

Inspection of safeguarding and looked after children services

Trafford Metropolitan Borough Council

Inspection dates 12 – 23 April 2010
Reporting inspector Jenny Gwilt

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. In addition, the team included a local authority colleague from a different council who was shadowing the inspection. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 28 children and young people and six parents receiving services, frontline managers, senior officers including the Chief Executive of the Council and the Director of Children's Services, the Chief Executive Officers and senior managers of all local health organisations including the Director of Public Health lead for safeguarding, the Chair and members of the Trafford Safeguarding Children Board, elected members and a range of voluntary and community representatives.
 - analysing and evaluating reports from a variety of sources including the Children and Young People's Plan, performance data and information from the inspection of local settings, such as schools, the adoption and family placement services and council children's homes.
 - a review of 27 case files for children and young people with a range of need together with six health care files, 10 supervision files, 10 human resources files, six pathway plan files, six personal education plan files and three common assessment framework (CAF) files. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken.
 - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in October 2009.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
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Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Trafford has approximately 53,000 children and young people aged 0 to 18, representing nearly 25% of the total population of the borough. In January 2010, 23.5% of the school population was classified as belonging to an ethnic group other than White British compared to 21.3% in England overall; 11.2% of pupils speak English as an additional language. In addition to English, Urdu, Polish, Arabic and Punjabi are the most commonly spoken community languages in the borough. Pupils from a Black African background make up 1.4% of children, 9.3% are of Asian background, 3.4% of Black background and 4.9% of mixed heritage. Trafford has 93 schools comprising 51 primary schools, nine infant schools, nine junior schools, 18 secondary schools, six special schools and three pupil referral units.

5. The Trafford Children's Trust was established in September 2006. The Trust includes representatives of Trafford Council, Trafford Primary Care Trust and Trafford Healthcare Trust. The Trafford Children and Young People's Service (CYPS) brings together 538 staff from the council, 152 from the Trafford NHS Primary Care Trust, 94 staff from the acute NHS trust and one from Greater Manchester Police who are all deployed into the service under a strategic partnership agreement. Many staff in the CYPS are managed by a manager from a different discipline but in all circumstances these individuals have appropriate professional supervision and governance arrangements. The Trafford Safeguarding Children Board (TSCB) became independently chaired in January 2010 and brings together the main organisations working with children, young people and families in Trafford to deliver safeguarding services.

6. Trafford CYPS has 104 approved foster carers, which includes 58 foster carers, 26 Family and Friends foster carers, 13 short break carers, and 7 for the Me2 treatment foster care scheme. The Children in Care Service (CIC) has 4 children's homes and 12 supported lodgings providers. Community based services are provided by the following multi agency teams: the Referral and Assessment Service (MARAS), three geographically organised family support services, the Complex and additional Needs Service (CAN) and the Children in Care Service. Other family support services are delivered by 16 children's centres, Community Children's Nursing Team, Community Paediatric Medical Services, Community Paediatric Equipment Service, Child and Adolescent Mental

Health Service (CAMHS), Youth Offending Service (YOS) as well as Health Visitors and School Nurses.

7. At the time of the inspection there were 251 looked after children. They comprise 51 children less than five years of age, 173 children of school age (5–16), 27 post-16 and 160 care leavers. Trafford use a Virtual School approach to supporting the education of children in care. The Deputy Director of Education and the Head of Service for Children in Care liaise closely and deploy staff appropriately to ensure best possible outcomes for all children in care. A School Improvement Adviser, the Advisory Teacher for Child Protection and a Learning Mentor work closely with schools, social care staff and designated teachers to ensure appropriate and effective personal education plans for all pupils. A monthly multi-agency Children in Care Panel, including education, special educational needs (SEN) staff, social care, health care including CAMHS and YOS, deals with complex cases to determine appropriate provision for the most vulnerable children and young people.

8. Trafford has a very clear split in children's services between commissioning and the provision of services and this applies also to health commissioning. Community-based services are delivered by a number of teams, some of which are already fully integrated. The Multi-agency Referral and Assessment Service (MARAS), reporting to the Director of Commissioning, Performance and Strategy, includes the MARAT, dealing with all contacts, referrals, initial assessments, some core assessments and section 47 investigations. Additionally, also in the commissioning part of the service, MARAS includes the Safeguarding team and the SEN assessment team.

9. The Corporate Director for Trafford's Children and Young People's Services (the statutory Director of Children's Services or DCS) manages two Joint Directors of services for children, young people and families, one with a social care lead and one with a healthcare lead in the CYPS, both of whom are managing provider services for children. The DCS also manages the Director of Education and Early Years and the Director of Strategy, Commissioning and Performance. Commissioning and planning of health services are carried out by CYPS Joint Commissioning Unit on behalf of NHS Trafford. The A&E, paediatric outpatients, diagnostics and other acute hospital services (except paediatric inpatients and maternity) services are provided by Trafford Healthcare NHS Trust; University Hospital of South Manchester NHS Foundation Trust provide the paediatric inpatients and maternity services for Trafford. Adult Mental Health services are provided by Greater Manchester West Mental Health NHS Foundation Trust (GMWMHFT). CAMHS is provided by Trafford Healthcare NHS Trust as part of Trafford CYPS; CAMHS Tier 4 places are provided at the McGuinness Centre (GMWMHFT) and Galaxy House in Central Manchester and Manchester Childrens Hospital Trust (CMMCHT) on a case by case basis in line with need.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 2 (good)

