# Joint inspection of multi-agency arrangements for the protection of children

## Warrington

**Inspection dates:** **17 – 30 January 2013**
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**Age group:** All

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# Joint inspection of multi-agency arrangements for the protection of children

## The overall effectiveness of the multi-agency arrangements for the protection of children and young people

The overall effectiveness of the multi-agency arrangements for the protection of children and young people in Warrington is judged to be good.

## Areas for improvement

1. In order to improve the quality of child protection arrangements in Warrington Borough Council, the local partnership should take the following action.

**Take immediate action to**

- ensure that all services identify and fully consider all historical information so that patterns can be established and services provided sufficiently early to prevent family crisis
- ensure that all front line practitioners across the partnership benefit from regular and high quality child protection supervision.

**And in addition**

- ensure that when children step down from higher level plans that their continuing support needs are fully considered to avoid the re-emergence of problems
- ensure that general practitioners (GPs) contribute more effectively to plans to protect and support children and young people by submitting reports and attending child protection conferences
- ensure that children are made aware of advocacy services available to them so that they can effectively contribute to the plans made for them
- ensure that timely analysis is undertaken of computers seized by the police in child protection investigations
- ensure that there is sufficient capacity to meet local need to support families where domestic abuse is identified including the provision of a non-statutory perpetrator programme
- ensure that services that support the emotional wellbeing of children and young people are effectively coordinated, have sufficient capacity

and have clear access arrangements to child and adolescent mental health service (CAMHS) provision

- Increase the use of qualitative audits across the partnership to improve practice in individual agencies and as a whole system

2. Children in Warrington benefit from partners working together effectively to identify, protect and support children and young people at risk of harm. Well established partnership working at an early stage helps to consistently identify children at risk of harm and provide targeted support through a wide range of early help services which are becoming increasingly coordinated. The single point of referral enables professionals to seek additional targeted support for families from the local authority's family support service. This service provides a sharp focus on improving outcomes for children and is increasingly reducing the need for escalation to statutory intervention for some families. Multi-agency forums such as the hospital liaison group provide an excellent focus on risks to unborn babies, ensuring that timely and effective supports are in place to reduce risks. The youth offending team (YOT) ensures that young peoples' vulnerabilities are identified and supported as well as work to reduce their offending behaviour. Adult services such as probation, mental health, drug and alcohol services and housing appropriately seek to support vulnerable children and make timely referrals to children's services where there are concerns about parenting capacity. Families welcome this support and give positive feedback about how they have been helped.

3. Thresholds are clear and partners have a well embedded understanding of these. When children are identified as needing protection partners promptly refer to children's social care. Social workers and police officers take prompt and effective joint action to immediately protect children. The majority of assessments are robust, clearly include the views of the children and information known to partners is usually gathered with good analysis leading to outcome focused plans for children. However, in a small number of cases where concerns for children are not as immediate, analysis did not sufficiently consider known historical information and action is not taken early enough by children's social care to avoid some families experiencing crisis. Both child protection and children in need plans are reviewed regularly. Many professionals prioritise these meetings and make every effort to attend and contribute. GPs, while very recently increasing their written contribution to initial child protection conferences, are not yet sufficiently engaged in plans to protect and reduce risks for children. Parents are clear about the role they play in reducing risks to their children and the support they can access to achieve this. While there are a wide range of services available to support families, there is no non-statutory support to those who commit domestic abuse. This reduces the effectiveness of professionals working with families to bring about change and reduce risks for some children. Social workers know the children with whom they work well and are committed to improving the lives of

vulnerable children. Children are almost always seen with sufficient regularity by social workers which enables them to build trusting relationships and allows them to share their concerns and contribute to plans, although not all children and young people are aware of the advocacy service which is available to them. As risks reduce and outcomes improve for children, families experience on-going support to help sustain improvements through clear step down arrangements. For a small number this step down approach is premature and quickly leads to the re-emergence of problems and the need for increased intervention. Children are protected well from adults who are known to pose risks to them by effective probation and police jointly led multi-agency public protection arrangements (MAPPAs). The overlap of key professionals between MAPPA and multi-agency risk assessment conferences (MARAC) ensures continuity and good information sharing between agencies and a focused approach to the needs of this group of vulnerable children.

