map is clear, particularly the focus on early intervention and Edge of Care provision, though not yet having a significant impact on overall numbers.

From the self-assessment, there is an evident commitment towards developing a learning and reflective culture and quality assurance systems appear well developed. Corporate parenting and member engagement appears strong and there is an explicit financial commitment towards the growing numbers of children in care and meeting their needs. It appears that Sefton engages, listens to and responds well to the views and wishes of children in care and there is a commitment to improving life chances and placement quality. Most of these areas of strength were confirmed through the on-site diagnostic work.

However, the self-assessment could be further strengthened to tell Sefton's story more convincingly and with greater coherence. There was some inconsistent data, including that provided from different partners and, until the data was refreshed shortly before the diagnostic, some key performance information was not up to date. The data used should be current and triangulate with the main messages the self-assessment is intended to convey. For example, we found data around placement stability in the documentation confusing and similarly the data and narrative around the rising number of children in care in the self-assessment. Where data is necessarily different across partners (for example due to central government reporting requirements) there should be a narrative to explain this.

The format of the self-assessment is that adopted across the North West to support regional peer challenge work. It may well be effective for this purpose, but the peer team are not convinced that it is appropriate to best tell Sefton's story and improvement journey for a peer diagnostic or more particularly in advance of an inspection. Sefton should consider an alternative format for this purpose, clearly based around the area's challenges, the progress Sefton has made and the key Ofsted questions to provide a compelling narrative. This should be clearly linked to the relevant and succinct evidence, provided in supporting documentation as necessary avoiding information overload. We provide some further analysis of the background documentation at **Appendix A**, including some suggestions as to the format for the self-assessment. Members of the peer team have offered to share examples of self-evaluations prior to an inspection which they believe to be effective.

5.2 Leadership and corporate parenting

Children's Services issues are understood and prioritised appropriately by the Leader of the Council, and the Chief Executive. The Chief Executive personally chairs the Service Improvement Board for Children's Social Care and is able to both

reassure herself and hold the Director of Children Services (DCS) to account appropriately.

The Chief Executive ensures that the corporate agenda considers the implications of council decisions upon looked after children. This can involve meeting young people directly, including the Young Advisers drawn from the council's Children in Care Council (known as 'MAD' – Making a Difference). MAD is an active Children in Care Council, with separate groups for those for up to 14 and over 14 years old who benefit from the opportunity to have their voices heard corporately. They have helped to develop specific initiatives, such as the offer to care leavers. However, there could be more tailored opportunities for the younger MAD group to have a higher profile and have their voices heard.

As part of Sefton's arrangements to strengthen quality assurance and promote a learning and reflective culture, it has introduced Focus on Practice weeks during which senior managers observe practice and are involved in case auditing. The Chief Executive, Lead member, the DCS and Head of Children's Social Care are all involved in these practice weeks. The Head of Children's Social Care in particular has a high profile with social workers and is clearly committed to working with staff to enhance practice including by modelling sound case decision making through the ADM (Agency Decision Maker for adoption) process. Social workers feel supported by both senior and team managers, in addition to their colleagues, and value this in helping to feel safe in their practice.

The Cabinet Member for Children, Schools and Safeguarding is both qualified and experienced in children's services activities and maintains a high level of interest and challenge in all aspects of the service, while retaining an appropriate strategic overview. The Children's Services and Safeguarding Scrutiny Committee is regarded as effective and appropriately challenging. Several members of this committee also serve on the council's Corporate Parenting Board (CPB), which is chaired by the Cabinet Member.

The CPB is committed to improving the welfare of children looked after and care leavers in Sefton and is able to report directly to scrutiny, which in the experience of the team is relatively unusual. However, the team feel that there could be greater challenge to poor performance to prompt action to address this in the interests of children and young people looked after. The voice of the child is present at the Board, through some young people from MAD being members of the CPB.