10. The overall effectiveness of safeguarding services in the area is good. The new independent chair of the TSCB has identified some shortcomings in the way that the board has operated in the past and effective work is underway to improve the way it functions; the work of the TSCB sub-groups is robust and they are monitoring and quality assuring safeguarding outcomes for children. Multi-agency preventative work with children in need is well developed and effective with resultant low numbers of children in care and children with a child protection plan. Careful work has been undertaken to understand the reasons for the proportion of children who have been subject to a plan for more than two years and this is now reducing. Action plans for the post-Laming audit and the unannounced inspection are good and the work is nearly complete. The outcomes for safeguarding work are reported regularly to senior managers, elected members and the Children's Trust

11. All children who present as at risk of significant harm are allocated promptly to a qualified social worker and dealt with effectively. At the start of the inspection period the MARAS had a small number of unallocated cases of children in need; these were risk assessed and checked by managers daily. The arrival of a new social worker and the return of a member of staff from sick leave enabled all the cases to be allocated quickly. The Referral and Assessment Service now has its full complement of permanent qualified social workers in post, with recent successful recruitment despite the competition for such staff in the Greater Manchester area. The CYPS responded immediately to an issue identified by inspectors as to how contacts and referrals are recorded and the matter was remedied before the end of the inspection. Thresholds for child protection and children in need services are widely understood in Trafford and operate effectively, although there are allocation pressures in the family support teams.

12. Partnership working and communication in safeguarding services are good, both within the CYPS and between the CYPS, health partners and other agencies. Guidance and direction for staff are good and staff report experiencing professional challenge and support, with accessible managers and clear decision making. The CYPS has used a variety of mechanisms to recruit and retain staff with significant success and inspectors found a high degree of loyalty and commitment to the service. Caseloads are reasonable and the new workload management system is helping to identify any spare capacity and promote balanced workloads in line with the capability of staff and their level of

experience. Supervision and annual performance development reviews are an area for development among social care staff in CYPS. Health staff report having regular supervision and their training needs are addressed in the annual appraisal process, with the exception of independent contractors. The integrated children's IT system, although only in place for four months, is developing well and staff are finding it much easier to use than its predecessor. Paper files are still in use in some parts of the service, which is time-consuming, but this is reducing and the reporting functions of the system are still in development. Much case planning, reviewing and recording for safeguarding are of good quality but this is not consistently the case and management decisions are not consistently recorded on files.

Capacity for improvement

Grade 2 (good)

13. Safeguarding services in Trafford have a good capacity for improvement. The CYPS has shown a trend of improvement and, with only a few exceptions, performance is better than statistical neighbours and nationally. At the time of the inspection, the vacant DCS post was filled on an interim basis by the Director of Education and Early Years. The quality of vision and leadership provided by the interim arrangement is excellent and this has enabled development work across the partnership to continue at a fast pace without a break. A permanent DCS will take up post in the summer. The interim and the new director will work alongside each other for 18 months to ensure consistency and continued progress.

14. Quality assurance and performance management processes are generally effective in safeguarding children, although this is not always well evidenced in the MARAS. The views of children and young people are gathered in a variety of ways and these contribute to evaluating the effectiveness of the service as a whole. There is good evidence that individual children and young people who use safeguarding services are consulted about plans to help them and that their views are heard. The co-location and integrated management of so many different professional disciplines in the MARAS has made a significant contribution to the improvement of safeguarding services in Trafford. Statutory requirements are met although there are capacity issues in the independent reviewing officer team and the local authority designated officer (LADO) service. The CYPS responded well to this being brought to their attention and has committed to improving the capacity of these services quickly. The local health services chief executive officers and the chief executive of the council meet on a monthly basis with the DCS to review the quality of services and all the performance indicators.

15. The workforce of the CYPS and health partners is sufficiently qualified and shows a strong commitment to safeguarding children and young people. The CYPS employs over 300 health staff who report that they feel well supported and fully part of the CYPS. The CYPS uses a career development scheme for qualified social workers, sponsorship of unqualified staff to complete a social work qualification, student social workers on placement and participation in the

government's newly qualified social worker scheme. These initiatives have all contributed to ensuring a highly qualified and motivated workforce in safeguarding and across the CYPS and health providers, with staff choosing to come and work in Trafford despite some better monetary rewards in other authorities in the region. There has been a high level of new investment in staffing over the last two years to ensure a sufficient number of qualified social workers in the safeguarding service and to deliver the CYPS priorities. At the time of the inspection there were no empty posts, with the small number of vacancies covered by agency staff or through the 'recruitment over numbers' policy. Training and support for staff are of consistently high quality, especially the multi-agency training arranged by the TSCB for which take-up is good. There were only three full-time equivalent health posts vacant at the time of the inspection within the CYPS. All staff reported that job satisfaction was high. There was concern, however, over the loss of a dedicated named midwife for teenage pregnancies post in the south of the borough, which was due to a recent reconfiguration of children's and maternity services.

16. The inspection did not take into account any serious case reviews as the last one was some years ago; lessons from that were disseminated through a number of workshops organised by the TSCB. A more recent serious incident notified to Ofsted was not taken forward formally to a serious case review as the young person was by then over 18, but a parallel process of investigation and analysis is being completed by the partnership on a voluntary basis. Lessons will be disseminated once the investigation is complete. Health providers confirmed that they review all nationally published reviews and map their own services to the recommendations to ensure best practice is being maintained; to date no concerns have been raised.

17. The formation of the CYPS was a major change process involving the redeployment of nearly 800 people. This was very well managed and implemented by the partnership. The benefits achieved for children and young people and for staff by the developing integrated multi-agency service are well evidenced.