4. Children in Warrington are provided with good early help and promptly and effectively protected when necessary as a result of consistently strong leadership by the Director of Children's Services and the sustained commitment of partners. Agencies know themselves well and strategic priorities are agreed across the partnership with a strong focus on child protection and early help for the most vulnerable families. Effective links between the Children's Partnership, the Warrington Safeguarding Children Board (WSCB) and the Health and Well Being Board are in place and enable priorities to progress swiftly. Elected members are well informed about the needs of children and provide good support and challenge to strategic leaders. The WSCB has ensured compliance to statutory duties across the partnership and provides clear and proactive leadership in areas such as children who go missing and child sexual exploitation.

5. The commitment to continuous improvement across the partnership since 2009, when the local authority was judged inadequate in a safeguarding and looked after children inspection, is clearly evident in all services. This has enabled the partnership to significantly transform child protection services to those that are now consistently performing well. Much improvement has been made to services through effective monitoring and identification of performance weaknesses responded to with robust plans that drive improvement. This has improved, for example, the identification of and support to children who go missing. The WSCB has undertaken some multi-agency audits focusing on the quality of practice which has improved the services that children receive. Quality auditing is not yet used regularly across individual partner agencies and some continue to have an over emphasis on a compliance approach. Some variability remains in the supervision provided to staff. For many this is of good quality and clearly focuses on the needs of children even when the primary service user is an adult. For the remaining few staff, however, robust supervision arrangements are not yet consistently in place and this

means opportunities are lost by managers to oversee the work of their staff involved in child protection work.

## The effectiveness of the help and protection provided to children, young people and their families and carers

## and

## Quality of practice

Children and young people are protected, risks are managed and the help provided reduces the risk of, or actual harm to them through the good multi-agency arrangements in Warrington.

Partners in Warrington are good at ensuring practice is focused on children and young people; needs, risks and protective factors are identified and managed by all agencies[1]; and practice is aligned with statutory guidance[2].

6. Children, young people and their families in Warrington receive a good level of early help to support their needs when difficulties first arise. Partnership working to deliver an early help offer is well-established across Warrington and following restructuring, the Prevention, Family Support and Youth Division now covers the 0-19 age range. This has led to services that are increasingly integrated and focused on a whole family approach. This brings together children's centres, childcare and information services, the family support team, youth services, and intensive family support work. The family support model is understood well by professionals from a wide range of agencies including adult services, housing and the voluntary sector. The numbers of common assessments (CAFs) completed is increasing and the CAF team provide support to professionals to ensure work is progressing and children's and family's needs are being met. However, the quality of common assessments is variable, ranging from inadequate to good. Health visitors and school health advisors who are lead professionals for CAF do not routinely inform the child's GP. Consequently the CAF may not necessarily include all pertinent information and the GP contribution to this aspect of multi-agency working is limited. However, plans are now in place to ensure that information is shared in future cases.

[1] This includes police officers; teachers; health professionals; probation workers; youth offending service workers and social workers and any other practitioner involved in early help and the identification and protection of children who are suffering or are likely to suffer significant harm.

[2] *Working together; Managing cases, statutory guidance on learning and improvement- full references to be added.*

7. Children and families benefit from the coordinated approach of the single point of referral to the local authority family support service. Weekly meetings are held to consider referrals which means that professionals have their requests for additional targeted support for families considered promptly. However, the quality of a small number of referrals to the single point of referral is not always sufficiently clear about the support professionals are seeking for children. Where this is the case the family support service gives prompt feedback on these referrals so that information can be clarified to ensure that family's needs are met. The family support service provides a timely and coordinated holistic response to families' needs. The workforce is dedicated and there are many examples of positive, trusting relationships and sensitive work with families where there are high levels of need. Family support workers hold manageable caseloads and receive valued supervision from qualified social workers. Those who spoke to inspectors felt well supported by managers, peer support and network meetings. A good range of partners attend family support meetings, including school health representatives, school safeguarding officers, probation workers, health visitors and, as appropriate, children's social care. The holistic, family centred plans ensure families are working towards agreed improved outcomes. When children are cared for by vulnerable adults who are known to adult services, workers take into account children's needs and work in partnership to support families and protect children. In one case, the adult mental health worker had contacted the health visitor involved with the parent and child and continues to liaise closely regarding the parent's mental health, attending family support meetings regularly. Due to the presence of a child in the household, the adult mental health worker has continued to work with the parent even though her mental health has improved. Data shows that interventions from the family support service are making a difference to families and recent findings indicate that for the large majority, levels of need are reducing or stable, preventing the need for statutory involvement.