There are opportunities for the wider council to receive reports and updates in relation to the progress of the Borough's looked after children. This includes two briefings per year before Full Council meetings which are reported to be well attended by councillors. However, councillors do not routinely undertake visits to children's homes and front line teams and there are no other formalised opportunities for elected members to meet and talk with children in care, foster carers or social workers (other than through membership of the CPB and engagement with MAD). This is an area for development, to enhance member's understanding of front line issues and strengthening transparency of service delivery which should further underpin the safety of children and young people. As part of this Sefton's political and managerial leadership should increase their engagement with foster carers.

Following the local elections in May 2018 there will be an intake of new members onto Sefton Council. Sefton should take advantage of the opportunity presented by induction programmes etc. to engage them with the children's service agenda and in particular their responsibilities as corporate parents. The team were able to share some materials which Calderdale MBC intends to use to raise the profile of corporate parenting with new members – and in particular that of corporate grandparent. With the extension of council's responsibility for care leavers up to age 25 it is likely that a number of care leavers will be parents themselves. Calderdale is also asking its children looked after to provide some 'top tips' for councillors as corporate parents.

5.3 The 'front door' – the Multi Agency Safeguarding Hub (MASH)

As part of the peer diagnostic, members of the peer team visited the Sefton MASH and interviewed managers and staff. The team also sampled case records for 26 recent contacts / referrals (received in the week preceding the CPD). This quick review focused on the application of thresholds; the quality and timeliness of decision making and the provision of return to home interviews for children who had been missing.

The journey of the contact is evident both in the physical layout of the MASH as it proceeds through the team from receipt, information gathering to decision and how the processes were described by team members. The MASH benefits from a highly motivated, stable and child focused team who are passionate about the work they do. There is high morale and a focus in the MASH on 'getting it right for children'. There is a reflective learning culture in the MASH with strong management oversight evident from two experienced managers. The co-location of partners has further strengthened decision making with MASH enquiries being used appropriately.

The contacts reviewed provided evidence of thresholds being well embedded and consistently applied in the majority of cases (in line with the Level of Need Guidance), leading to proportionate action to protect children. Management decision making and oversight is strong and was evident on all contacts seen. The quality of screening was of a very good standard with evidence of historical concerns being considered to inform risk assessment and decision and the consistent use of Signs of Safety.

The quality of referrals has improved following work with partner agencies. The refreshed Level of Need Guidance is well regarded by both council staff and a wide range of partners. Its use of both narrative descriptors and the 'windscreen wiper' diagram to describe the type of service required and agencies responsible at different levels of need (i.e. thresholds) is regarded as clear and helpful. While a number of partners, including from the voluntary sector, thought that they were being expected to hold relatively complex cases at the early help stage rather than social care, they felt the criteria where clear and enabled an informed discussion around thresholds when required. In this respect, the social work consultation phone line is an added strength which provides agencies with an opportunity to discuss concerns at an early point. Partner agencies are feeling increasingly confident to challenge MASH decisions, and both managers and staff are open to this. Again this is being helped by the refreshed Level of Need Guidance.

The early support offer is embedded and well used. During the diagnostic we heard of number of examples of good work to avoid the need for more intensive social care and risk reduction. For example, the Community Adolescent Service (CAS) in its

support to families, diversion from gang activities and provision of short break accommodation. Return Interviews for missing children remain a strength, including being offered to children placed in Sefton by other local authorities.

On the basis of the relatively small sample of recent contacts reviewed and the peer team's limited discussions with MASH staff and partners, it appears that the 'front door' in Sefton is robust. However, there are some opportunities to enhance arrangements further. Evidence of whether consent to share information has been sought and obtained is absent from the contacts viewed. Sefton should ensure that such consent is recorded on the case record. Thought should be given to reviewing the process for seeking consent for MASH enquiries at the contact stage, to simplify the process and enable a quicker response. Contacts would benefit from evidence of consent being clearly documented for MASH checks. Where the decision based on risk is to override consent, the rationale for overriding consent should also be clearly recorded.