Areas for improvement

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

Within 3 months

- NHS Trafford and the CYPS to ensure that information about all young and vulnerable pregnant women who have been booked into maternity services is passed on in a timely manner to health visiting staff and other relevant services such as Connexions.

Within six months

- Improve the quality of supervision files and performance development reviews across the CYPS.
- NHS Trafford to ensure that all safeguarding training for general practitioners is up-to-date and at the correct level.

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 2 (good)

19. The safeguarding and child protection needs of children and young people in Trafford are identified and responded to effectively and in a timely way. The CYPS have produced an excellent document entitled 'Key Messages: What do we provide to safeguard children?' which sets out services available to promote safeguarding across the partnership, progress against targets, examples of good practice and linkages between services. For example, work in Trafford to reduce gun crime among young people and to safeguard young people involved in or on the fringes of violent gangs has gained national recognition and the incidence of crimes by young people associated with guns and gangs has significantly decreased. This work is supported across the partnership and led by the police. The Trafford Youth Offending Service (YOS) gained a score of 82% for safeguarding in their last core inspection, the highest in the country. There is now a dedicated health visitor working within the YOS, with good outcomes on promoting the health and emotional well-being of the young people. Trafford has one of the lowest rates of teenage conception in England and partnership work between the NHS Teenage Pregnancy service, voluntary sector services and the YOS was able to support and protect a group of young women who were being sexually exploited by gang members.

20. Almost all safeguarding provision is judged good or better in services, settings or institutional inspections. Good action was taken to remedy deficiencies identified in the last Private Fostering inspection which was judged inadequate in April 2008. Private fostering arrangements are now subject to timely assessments and appropriate managerial input.

21. The TSCB has not functioned as effectively as it should have done in recent years with poor attendance and lack of engagement from some statutory partners and other organisations, budgetary problems and a communication system which did not work well for board members outside of CYPS. However, a new independent chair of the board was appointed in January 2010 who has already undertaken an analysis of what needs to be done to bring the functioning of the main board up to the required standards. There is a very strong commitment to this improvement work, which is already underway. The sub-groups of the safeguarding board work well and communicate well; in particular, the performance and audit function is working well with unannounced governance visits to teams in CYPS, casefile audits and oversight of reports on data and performance indicators. Links between the TSCB, elected members and the Children's Trust are good. There are strong protocols in place

between the TSCB and adult services in relation to mental health, drug and alcohol abuse and parents with learning difficulties. Local health providers are fully engaged with the TSCB and all the sub-groups, with good attendance rates. Senior staff reported that they receive feedback on issues raised at the TSCB.

22. A strong commitment to vulnerable homeless 16 and 17 year olds has been demonstrated in Trafford by the action taken after the Southwark judgement. The necessary action was implemented immediately and the CYPS also determined that those young people who had previously requested support were approached again and offered appropriate advice and support. A number of those young people chose to become accommodated and, along with the nine unaccompanied asylum seeking young people in Trafford, they are now doing well with improved accommodation and learning opportunities. The children's centres are making a significant contribution to safeguarding in Trafford by identifying and engaging with hard to reach families and vulnerable families.

23. The LADO service is run on a part-time basis by the individual who also manages the independent reviewing officer team. This person undertakes the more complex investigations with other investigations conducted by members of the team alongside their other significant duties including chairing child protection conferences and statutory reviews for looked after children. Although the quality of work done by the LADO service is good, there is a serious capacity problem. The service is not able to reach out to all the voluntary, community and faith sector groups who need information and training about the role of the LADO and their responsibilities in relation to that role. The shortcomings in the arrangements for the LADO are recognised by the CYPS and the council has committed to increasing the capacity of the service. Staff recruitment and human resource processes across partner agencies accord with current guidance and regulations and are appropriately implemented. The Emergency Duty Team (EDT), who are all qualified social workers, makes appropriate arrangements to safeguard children and young people who come to their attention out of hours.

24. Health inequalities in Trafford were identified in the Comprehensive Area Assessment (CAA) and apply to children and young people as well as adults; the need to narrow the gap between affluent areas and those in deprived areas is recognised and accepted as a priority by all agencies involved. Community health staff, in conjunction with staff at children's centres, are taking action but recent initiatives, such as attending the Islamic playgroup and the appointment of an infant feeding coordinator, are yet to show impact.

25. The current designated doctor and designated nurse for safeguarding have taken responsibility for driving forward actions identified in the national report on serious case reviews and in individual management reviews. There is a named GP for Trafford. Further focused work is required to improve the number of GPs trained in safeguarding. Although there is now an improving

trend in the number who have been trained, rates remain low with some PCT data showing only 30 trained out of 130. All health organisation trust boards receive an annual report from the named and designated staff. Joint commissioners are now working well together to improve the quality of their safeguarding processes to meet contracting and performance requirements. Robust governance arrangements are in place and the local health care commissioners and providers are represented at and attend the TSCB. There is good evidence that staff seek and take advice appropriately from the named nurse and MARAS health visitor liaison post when there are concerns regarding children and young people in need.

26. Following the Making it Better reconfiguration of health services, there is now no named midwife for teenage conceptions to cover Wythenshawe and the south of the borough. Health visitors, school nursing and Connexions staff all report that since this post was vacated there has been a fall in the number of referrals of new mothers and some 'mothers to be', which may leave the young women in a vulnerable position. Connexions staff report that this delay has affected and impeded their access to benefit payments more than was previously the case.