8. Surveys undertaken by the local authority with parents who use the 12 children's centres report that parents are highly satisfied with the support they receive and a very large majority surveyed feel that the help and support has made a positive difference to their families. Increasing numbers of vulnerable two-year-olds are in funded nursery places resulting in their needs being monitored to ensure that they receive the help and support required to promote their welfare and safety. Schools meet Ofsted's safeguarding requirements and there are low numbers of exclusions and an increasing focus on providing help and support to vulnerable pupils. When pupils are vulnerable, schools seek advice and support from the education safeguarding team and the virtual school, and this is valued by schools who gave examples of how this had supported their work with children and young people.

9. Parents reported receiving high levels of support from nurseries, family support workers, schools and health services, regarding their children's needs. Long-term support has been provided to address family issues such as mental health, major adjustments to the respite unit for children with disabilities, school attendance and work with families to reduce risk from domestic abuse.

10. Children and young people benefit from hospital staff, including nurses and midwives, being pro-active in gathering initial information on children and young people when they have any concerns and they liaise effectively with community health staff to undertake a full assessment. For example, children not attending essential hospital appointments are identified by practitioners and notified to the hospital safeguarding nurses or midwives who ascertain the reasons for non-attendance and refer to children's social care if necessary. The multi-agency hospital liaison group that meets monthly is well attended by key professionals. A real strength of the group is identifying risks to unborn babies. As a result of tight coordination and effective sharing of information, unborn babies are identified early if there is a potential risk to their welfare and evidence was seen of pro-active intervention between agencies to ensure their protection. Where risks to unborn babies have been identified, a pilot scheme involving the health visitor conducting home visits before the birth of babies has resulted in early support reducing risks to individual children, improved parental attachment and positive health outcomes for children. For a small number of children and young people, practitioners have not taken full account of the pattern of previous attendances or presentations at the hospital accident and emergency department, thereby missing the opportunity to make a fully informed risk assessment. However, the paediatric health visitor liaison service undertakes daily reviews of all under 18's accessing accident and emergency and this is effective in ensuring that potential safeguarding issues are identified. In these cases appropriate notifications and information are conveyed to children's social care or an appropriate community health service.

11. Children and young people who experience severe mental health problems receive effective help from the child and adolescent mental health service (CAMHS). The recently introduced CAMHS urgent response team (CURT) ensures that children and young people can receive urgent CAMHS assessments, for example, when they attend at accident and emergency with immediate concerns about their mental health. For some young people, the need for in-patient care has been reduced due to the extended support offered by the CURT team. Young people say that they are listened to and have choices about the frequency of contact with CAMHS practitioners depending on self-identified need and what other support services are helping, although the voice of the child is not well reflected in agency records. While there is a broad range of lower level community support to target the emotional well-being of children and young people such as the Relationship Centre, nurture groups in primary

schools and targeted youth groups, the sufficiency of these has not yet been evaluated and coordinated with clear access arrangements to CAMHS Tier 3 provision.

12. The local authority is developing ways of working with families with complex needs that require intensive family support. Building on existing strong multi-agency support arrangements, a good range of partners, including police, adult mental health, housing, CAMHS, the virtual schools and the youth offending team are engaged in developing a whole family approach to this work. So far some 142 families have been identified as potentially benefiting from intensive work.

13. When young people are referred to YOT they receive a prompt assessment of their vulnerabilities and where appropriate a clear plan is put in place to ensure that their needs are met and they are kept safe. Cases seen in the YOT demonstrated that effective joint working with social care, education and health services reduced risks to young people and diverted them from risky behaviours such as reducing those times when young people go missing.