While the screening of contacts appears strong, there were gaps in analysis on some contacts seen to underpin the rationale for decision making. The aim is for all contacts to leave the MASH within 24 hours and Sefton believes this is the case in the overwhelming number of cases. From the sample taken by the peer team, there was evidence of a few contacts going over this timescale (however those observed were lower risk contacts resulting in NFA). Managers should actively monitor this aspect of performance to ensure that the target timescales continue to be met.

5.4 Case records review

The review of case records informed our findings across a number of areas of practice in respect of children in care, in particular care planning, the use of Signs of Safety, consideration of early permanency and adoption performance. A summary report detailing the approach and main findings from our case records review work is provided at **Appendix B**, with findings related to the individual cases reviewed at **Appendix C**.

A member of the peer team reviewed eight cases in Sefton in depth in advance of the main CPD visit. The peer reviewed case records and then interviewed the social worker and team manager in respect of each case. The sample drew on cases from a number of different social work teams and were for children in care, at the edge of care or with a plan for permanency. We reviewed a further four cases during the on-site CPD, mainly with a view to considering the timeliness of adoption and permanency planning and the findings of this lighter touch review are reported in section 5.7 below. During the diagnostic good practice was observed in the arrangement for a large sibling group (now care leavers) to remain at home on Care Orders, whilst effective monitoring and support were in place to safeguard the arrangement and ensure stability. The authority may wish to consider using this case as an example of good practice.

The key messages from the case record review can be summarised as follows:

- In most cases effective care planning and risk management is taking place
- Social workers and managers know their cases well (but this is not always evident from the case records alone but became apparent in discussion)

- Children are being seen and their views and wishes known by social workers
- Signs of Safety is identified as a useful tool by social workers, but less favoured by managers
- There is some evidence of 'professional optimism,' that is leading to perhaps excessive confidence that a placement will 'work out', when a more objective overview would identify clear risks to the likelihood of stability being achieved from the existing care plan. This may in part be attributed to the use being made of Signs of Safety in longer term care planning.
- Better use is needed of chronologies and case summary to record reflection and analysis
- Recording of management oversight in case notes needs to be more consistent
- Sefton's supervision policy requirement that supervision is recorded as a supervision case note on the child record needs to be clarified and implemented.

5.5 Service structure, decision making and care planning

Sefton introduced a new structure for Children's Social Care during the course of 2017. This entailed moving from a structure of more specialised teams to one based on nine Locality Teams responsible for a wide range of children's social care work (children in need, child protection and the early stages of care for looked after children). Three Corporate Parenting Teams are responsible for the longer term care of looked after children (including children with a plan for adoption once the placement order is made) and a fourth team supports Sefton's Care Leavers. The 'front door' to social care is provided by the MASH, up to the initial child protection conference where relevant. The intention behind this re-structure was to reduce handovers between different teams experienced by children and families; increase ownership of problem solving and achieving better outcomes to avoid a tendency to move on to more intensive social care; and to provide more equitable caseloads between different teams.

The move to the new structure has been aided by strong high level leadership that is child and practice focused. There has been a positive reception by staff and willingness to embrace the new structure. Social workers recognise that the new structure presents challenges through the need to develop a wider range of skills and knowledge in the Locality Teams, but feel supported in doing so by both their managers and colleagues with complimentary skills.

Managers and social workers believe that the new structure is leading to fewer handover points and the potential to build relationships with families that can effect long term change. It would be helpful to develop a performance indicator to evidence whether the re-structure is achieving its aims to reduce the number of changes in social workers for children. The Permanency tracker, and the associated Permanency Planning Meeting, is providing a system of understanding workflow for some children in care, but could be further developed.

Neglect now appears to be receiving a stronger focus and the service is proactively addressing historically weaker practice in this area. This has contributed to the

increase in the number of children coming into care, whose needs are extremely complex. Where neglect has not previously received such focus, this has led to older children suffering significant neglect over a period of time which means that they are presenting greater challenges as children looked after. This increased focus on neglect may also be contributing towards the recent increase in children becoming looked after.