27. The Trafford target for reduction of teenage conceptions is a 45% reduction from the 1998 baseline. The 2008 conception statistics show that it is joint 44th and one of the lowest in the country. However, Trafford has a very high rate of terminations of conceptions, with 60% of conceptions resulting in termination which is an increase of 2.1% from the 1998 baseline. There has been good use of local data and intelligence to target services effectively towards young women at risk of teenage pregnancy. A dedicated Commissioning Officer is now responsible for both teenage pregnancy and young people's alcohol and substance misuse and has started focussed work to continue the reduction in risk-taking behaviours which it is hoped will lead to further reduction in conception rates. The Commissioning Strategy to reduce the rates of teenage pregnancy, the prevalence of Chlamydia and to promote the support to teenage parents, is well embedded and monitored by the 'Reducing Risk Behaviours' group. Commissioned termination services are well accessed by young people. Two youth workers are also commissioned to provide sexual health outreach services and they have good links with Connexions, YOS and other sexual health services. Contract monitoring is carried out by the lead commissioner on a quarterly basis which supports the reduction in teenage conception rates.

28. Good work is taking place to reduce childhood obesity rates at both reception and Year 6. The partnership is aware of the link between breast feeding and obesity rates in later life and uses this intelligence to develop a range of initiatives, which includes the recent appointment of an infant feeding coordinator. Baby cafes and 'drop in' clinics are starting to be well attended and peer supporters are being trained and used to support and maintain breastfeeding. The breast feeding initiation rate has improved but is still too low. This area of work, which is seen as a lifestyle change, has been linked to

the CAA health inequality reduction plan. All health staff seen during the inspection are up-to-date with their safeguarding training which includes specific sessions related to their roles. All health-placed contracts and service level agreements have good safeguarding requirements and performance on these is monitored.

29. Trafford Healthcare NHS Trust, through the Making it Better project, has discontinued a range of services and has created a Paediatric Observation and Assessment Unit (POAU) which opens daily until 10pm. Within the community there is now an enhanced Children's Community Nursing Team with sub-specialty expertise for children with, for example, asthma, diabetes and epilepsy; this is improving the care and treatment for children and young people. The POAU is located next to the Accident and Emergency (A and E) department and this has enabled the sharing of trauma expertise and advice in a timely and effective manner which improves the care and treatment of attendees. In addition, the following continue to be provided locally: paediatric out-patients, ante-natal and post-natal care and paediatric day case surgery. Since this relatively new change, staff in POAU and A and E services have reported increased job satisfaction. Good electronic systems are now in place within Trafford and Wythenshawe hospitals for the sharing of patient records information. The impact of this is not yet apparent as the change to provision only took place 10 weeks ago.

30. A robust process is in place to ensure that all admissions and attendances of children and young people to the POAU and A and E are reported to the health visitor liaison post and this information is circulated and recorded appropriately for any required action to be taken in the community. Health visitors, school nurses and GPs all reported that they receive this information in a timely fashion, and follow up action is taken and recorded on the child's/young person's health files. All health providers have a good 'did not attend' procedure in place to ensure that children and young people who miss appointments are followed up and alternative arrangements are made.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 2 (Good)

31. The majority of children and young people who contributed to internal and Ofsted Looked After Children surveys and all those seen by inspectors say that they feel safe and are freely able to access help, support and advice if necessary. Children and young people indicated to inspectors that they are easily able to express their opinions within statutory reviews. However, independent reviewing officers do not consistently have sufficient preparation time to support young people's full participation within reviews. The Children in Care Council is increasingly being consulted on service developments for looked after children and there is evidence of some measurable improvements as a result.

32. The numbers of days when children are reported missing from care has substantially reduced. This is due to a reduction in the size of children's homes along with effective use of the established protocol operating between the police and CYPS. The protocol has recently been appropriately extended to include children missing from home. Surveys and interviews indicate that children and young people value very highly the personal support offered by the police if they have run away; many children have the mobile phone number of the 'missing from home and care' officer and will ring him if worried or frightened or if they would like to be collected and taken home. He is then able to talk with them about reasons for running away and the risks involved.

33. A survey of users of the innovative outreach service 'Staying Safe' by the YOS and police, engaging with children and young people at risk of excessive alcohol use, indicates that the majority felt safer following intervention of the service. Care leavers report that out of hours support at weekends and in the evenings is not always consistently available, which can leave them feeling vulnerable. Innovative work between the police, YOS and the CYPS is enabling targeted support to be made available to vulnerable children and young people at risk of involvement in gangs and gun crime, including those from black and minority ethnic communities. There are good links between CYPS, Women's Aid in Trafford and the women's refuge with excellent support from the police, counselling provision for children who have witnessed domestic violence and an exemplary relationship with schools who guarantee children coming into the refuge an immediate place at nearby schools. There is a dedicated midwife who supports women who are in vulnerable situations.

The quality of provision

Grade 2 (Good)

34. The quality of provision in safeguarding services is overall good. There is strong evidence of well established and appropriate partnership working to deliver increasingly integrated services in Trafford. The MARAS includes a police officer with access to the Police National Computer, a health visitor post, a specialist officer for housing and domestic violence, input from a consultant paediatrician and close links to CAMHS and education colleagues, working alongside social care staff to provide an integrated assessment service to children and their families. Thresholds for accessing the service are clear and work in practice.

35. There are good safeguarding outcomes for most children and young people in Trafford. Inspectors saw evidence of high quality work with children and families by a range of agencies. Several cases demonstrated skilled risk assessment processes and good partnership working with parents to support children living at home on child protection or children in need plans, where older siblings had been removed because of safeguarding concerns. Children and young people are not sufficiently aware of how to make a complaint and the current generic process is not widely known among children and young

people nor is it child-friendly. This has been recognised by the council and plans are in place to rectify this.