14. Professionals who have child protection concerns about a child or young person can seek help from a range of information and advice services, including the duty and assessment team and the education safeguarding team. Agencies generally have a good awareness of thresholds and appropriately identify when help is needed for families. As a result, a wide range of agencies make timely and appropriate contact with children's social care and effectively share information about the problems being experienced by families. For example adult mental health, drug and alcohol and probation practitioners are all making referrals to children's social care when parenting capacity issues are identified. The referral unit within Warrington police station ensures that referrals are promptly risk assessed. If an incident requires dynamic action it is telephoned through straight away to children's social care to ensure it is acted upon. However, in a small numbers of cases identified during the inspection, help is not provided early enough and it takes repeat police notifications to children's social care before children and young people receive the help they need. This means that a small number of families experience crisis which could potentially have been avoided. All new cases open to the Probation Trust are checked with the children's social care database to establish whether the offender's name, and the names of children probation know to be linked with the offender, are recorded. Probation staff use this information in their work to manage any risk of harm posed by the offender.

15. When children and young people are identified as being at risk of harm, swift actions and good decisions are made to ensure their safety. Strategy discussions between children's social care and the police are timely and decisive with appropriate actions agreed and shared to ensure the safety of children and young people. When police speak to children and young

people to gather evidence regarding child abuse, it is regularly undertaken jointly with social workers and this is good practice. Caseloads in the children's social care duty and assessment team are manageable and as a result the response to contacts and referrals is usually thorough and timely. Most closed contacts and referrals include appropriate consideration of the history before reaching the decision to close. Many of those cases that do not meet the threshold for children's social care intervention are referred on to the family support service by children's social care so that early help can be provided.

16. The quality of children's assessments undertaken by children's social care is generally good. Assessments identify risks and protective factors well with good analysis that determines appropriate actions required to reduce risks to children. Children and young people are routinely seen as part of assessments and those that are of sufficient age and understanding are spoken to alone, with evidence of their views being heard and acted upon. Parent's views are routinely obtained and recorded even when their view differs from that of children's social care. However, in some cases, the views of fathers or adult males who are part of the child's life were not always included in the assessment process. Most assessments contain good evidence of consultation with other agencies to obtain information, for example with police, health, education, YOT and probation. The timeliness of the completion of assessments is consistently swift for many families. Chronologies are usually completed as part of assessments, although they do not always contain all relevant historical information and some only date back to the last six months. This means that not all key information is included when identifying risk and protective factors. Some assessments pay good attention to ethnicity and race with some good work focused on children's identity needs. However, others did not contain clear reference to religion, ethnicity (including White British) and cultural background.

17. Child protection conferences are well attended by partner agencies. For example the police attend all initial child protection conferences and almost all review conferences. However there is a significant gap in the contribution when GPs do not attend child protection conferences. This means that information that they may hold is not consistently contributing to plans to protect children although recent action has seen an improvement in the submission of reports by GPs. Other agencies are working very well together to implement child protection plans which are helping to reduce risks for children. Professionals demonstrate a good level of knowledge about children; they support meetings very well through their reports and attendance contributions which is helping parents to understand child protection concerns leading to reduced risks for children. Child protection conference chairs demonstrate good practice in conferences. This is ensuring that parents and other professionals can contribute well to make their views known, which in turn helps to shape the support that is needed to reduce risks and secure the safety of

children. Some delays occur in issuing child protection conference and core group minutes and this sometimes results in professionals and parents not being fully aware of plans, particularly if they did not attend the meeting. In some cases, the delay led to short notice of the next meeting and further non-attendance by some professionals. Parents spoken to confirm that agencies help them to understand how they have placed their children at risk and also how to improve the care for their children. Almost all children subject to a child protection plan are consistently seen regularly by a social worker in accordance with the requirements of the protection plan and seen alone where appropriate. Management information is used to check that statutory visits take place regularly and are recorded promptly. In a small minority of cases core groups are not timely, and children are not seen as regularly as they should be by their social worker. Managers are aware of this and have taken appropriate action. Children with disabilities who are subject to child protection plans receive targeted multi-agency support. When child protection conferences are held concerning children with disabilities, health professionals work particularly well to ensure good coordination of health reports into one single report for families and one health representative attends on behalf of all other community health support. This minimises the complexity of reports for parents.