Following the recent re-structure there has been a dip in performance across some indicators, which has been acknowledged by senior managers (e.g. an increase in the small number of assessments taking over 60 days to complete). It is not unexpected that such a dip in performance should have occurred at a time of significant change. The new Locality Team structures mean that staff are still learning the wider range of tasks and duties expected of them and this has the potential to hamper an effective workflow. This is contributing to increased caseloads as it is currently taking longer to complete tasks. This dip needs to be closely monitored and actively addressed to ensure that it does not become a trend. Caseloads in the Locality Teams should continue to receive attention. While average caseload across all social care teams have reduced (Sefton report these as just under 20 in March 2018), caseloads in Locality Teams are higher than this average. Sefton's figures give these as typically in the range of 25 to 30 and our discussions with social workers indicate that these can be higher, when there is a vacancy or sickness or when a team is on the one week in four duty rota for intake of new cases.

The authority has not yet gained the full confidence of the courts in its decision making - more robust and timely care planning would contribute to addressing this. Further focus is required to improve sound and timely decision making at the front line and first line management levels, to increase the confidence of staff in taking difficult decisions. This will impact positively on earlier realistic permanence planning.

The authority has undertaken a focused piece of work with children placed with their parents – this should be further strengthened in recognition of the particular and significant vulnerabilities of this group of children. A significant number of children are placed with parents across the North West region, attributed to the preferences of the courts in the region. However, Sefton appear to be impacted by this more than some other local authorities and this significantly inflates the number of children looked after in the authority and has an impact on associated indicators such as placement stability. Sefton may wish to consider disaggregating the data for internal reporting and management purposes to test this hypothesis and gain a clearer understanding of the difference in outcomes for children in care placed at home as compared to placed elsewhere.

As a result of this recent focus on children placed with parents, some 30 such care orders have been discharged, which has reduced unnecessary statutory intervention in the lives of these children and families. Sefton should continue to work with the courts and colleagues in the region to address this issue where possible.

The audit approach is providing good multi-agency engagement and increasing partnership understanding of quality. However, not all social workers within the council were clear about the lessons from audit, but were more familiar with learning from other quality assurance work through the practice weeks and staff engagement and learning events. In addition, there is a lack of assurance and checking that audit

has an impact on practice both in individual cases and more generally and that the required corrective actions have been taken in response to audit findings.

5.6 The implementation of Signs of Safety

From our review of a small number of case records and other discussions with managers and social workers, Signs of Safety is identified by social workers as a useful tool, but less favoured by managers. It is seen as useful for bringing out the voice of the child. The Signs of Safety approach is providing a helpful multi-agency framework for joint agency working in the MASH (we found evidence of the consistent use of the tool in our review of recent referrals). However, a number of managers thought it to be less helpful for longer term planning for looked after children and consideration of permanence.

The strength based approach encouraged by Signs of Safely has been helpful in engaging some children and families more proactively in the child protection and particularly the conference process. Some families really get the approach, but others struggle with it and we heard of some cases, where social workers had persisted with the approach, even though it had proved unsuccessful in previous episodes of engagement with families. Signs of Safety should be seen as part of the toolbox, not the only approach.

If fully implemented, the Signs of Safety approach encourages the use of genograms to understand the whole family network, encourages the family to develop solutions and promotes the voice of the child at the centre of practice. However, the approach places an emphasis upon direct work which children and families which the peer team believe may not be compatible with the current relatively high caseloads across the Locality Teams.

The Signs of Safety approach has not supported a permanency culture in the organisation and may be contributing to an undue focus on the needs of parents, unrealistic plans for rehabilitation and/or placements with connected persons and delays in making difficult decisions about sibling placements. The emphasis on strengths and the focus on parents' views may be contributing to this 'professional optimism' which is leading to some plans failing. Signs of Safety may be better suited to child protection rather than work with children who are looked after.

The approach is not fully implemented and, if taken forward, would benefit from being considered as part of a model incorporating wider evidence based approaches that take more account of risk management and capacity to change. Examples of Signs of Safety being incorporated within a wider approach include the:

- Rotherham Family Model (Signs of Safety combined with Restorative Practice and Social Pedagogy); or
- North East Lincolnshire "Creating Strong Communities" practice model.