36. Most referrals are allocated promptly within MARAS. Children most at risk are identified quickly and investigations are conducted promptly by qualified social workers, who may co-work the case with less experienced colleagues as part of the work to develop skills and experience in the team. Systems are in place to manage cases identified as children in need where there may be a delay in allocation. The council has responded positively to the unannounced inspection findings by increasing the social work and managerial capacity within the team; there is now sufficient capacity to enable allocation of all cases requiring an initial assessment and to ensure that assessments are completed in a timely way. Findings in relation to significant harm are clear and action is identified and implemented to ensure the child's safety. There is good management oversight of work in MARAS although this is not always clearly recorded and evidenced on electronic files. The very low number of referrals in Trafford was identified during the inspection as being due to the way in which contacts and referrals were recorded. The CYPS acted immediately to remedy this issue.

37. The CYPS has recently funded additional social work and management posts in the three family support teams to increase the capacity for direct work with children and reduce any delays in allocation. Multi-agency management structures are in place and plans for the co-location of health and education staff alongside social care are well advanced. All workers spoken to were very positive about the good access to managers for support and direction on complex cases. Record keeping is generally up-to-date and in many instances demonstrates high quality assessments and decision making, but management decisions are not consistently recorded on the file.

38. The CAF is used well by some professionals and agencies, particularly in the early years sector and primary schools. Parents spoken to reported how successful multi-agency intervention supported by the CAF had prevented family breakdown at a critical point in their lives. However, wider use by agencies has been low with 218 completed last year and partners have recognised this as an area for development.

39. Many plans seen by inspectors were clear and robust and identified the intended outcomes for children. There is evidence of good quality assessments and the active engagement of children and their families although this is not consistent. Most child protection reviews are rigorous and timely. There have been clear improvements in the conduct of case conferences and reviews as a result of the audit commissioned by the CYPS. Children and families are better engaged and plans are more robust. However the capacity of the IRO team is insufficient to meet the requirements of the recent statutory guidance. Self-harm pathways are robust and CAMHS support can be accessed out of hours through the Greater Manchester CAMHS network. However, some 16 to 18 year olds are still cared for on adult psychiatric wards.

Leadership and management

Grade 2 (Good)

40. The strong and effective senior leadership team of CYPS and the Chief Executive of the council are providing visible, accessible and good quality leadership and management for the service, driving forward development, improving quality and engaging staff at all levels. The leadership team of CYPS has created a clear and strong vision for the future of the organisation and this has been clearly communicated to staff at all levels. The two Executive members for children and young people have strongly supported new investment in children's services and are providing visible leadership across the council; there is clear cross-party support for the children and young people's agenda. Strong leadership by managers across CYPS, including in the local health services, is demonstrated particularly in the development of integrated models of service delivery based on embedded partnership working. The MARAS is a good example of this. Staff across CYPS feel that the leadership of the organisation is visionary and effective and the work of the DCS and the two Joint Directors to achieve this is much appreciated. All key partners, including the health, voluntary and community sectors, are fully engaged and joint commissioning is effective. Health agencies are fully integrated into the work of the CYPS and make a full contribution to the TSCB and the Children's Trust.

41. The new electronic children's system has been introduced successfully with staff generally feeling engaged and positive about it, although there is still a lot of learning to do and further development of the system. Information-sharing protocols are in place across the partnership and there is clear evidence of effective information exchange. Local priorities which have been identified in the children and young people's plan are implemented.

42. Most strategic plans seen by inspectors are good with a readable style, strategic overview, appropriate operational detail and SMART targets. The CYPP, Annual Delivery Plan and Workforce Plan are good examples of this, with progress monitored on a regular basis and priorities reviewed as circumstances and requirements change.

43. The interval between the departure of the previous DCS and the arrival of the new post holder has provided the opportunity for the senior leadership team of the CYPS to develop further the model of 'distributive management', whereby staff are encouraged and enabled to take on extra responsibilities and learn new skills. This strengthens the management of the service, provides important learning and development, and facilitates sustainability in improvement. Workforce planning and development are good with a number of initiatives in place towards the continuing development of a skilled, experienced and committed workforce in CYPS, including good recruitment and retention of staff through grade assimilation, the social worker secondment programme,

student placements, sound post-qualification training and development and a good career progression scheme.

44. The workforce planning work to establish and implement the integrated multi-agency CYPS is outstanding, bringing together staff from the council, the PCT and the acute NHS trust under a strategic partnership agreement. The new workload management system is already helping towards balanced, flexible and fair workloads, in identifying capacity between and within teams and enabling a better understanding of the complexity of work. There is good evidence of CYPS undertaking, commissioning and using research to inform development of the service.

45. A comprehensive post Laming safeguarding action plan has been implemented with most actions completed on time. Management oversight of cases is generally strong with clear evidence of regular and considered input and clear decision making. Although staff report good access to managers, a few cases were seen where electronic or paper files did not show this evidence or where pressures on team managers had led to insufficient or delayed management action and input. Regular supervision is provided, although social care supervision files examined by inspectors were of a poor quality with very little evidence of reflective supervision, professional development and training issues or of the role of supervision in performance management.

46. Performance management systems across the partnership are of a good standard and evaluate quality as well as quantitative data; performance reporting is developing well despite delays in the full implementation of the reporting function of the ICS system. Senior managers and members receive regular reports and audits which are rigorously followed up and acted upon. Health performance managers report that well-established visiting and monitoring arrangements ensure that contractual and service level agreements are fully met. If concerns are found following remedial action, further quality assurance visits are undertaken and, if required, a process for removing contracts is available. To date no contracts have been withdrawn and there is evidence that performance is improving as a result of this work. Some first line managers are under considerable pressures with a wide span of control but the recent establishment of Area Team Leader posts will ease the position, enabling managers to play a more strategic role and provide better management input to cases and service development. These posts are being recruited to and the interim agency cover provided has significantly benefited the service.