18. All school age children made the subject of a child protection plan have a health assessment from a school health advisor. This has identified high numbers of children not registered with a dentist, not having immunisations up to date and increased identification of children with asthma. An increased focus on these areas has led to improved health outcomes for these children.

19. Low, but increasing, numbers of children in need and those subject to child protection plans are accessing advocacy services, which are provided promptly. The independent service is being promoted through children's social work teams and child protection chairs, but not all children and young people are aware of their right to an advocate. While there is a children with disability parent association and an advocacy service for parents, this is only used by a few.

20. Suitable and clear arrangements are in place for delegated decision-making that enables decisions to be made at the right level within the organisation, commensurate with the seriousness of the child's circumstances. Decision making by children's social care managers is timely and clearly recorded. However, recording of other children's social care activity in some cases is not completed in a timely way and does not always fully reflect the work done with families. Decisions within the police public protection unit are taken by experienced and trained police officers. Decisions are recorded within the police IT systems. However the management systems are not helpful due to the amount of duplication that is required to update all the relevant records. This sometimes leads to

a lack of clarity over what has been done. Due to this the systems are difficult to review. Custody records relating to children or young people detained within custody after charge do not consistently show early attempts to obtain alternative accommodation.

21. Children continue to be well supported through children in need meetings after they cease to be the subject of child protection plans. They continue to have an allocated social worker and children in need meetings are well attended by the agencies involved, including those working primarily with adults. Children in need meetings are well chaired, are focused on children's needs and offer well-coordinated support to families through clear plans which define who does what by when and what the intended outcome is. Further action to step down from children in need plans appropriately takes into account progress in sustaining reduced risk and decisions are usually agreed by the professions involved in the children in need plan and the family at a formal review. In a small minority of cases, children are stepped down from children in need plans prematurely without their needs for continuing support being fully considered.

22. The police undertake computer analysis where allegations of the possession of child abuse images have been made. Computers, in those cases which are not considered as a high risk, can wait for up to a year for analysis. This may leave suspects under pressure, keep families apart unnecessarily, place children at risk and means that a small number of families continue to have statutory agency involvement in their lives for longer than is necessary.

23. When adults pose a risk to children and young people there is good joint work between social care, probation and the police which results in help being provided in the early stages of a problem arising. Good joint planning between these agencies has meant that children placed on child protection plans are appropriately protected, risks are shared well between agencies and on occasions joint risk assessments have been undertaken of parents who pose a risk to children and young people. MAPPA are well established and work effectively to protect children. All relevant agencies attend to discuss cases of moderate and high risk of harm to others. Appropriate risk management plans are in place and are reviewed through the regular MAPPA meeting ensuring risks are closely monitored on a multi-agency basis.

24. The risks to children living in households where there is domestic abuse are robustly identified within MARAC. Relevant partners attend and share information and formulate clear joint plans. Agreed actions are monitored closely through to their conclusion. Coordination between MAPPA and MARAC is good with both senior police officers and the same senior probation officers chairing both meetings. The same police officer from the public protection unit attends both MARAC and child protection conferences which provides consistency of information sharing. Children,

young people and families who have suffered from domestic abuse receive help and support from the Refuge service. Independent domestic violence advisors work with families to reduce immediate and long term risk of harm. However, this service is limited to those most at risk of harm and some service users have to wait too long before they can access counselling. Where parents do seek help, support is also made available to children through one to one keep safe work and group activities. Parents who are receiving help after suffering domestic abuse are extremely positive about the family support they receive. This included support, advice, guidance, and help for adults in attending courses to raise self-esteem and confidence. Support for perpetrators of domestic abuse to attend non statutory programmes of work to reduce their behaviours is not locally available, although good attempts by social workers means that some places on programmes are commissioned from other areas although in total the provision is insufficient to meet need. This means that risks are not reduced in some households and this impacts on the safety of some children and young people.