5.7 Improving the health of children looked after

It is important to acknowledge the wider context of the commissioning and provision of healthcare services in Sefton, which has implications for the services to children looked after and relationships across the partnership. Sefton suffers from a legacy of weak commissioning arrangements and poor community service delivery, leading to the dissolution of Liverpool Community Health Trust in April 2017 and consequent

re-organisation. Across the local health sector, attention is inevitably focused on the recovery plan to address the financial deficit and on the high spending areas of adult health and social care. However, a quick sample of agendas for the Sefton Health and Wellbeing Board over the past year indicates about 30% of items where for matters concerning children and young people, which suggest that leaders across the partnership are still able to give attention to the children's agenda.

There is a commitment from the leadership of NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups (referred to as Sefton CCGs) to work to improve the health of children looked after. Sefton CCGs Chief Officer has expressed the goodwill to support further improvement and build on the strengths and good practice which already exists across the partnership. The CCGs demonstrate understanding of the risks associated with current commissioning arrangements, as evidenced by the inclusion on its risk register of related issues such as the timeliness of health assessments for children looked after.

The Transition pathway from CAMHS Tier 3 to adult mental health services is embedded in practice and working well, leading to continuation of appropriate service at age 18. Communication from Children's Social Care with health when a young child is removed from birth family is working well – for example Health Visitors are advised of this to avoid the risk of making an unnecessary home visit which could be difficult for all concerned.

The GLAM project (Girls Leading, Achieving and Motivating), offered by Addaction to raise self-esteem has positive outcomes with no drop outs. Based on this success, consideration is being given to develop a similar project for teenage boys. Another area of good practice is the Star Centre which provides support to young people with low level mental health issues. Sefton should take advantage of any opportunities to expand this offer and further communicate the impact it is having.

The newly appointed Designated Nurse for children in care has a background in working with children with multiple disabilities which will support the SEND agenda – around services for children with special educational needs and disabilities. A previous Ofsted SEND inspection required a statement of action from Sefton to address the issues identified.

It is recognised that performance in terms of compliance with timescales for health assessments for children looked after is unsatisfactory (e.g. the council's data reports that 40% of initial health assessments (IHAs) were completed within 20 days in the year to end of February 2018). A recent joint IHA audit by health and the council identified timescale issues within the overall pathway. A further pathway mapping exercise was completed resulting in recommendations for the partnership. This should provide the basis for action and improvement, if allied with clear ownership of the issues identified. There was significant improvement in compliance with timescales for review health assessments in the last quarter of 2017-18, although the statutory requirement that all looked after children should have an up to date health assessment is not yet being met. North West Boroughs Healthcare NHS Foundation Trust are working with the council's fostering service to improve understanding of health assessments, which should increase attendance at statutory health assessment appointments

A number of wider initiatives which are relevant to looked after children appear impressive. The multi-agency criminal exploitation pathway is well understood and

believed to be working well. LTP (Local Transformation Plan) funded initiatives to address low level emotional wellbeing concerns are innovative and show promise, such as the provision of a drop-in centre with the ability to refer directly to Tier 3 CAMHS services.

However, a number of significant challenges remain which are making it difficult to improve the health of looked after children to the extent that all in Sefton desire. Current commissioning arrangements to meet the health needs of children looked after are fragmented and find it challenging to demonstrate improvements in health outcomes. Consideration should be given to the potential benefits of commissioning a dedicated service for children in care. In the meantime, the Children's Integrated Commissioning Group (chaired by the council's Head of Children's Social Care) should work to ensure a more coherent approach.

The SDQs (the Strengths & Difficulties questionnaire – a measure of children and young people's emotional health and wellbeing) completed by carers for the council is returned to the DfE to develop understanding of national trends. However, it appears that little use is being made of this information beyond this minimum requirement, including sharing with health. For example, they are not being used to inform the emotional health element of the review health assessment.