47. The quality of user engagement is good. Children and young people's views are consistently recorded in assessments and care plans although there is less evidence to show how the views of children in need and those on child protection plans are sought and taken into account at a strategic level. Regular consultation with children with learning disabilities and difficulties and their parents ensures their views influence service design and the targeting of resources, for example, the development of the extended schools programme

in a special school, which is supported by NHS Trafford. However, parents of disabled children report many delays in accessing both social care and health services and a lack of responsiveness to requests for advice and information. The recent appointment of the head of CAN is intended to minimise delays and help with transition into adult services.

48. The new independent chair of the TSCB has identified some shortcomings in the way that the board has operated in the past and effective work is underway to improve how it functions. The CYPS provides an outstanding example of integrated multi-agency partnership working which is appreciated by agencies, the community and staff and is showing improved outcomes for vulnerable children.

49. The promotion of equality and diversity is good. The corporate equality and diversity strategy is clearly linked to the children's agenda with an appropriate focus on equality and diversity in the children and young people's plan. The Trafford Youth Parliament equality and diversity sub-group is having a positive impact on supporting young people to consider issues of equality and diversity when contributing to service design and delivery. Good measures are taken to reduce barriers to participation, for example, women and girls only swim sessions and a range of targeted and integrated leisure and sports activities for children and young people with learning disabilities and difficulties. Schools, early years services and partner agencies know their local communities and work well to meet diverse needs. A recent development has been undertaken by health visitors who are now attending Islamic playgroups to undertake health checks and encourage young mothers to access other health services with the intention of reducing inequalities. It is too soon to measure the impact of this service although health visitors report that they have been positively accepted by the community.

50. There has been good achievement in securing government funding for an extensive range of new initiatives, for example, Treatment Foster care and the Newly Qualified Social Worker pilot, as well those projects involving the voluntary sector. Careful use is made of resources and there are good efforts to recycle money when services need to be refocused. The weekly resource group provides good value for money through the coordination of a range of interventions to divert children from care or custody. Services demonstrate good value for money through, for example, prompt decision making regarding permanency decisions for looked after children or intensive support to prevent reception into care. The CYPS has demonstrated a good ability to attract funding, deliver services efficiently and make the best of scarce resources in innovative and imaginative ways.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 2 (Good)

51. The overall effectiveness of services for looked after children and care leavers is good. The leadership and management of the Children in Care (CIC) service have identified and secured demonstrable improvements in service which have contributed to improved outcomes for children and young people. Despite a fall in performance in the educational attainment for looked after children in year 11 in 2009 and a rise in numbers of young people not in education, employment or training, the overall trend over a number of years is positive and for three of the five Every Child Matters outcomes are very good. The looked after population of Trafford is relatively small compared to statistical neighbours, with many children in the borough maintained at home in the community by family support services. The overall effectiveness of the service is demonstrated by the achievement of the 'Investors in Excellence' award.

52. There is a good and successful strategy to reduce the number of exclusions of looked after children from school and a shared schools budget to support those at risk of exclusion. It is notable that all non-maintained schools also contribute to this budget although they do not make use of it. There is good alternative education for looked after children who are excluded from school. All looked after children have a qualified and suitably experienced social worker.

53. The leadership of the service has a clear shared vision and agreed priorities for improvement which are set out in the CYPP and a number of specialist reports about the CIC service. Targets for improvement are challenging but realistic and most have been met. The change to a large integrated multi-agency team with input from a variety of disciplines and which includes the designated nurse for looked after children, has been implemented effectively and there are clear benefits to children and young people from this way of working. This is particularly marked in relation to the input from Child and Adolescent Mental Health Services (CAMHS) which is providing high quality direct services to children and young people, as well as supporting carers, placements at risk of disruption and providing advice and consultancy to health and social care staff in frontline service. Partnerships in relation to the CIC service are very good and there is a strong commitment to improving the present good range and level of services.

54. Although 40 of the 46 looked after children who were surveyed knew how to access help if they felt worried or needed help, knowledge of the statutory children's complaints procedure is not widespread and very few complaints are made by children and young people. The current generic process is not well

publicised or child friendly, with the on-line complaints form hard to find on the council website and not designed to attract or engage children. The children's complaints service is to be moved into CYPS which is intended to secure improvement of the service. Statutory guidelines for dealing with allegations against staff and volunteers are clear and the LADO service is providing a good service within the current capacity constraints. Looked after children and young people have the opportunity to contribute to the development of the CIC service, although the functioning of the children in care council requires further development.

Capacity for improvement

Grade 2 (Good)

55. The CYPS has good capacity to improve the service for looked after children and young people. The commitment of managers in CYPS to the CIC service is high and there is overall a good track record of improvement. Resources are sufficient to deliver the priorities identified and there is a stable, committed and well trained workforce in the service. All looked after children have an allocated qualified social worker and workloads in the teams are not excessive. The Children's Trust is providing clear leadership for the partnership on the improvement agenda for the CIC service. The two lead members are fully committed and champion the CIC service. Further work is underway to embed corporate parenting across the council and the Corporate Parenting Board and the Children in Care Council will be officially launched in May 2010.