25. Children and young people receive a timely and effective response when they are missing from home or at risk of sexual exploitation. The WSCB has set up a designated sub-group and task group to provide oversight and tracking of vulnerable children and young people. As a result of awareness raising across the partnership, identification of child sexual exploitation cases has increased. There are good examples of impact in reducing the numbers of children and young people missing from home, particularly those at risk of sexual exploitation. The police missing persons coordinator monitors children and young people missing in the Warrington area and identifying children or young people who require multi-agency support to reduce risks to their safety and welfare. The AWARE project has been commissioned to undertake direct work with victims of child sexual exploitation and is helping to build resilience and prevent future episodes for those young people who have accessed this support. When missing children return home missing person interviews are conducted promptly by the police. Further contact with children and young people takes place through an independent organisation called Catch 22 who speak to children and young people about their experiences. This helps to gather information about why they have gone missing and put in place strategies to avoid repeat incidents. However, as yet there is little long term proactive police investigation of adults who may sexually exploit children. Some training has been given to front line police officers to alert them to the issue of child sexual exploitation and the prompt actions required in response.

26. Most front line staff across the partnership benefit from professional supervision although the quality and the timeliness varies from agency to agency. For example, YOT and probation staff benefit from regular, good quality supervision where close attention is given to the progress of work to support children subject to child protection plans. Within the police

public protection unit, advice and supervision is clearly recorded within investigation logs. This is not always mirrored within the front line where the supervision of police officers is more variable. Good management oversight of staff at accident and emergency and the Bridgewater Community Healthcare NHS Trust is in place which ensures that information about children and young people's attendance at accident and emergency is shared with relevant professionals. Case workers are able to access safeguarding advice. However, management oversight of adult mental health services and adult drug and alcohol service is not well evidenced through supervision. It is not regular or fully recorded, containing insufficient detail of discussions about safeguarding. Midwives have annual statutory clinical supervision, access to specialist advice when requested and regular access to group supervision through the hospital liaison group. However, for front line midwives who have not been actively involved in child protection procedures, access to routine planned, structured and recorded safeguarding supervision is not in place. A new operating procedure has been developed to be introduced in April to strengthen this. Although the frequency and quality of supervision for social workers is not yet consistently in place, many social workers are benefiting from increasingly reflective supervision which is improving practice.

## Leadership, governance and partnership

Children and young people are effectively helped and protected as a result of good leadership, governance and partnership in Warrington which ensures that there are arrangements to drive continuous improvement across all agencies.

27. All agencies give child protection work the highest priority. This is a significant transformation from 2009 when an inspection of the safeguarding and looked after children arrangements found services to be inadequate. The Director of Children's Services (DCS), newly appointed just prior to that inspection, has provided strong and continuous leadership to drive forward the necessary improvement within children's social care and across the partnership. In appointing good quality senior and middle managers with high standards within children's social care, the DCS has ensured that significant practice deficits have been tackled, continuous improvement sustained and a learning culture established. Despite significant organisational restructures within other agencies, partners are now fully engaged in their responsibilities to help and protect children. Warrington Clinical Commissioning Group has created a full time designated nurse post, replacing the shared role with another authority, to provide increased leadership and governance capacity across the local health community. The recent appointment of a new WSCB chair ensures that appropriate arrangements are in place for the momentum of continuous improvement to continue within the partnership.

28. Regular meetings are held at a strategic level between service leaders, including the local authority Chief Executive, to ensure transparency. Elected members provide appropriate challenge through the overview and scrutiny committee. They have regular contact with front line staff and use this to provide challenge to senior managers. The Lead Member for Children has regular meetings with the DCS and attends the WSCB. Services provided by the Cheshire Police, YOT and the Probation Trust are effectively coordinated through good senior officer representation on the WSCB and the police have a considerable role in supporting this work through their leadership of WSCB sub groups.

29. The statutory duties of the WSCB have been carried out effectively. The WSCB independent chair and the WSCB multi-agency executive group provide clear leadership and governance and are delivering systematic, incremental and sustained improvement to partnership working to identify and protect the most vulnerable children. There is good representation across partner agencies such as the voluntary sector, however there is no direct service user representation on the WSCB. The contribution of agencies to share resources and the commitment and level of resolve shown by the individuals who represent agencies has helped to drive improvement at a good pace. For example, good multi-agency arrangements, including the commissioning of voluntary sector services, are in place to ensure missing children are quickly located and supported to reduce further missing episodes. Good arrangements are in place between the WSCB, the Children and Young People's Partnership, the Health and Wellbeing Board and the local Clinical Commissioning Group where priorities are increasingly shared and agreed.