Difficulties in the joint health assessment pathways are impacting significantly on the timeliness of statutory health assessments, in particular that for initial health assessments. There needs to be clear ownership of performance improvement across the whole pathway, and action taken to drive improvement. One aspect is that a significant proportion of children placed at home on an order are failing to attend statutory health assessments. Working with families to understand the importance of such attendance should help (along with wider efforts to reduce the incidence of such placements).

There is insufficient regular dialogue between partners around addressing issues or concerns that impact the health outcomes of children in care, for example concerning the timeliness of health assessments. There is a need to develop relationships and strengthen such dialogue around problem solving, getting the right people involved who can take action. The peer team are not convinced that this is happening on a regular basis.

Confusion exists across the partnership in relation to roles and responsibilities for improving health outcomes, including responsibilities within the respective agencies. Moreover, there is a lack of clarity across the local authority and key partners (including Public Health, Children's Social Care and the CCG) about the extent of the health needs of looked after children. These need to be fully understood in order to be addressed, underpinned by the JSNA (Joint Strategic Needs Assessment) which should include the needs of looked after children as a particularly vulnerable group.

5.8 Adoption performance

The trajectory of timeliness and numbers is positive. Sefton has seen an increase in children adopted, albeit that the numbers remain relatively small and appear low compared to statistical neighbours (15 were placed for adoption by Sefton during 2016-17). The time taken for adoption has improved, although this remains above the DfE threshold. Sefton has a commitment to placing older children and sibling groups for adoption. From our case review work it is evident that this is translated

into practice, although it may lead to a longer period of time being required to complete a placement.

There are good tracking and monitoring arrangements for children who have a plan for adoption. The ADM (the council's agency decision maker) process is robust and used as a window to practice and modelling good practice to front line staff, who are involved in the process.

The RAA (Regional Adoption Agency) has the potential to support Sefton in modelling good permanency planning practice and increasing placement choice. The council should ensure that it takes advantage of these opportunities. The quality assurance function of the Adoption Panel needs to become more robust as part of the RAA development

As noted previously, the historical lack of focus on neglect in Sefton is leading to children having more complex needs and this affects timeliness of matching and adoption orders being made. The quality of permanence planning for very young children requires improvement, including earlier decision making around placing children together or apart – there is a risk that Sefton's commitment to placing sibling groups together means that such decisions are being delayed which will increase the time taken to complete adoption. Similarly, a lack of experience and understanding of permanence planning and professional optimism about the potential to effect change is having an impact on early decision making. The adoption process itself also needs to be better understood to help reduce delays. The move to generalist Locality Teams with responsibility for some children being considered for adoption up to the grant of a Placement Order may well be exacerbating the need to develop this experience and understanding.

The peer team noted that Sefton has granted exemption to the normal fostering limit of three foster children to a relatively high number of foster carers. Such exemption is at the discretion of the council, and the foster carers met by the team felt they were well supported and appeared capable of fostering effectively. However, a continued high level of such exemptions, particularly over an extended period of time, may represent a vulnerability for the council. Foster carers also noted that they would welcome more contact with those in leadership roles in Sefton.

6. Next Steps

The Local Government Association would be happy to discuss how we could help you further through the LGA's Principal Advisers for the North West, Claire Hogan (claire.hogan@local.gov.uk or tel. 07766 250347) and Gill Taylor (gill.taylor@local.gov.uk or tel. 07789 512173).

Members of the peer team have indicated their willingness to provide further advice to Sefton and share examples of good practice if this would be helpful to you.

The peer team would like to extend their thanks to everyone involved for their participation and for engaging so constructively with the diagnostic. In particular, please pass on thanks from the peer team to Helen Splaine, Gill Cowley and their colleagues for their help prior to the diagnostic and during the on-site phase.

Appendices:

Appendix A – Summary feedback on the council's self-evaluation
Appendix B – Summary of findings of case records review
Appendix C – Observations on individual case records reviewed