56. Outcomes for the majority of looked after children are good with bespoke packages of support as and when required. There are good systems in place to ensure regular multi-agency monitoring of outcomes for looked after children and detailed attention to early indications of emerging problems for individual children, with a range of options available to provide additional support when needed. There is evidence of some outstanding practice and a holistic approach to meeting the needs of looked after children, including access to therapeutic activities. Recently health services have employed an art therapist to support this work. Areas for development are recognised and understood and there are good plans to secure improvement, notably to improve the number of care leavers who are in education, employment or training.

Areas for improvement

57. In order to improve the quality of provision and services for looked after children and care leavers in Trafford, the CYPS should take the following action:

Immediately:

- Ensure that the Independent Reviewing Officer team has sufficient capacity to meet the requirements of the statutory guidance for the service.

Within three months:

- Accelerate the development of the Children in Care Council and the Corporate Parenting Board, learning from best practice, so that they can work together effectively to review and drive forward improvement in services for looked after children and young people.
- Ensure that information about and access to the statutory Children's Complaints Service is widely available and more child-friendly for children and young people who might need or wish to make use of it.

Within six months:

- NHS Trafford and CYPS should ensure that all young people with complex and additional needs have an agreed person-centred plan which clearly identifies their life choices.reflected in their agreed transition plan.

Outcomes for children and young people

58. Services to promote good health among children in care are good. Young people looked after say that they received information about their health and had help registering with a doctor and with a dentist. Good attention is paid to the health needs of looked after children and young people and 97% receive an annual health assessment, which is higher than the national average. Performance in dental hygiene has continued to be maintained at high levels with 95% having received an annual check-up. All health assessments seen by inspectors were of good quality and completed in full with action plans in place and evidence of actions monitored and completed. Good initiatives to promote healthy lifestyles have been developed with appropriate involvement of looked after children and young people who are well supported to establish healthy lifestyles. Looked after children have access to the full range of health services from a range of specialist health workers, including dedicated CAMHS, based within an integrated CIC service. The Bounce project, a targeted resiliency skills group for Key Stage 2 children run by the CAMHS CIC team, is showing positive benefits for the small number of children involved

59. Overall services to promote good health among children in care are good, although health services for care leavers are still developing and young people seen during the inspection felt that support for obtaining appropriate housing was not well facilitated. The looked after children's nurse is proactive in following up the healthcare needs of children and young people placed out of borough, to ensure they receive the same level of service as those living within

the borough. Robust systems are in place across healthcare settings to alert the looked after children's nurse to any missed routine appointments or if a looked after child or young person presents at the accident and emergency departments or the POAU within the Greater Manchester and Manchester area. The looked after children's nurse acts effectively to ensure further consultation or treatment appointments are kept. This also includes information to ensure that there is adequate support provided should a young person become pregnant. Care leavers only receive a copy of their child health records (red book) on leaving care and this does not routinely contain birth history. Consideration is being given to the commissioning of a new health post to support care leavers. NHS Trafford and CYPs have not fully ensured that all young people with complex and additional needs have a person-centred plan which clearly identifies their life choices, reflected in their agreed transition plan. Parents of young people seen during the inspection were concerned over the lack of information provided to them regarding their child's transition pathway to adult services.

60. CAMHS in Trafford have an upper threshold age of 18 years, when young people are transferred to adult mental health services. CAMHS has identified the need to ensure that the special needs of looked after young people and care leavers are well understood by adult services. Senior managers reported that, until recently, there has been a lack of strategic management commitment to the transitions process from children's to adult services. A transitions pilot project commenced last year to improve transition processes between children's and adult services; it has also piloted person-centred planning and staff training, focussing on pupils at Brentwood School in year 9. The project is for three years but lacks a robust plan to roll out good practice to other special and mainstream schools. A specialist nurse for complex and additional needs has been recently appointed but a group of parents with children and young people who have complex needs was unaware of the appointment. Parents reported that there was poor communication from the CYPs and often felt that consultation with them was not effective or meaningful.

61. A dedicated School Nurse provides good support to the pupil referral units, delivering Sexual and Relationship Education and Personal Health sessions to the students in small groups. Sexual health contraceptive advice is also available and well used by students in addition to the good service provided to all children in care. All looked after young people who met the inspectors reported that they were aware of how they can obtain sexual health advice, screening and contraception.

62. Safeguarding arrangements for looked after children and young people are good. Multi-agency support, universal and targeted services such as children's centres, the early years service, family aides and supplementary programmes in schools are effective in improving parenting capacity and supporting children and young people on the edge of care. The safety of children in external placements is effectively monitored through robust contracting arrangements and regular statutory visits from social workers and

education staff. All regulated settings for looked after children in Trafford are judged to be good or better indicating that children and young people who are looked after live in safe placements. The policy for managing the arrangements for children who go missing from care is implemented well. A multi-agency Children in Care Panel meets monthly to consider the needs of looked after children who are at risk of placement disruption and good action is taken to provide individualised support; this has resulted in improvements to the long term stability of placements. Performance on short-term stability is improving but remains below the national average. Children and young people seen by inspectors confirm that they feel supported and safe in their placements and at school or college.

63. Educational support and outcomes for all looked after children, including those placed externally, are good. The authority and its partners foster an ethos of high aspirations for looked after children. A good strategy for managing the school attendance of looked after children is successful in maintaining attendance and supporting children and young people to engage effectively with education. A strong feature of the strategy is a shared schools budget that provides bespoke support to those children who are at risk of exclusion. This ensures they remain in education by offering additional support during the school day, increased individual tuition or a short term alternative curriculum. All looked after children and young people have good quality personal education plans and these are well monitored through an established quality assurance process. Children and young people's views, including those of pre-school children, are evidenced in all personal education plans. Schools receive strong challenge and support through the School Improvement Service to ensure that plans are used effectively to monitor progress. Where the progress of individual children is slow, good action is taken to change the plan and try a new approach. This ensures there is no drift for children who are under-achieving.