30. Service strengths and weaknesses are known and understood very well across the partnership. Identified weaknesses lead to clear joint multi-agency plans which have ensured targets for improvement such as those set out in the Children and Young People's Plan and other plans are tackled. For example, the WSCB is leading work on child sexual exploitation which is contributing to the increased identification of those children and young people most at risk.

31. The joint strategic needs assessment provides a sound basis for service planning and ensures resources are effectively targeted in the most deprived areas of the borough and include the early help offer. Effective joint commissioning arrangements are in place, for example the YOT is a shared service delivered in collaboration with two neighbouring authorities and the de-commissioning and re-commissioning of services, such as those for managing the return of children who go missing, has ensured resources are used efficiently and with increased effectiveness. Some gaps in service exist, for example, there is insufficient access to low level domestic violence treatment programmes for perpetrators and it is unclear if there is sufficient capacity to support victims and children who have experienced domestic violence. Some schools are working effectively to

provide early help responses and some have pooled resources to maintain the role of parent support adviser, supported by the family support service. Other schools are now identifying a gap in their provision to support children's emotional well-being and are considering purchasing family support services from the local authority. Action has been taken to address poor access to CAMHS. However, children have limited access to lower level mental health support and access arrangements for some therapeutic services are unclear. This is currently subject to review by the Integrated Commissioning Group.

32. Managers use data effectively to monitor output performance. The WSCB comprehensive section 11 audit arrangements have ensured agencies are compliant with safeguarding requirements. Although some single agencies use audits to improve performance and the WSCB has undertaken some multi-agency audits which have led to service improvements, these arrangements are not comprehensive across the partnership. Where audits have used qualitative measures to test the experience of service users this has helped to improve the quality of practice. For example, the views of parents have helped improve the practice of social workers undertaking child protection investigations.

33. Senior and middle managers exercise good management oversight in all agencies. The police operate a bi-monthly public protection meeting chaired by the Assistant Chief Constable to ensure key priorities and targets are progressed. The Probation Trust has a consistent approach to managing offenders who present a serious risk of harm to children. Similarly, the YOT effectively manage the risk of serious harm to others presented by young people who have offended, including risks to other children and young people. Children's social care managers have commenced a programme of direct observation of social work practice. This is consolidating good practice and improving the quality of service delivery in key areas such as the effectiveness of core groups and social worker home visits.

34. Individual provider health agencies are proactively seeking the views of children and families through surveys including those undertaken in schools. This is helping to shape service design, for example the introduction of pre-birth visits by health visitors. Child protection chairs and recent work undertaken by the quality assurance and safeguarding unit is proactively seeking the views of children and their parents. This has helped to support service improvements such as in the way first time social work contacts are managed in child protection cases. Exit questionnaires are routinely used to learn the views of young people leaving the YOT however this is only just being evaluated and there is not yet evidence of impact.

35. The make-up of the local authority workforce is consistent with the diverse communities of Warrington. Good work force planning and substantial

investment in securing permanent social work staff has ensured there is sufficient social worker capacity across the children's social care workforce. This has improved the continuity of service for children and families, ensured social work case loads are appropriate and that social workers have the time they need to carry out the social work task. Police officers in the public protection unit are trained and experienced to undertake child protection. Those police officers who manage sex offenders similarly receive specialist training. The Bridgewater Community Healthcare NHS Trust is on track to achieve the national targets for increasing health visitor posts. Health providers are compliant with training expectations and requirements. Workers across the multi-agency partnership, including those involved in the delivery of the early help offer, have good access to good quality training. This is supporting continual improvement in the quality of services for children and families.

36. Good arrangements are in place to learn from a range of sources. The multi-agency partnership has a proactive approach to learning from research and implementing the national agenda, for example the government's child sexual exploitation action plan. The independent chair of the WSCB is the North West regional representative for the Association of Independent LSCB chairs which encourages reciprocal learning across the region.The designated nurse is involved in joint work with other designated nurses across the area to ensure, for example, lessons learned from serious case reviews are implemented. Children's social care and other individual services such as the YOT have demonstrated effective leadership and successfully delivered on the previous inspection recommendations. The local authority has a proactive approach to respond to complaints which has led to changes and improvements in the way social work services are delivered.

# Record of main findings

## Warrington Borough Council

| **Joint inspection of multi-agency arrangements for protection of children** | |
|---|---|
| Overall effectiveness of the multi-agency work to protect children and young people | Good |
| The effectiveness of the help and protection provided to children, young people and their families and carers | Good |
| Quality of practice | Good |
| Leadership, governance and partnership | Good |

# About this inspection

37. This inspection was unannounced.

38. This inspection focused on the effectiveness of multi-agency arrangements for identifying children and young people who are suffering, or likely to suffer, harm from abuse or neglect, and on the provision of early help where it is needed.

39. The inspection considered the journeys and experiences of children and young people from the time they first need help, the effectiveness of the help and protection provided (including early help) and the quality of practice and management at the front line.

40. Inspectors have tracked the experiences of children and young people who have needed help and/or protection. They have scrutinised case files, observed practice and discussed the help given to these children and young people with professionals and managers in social work, health, policing and probation. Wherever possible, they have talked to children, young people and their families. In addition the inspectors have analysed performance data and reports, and management information that the local authority and its partners hold to inform their work with children and young people.

41. The inspection team consisted of five of Her Majesty's Inspectors (HMI) from Ofsted and one inspector from each of the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation.

42. This inspection was carried out under sections 20–23 of the Children Act 2004.

# Service information

43. Warrington is a borough of contrasts covering 182 square kilometres of rural villages as well as larger towns such as Warrington itself, which is the largest and most densely populated. The population has risen rapidly over the last 30 years with a total population of 200,200 of which approximately 48,700 children and young people under the age of 19 years. This is 24.3% of the total population in the area.

44. Children and young people from minority ethnic groups account for 6.2% of the total population. The largest minority ethnic groups are Polish, Pakistani and Indian and there are 4.27% of children for whom English is an additional language.

45. There is a marked difference in prosperity and the quality of life between the inner wards and the outer suburbs and villages. Twenty specific

neighbourhoods, mostly concentrated around the town centre and housing around 33,000 residents (of whom 25% are children and young people), are amongst the most deprived areas in the country.

46. The borough has maintained a Children's Trust, the Warrington Children and Young People's Partnership is linked to Warrington Health and Wellbeing Board. Other key planning forums include Warrington Safeguarding Children Board and Warrington Domestic Abuse Partnership.

47. Early help services are delivered by a range of partners, including 86 schools, voluntary sector services and Warrington Borough Council's Prevention, Family Support and Youth Division. The youth service offers universal and targeted support to young people, addressing key risk factors to support vulnerable young people. The children in need division consists of the duty and assessment team, which receives and responds to all contacts and referrals to children's social work, three children in need teams providing support for children and young people with children in need and child protection plans, and the children with disabilities team which provides a range of early help and targeted services.

48. Commissioning and planning of the majority of health services is the responsibility of Warrington Clinical Commissioning Group, with acute, secondary, mental health and community healthcare provided by Warrington and Halton Hospitals NHS Foundation Trust, Bridgewater Community Healthcare NHS Trust and 5 Boroughs Partnership NHS FoundationTrust. Commissioning of primary care services and other specialised services (including health visiting) is the responsibility of Cheshire, Warrington and Wirral Area Team (NHS Commissioning Board).

49. Cheshire Constabulary Northern Division covers the boroughs of Halton and Warrington, policing nearly 330,000 people. It has a dedicated police protection unit dealing with a broad range of public protection issues, including domestic violence, child protection, missing from home and child sexual exploitation. Cheshire Probation Trust covers the Cheshire Police area, with a dedicated office in Warrington which deals with a caseload of around 800 offenders. The youth offending service is a shared service providing youth justice work to the boroughs of Cheshire West and Chester, Halton and Warrington.