64. The attainment of looked after children is good and this is in the context of a small cohort. The close involvement of the Director of Education and the Head of the CIC Service ensures that there are good systems for managing and monitoring their attainment. Children and young people who are looked after achieve good outcomes in comparison to statistical neighbours and the national average in all key stages. Although the numbers of children achieving five A*-C grades in 2009 was lower than the previous year's exceptional figure, which was the best in England, performance was still nearly double the national average in 2008 so there has been a trend of sustained improvement. The council predicts an improvement in these results in 2010 based on the performance of the cohort so far.

65. The creative use of funding ensures that children and young people have access to individual tuition and good opportunities to participate in extra-curricular activities and pursue individual interests. The Youth Service provides a range of good programmes for children and young people and is successful in responding to the needs of communities. Children and young people who are

looked after are given priority access to these programmes, including the well established and successful Duke of Edinburgh Award Scheme. The Gorse Hill art, music, dance and drama centre is an outstanding example of how children and young people from vulnerable groups, including those who are looked after, have good support to access cultural opportunities and experiences. Four young people are currently supported to attend the national Changes education programme to support high aspiration and improve attainment. Plans are in place to support a further 10 young people to attend this intensive programme from September 2010.

66. The CYPS does not have a permanent full-time virtual school headteacher. A senior member of the School Improvement Service currently undertakes this as part of their role. Plans are in place to create a part-time virtual headteacher post from September 2010 and this will add value to the current good work undertaken to support the education of looked after children and young people.

67. Opportunities for looked after children and care leavers to make a positive contribution are good. The Children in Care Council is supported by an effective participation officer and advocacy worker and is now successfully starting to engage young people, ensuring their views are listened to and acted upon. Some young people are willing to take the lead and represent the views of others. Consultation with children in care and care leavers is well embedded and there are good examples of how this has influenced service design and delivery, including overnight stay procedures and staying in foster care beyond 18. The training for, and participation of, looked after young people to participate in the appointment of CYPS staff at all levels is a good example of their contribution to service delivery. Looked after children and young people have access to a diverse range of leisure activities, including leisure passes and priority access to some projects and activities such as those provided through the extended schools service and the Youth Service.

68. Validated data from 2008/2009 shows poor performance on offending of looked after young people, but the CYPS provided more recent data which demonstrates that multi-agency work, including the use of restorative justice practice, is showing positive signs of reducing the number of looked after children and young people who offend or are at risk of offending. Good planning and multi-agency cooperation ensure that all young people leaving secure placements return to suitable placements and accommodation within the Trafford community.

69. The impact of services to improve the economic well-being of care leavers is adequate. The vast majority of young people have an up-to-date Pathway Plan which is of a high standard. All care leavers have a Connexions Personal Advisor. A good range of post 16 provision is available within the borough, including a diverse range of vocational programmes. Good arrangements between post-16 providers ensure that young people access provision that best meets their interest and needs. The authority and its partners have been slow to develop arrangements for providing a range of employment opportunities for

looked after young people. Recent unvalidated data provided by the council demonstrate improvements in the number of care leavers accessing education, employment or training. Nevertheless, this remains an area for development and good plans are in place to address this. A high number of care leavers, 88%, are in suitable, affordable and permanent accommodation. An appropriate range of options including supported lodgings of a good standard and tenancies are available. Good arrangements are in place to support unaccompanied asylum seeking young people, including legal help and advice to gain residency. There are currently seven care leavers in higher education who receive good support to continue with their studies including a bursary, a weekly allowance and accommodation during vacations, with some returning to their foster family where appropriate. Care leavers receive well-focused help to develop and sustain their independence from a range of professionals working with them and they told inspectors they feel well supported by the care leaving team, the participation worker and the young person's advocate.

The quality of provision

Grade 2 (Good)

70. The CIC service has recently achieved the Investors in Excellence award, which reflects the high quality of service being comprehensively delivered for children and young people and the quality of leadership. The looked after children population is relatively stable and there is evidence of close and regular analysis of trends to ensure resources are appropriately placed and diverted if necessary into preventative services. In recent years, the proportion of looked after children placed out of borough has significantly decreased as more local, council approved foster placements have become available and better support for placements in the borough has been provided. The savings made through this process have been diverted into services for children on the edge of care.

71. A significant proportion of looked after children surveyed said that they do not understand how to make a formal complaint, although those seen by inspectors did confirm that they felt confident in alerting their social workers or carers if they had any concerns, including using the high quality advocacy service.

72. Good quality management information informs service planning, and has led to innovative service developments such as the development of the Me2 treatment fostering scheme and its extension to include children and young people at risk of custodial sentences. The stability of long-term placements is good and the council report that this has continued to improve over the past year. Short-term stability of placements has not been as good as statistical neighbours, but the CYPs reports that increasing levels of support for carers and for children and the high quality of inter-agency delivery of services is beginning to improve stability. The CAMHS teams work with children and young people who are newly in care and their foster carers to support their transition into care, as well as holding a number of well-attended and positively-evaluated training sessions for foster carers.

73. Assessment and direct work with looked after children, care leavers and their families are outstanding. In particular, the use of therapeutic services to promote the emotional wellbeing of children in care and support their carers and the life story work undertaken by social workers and family support workers are examples of this. The quality of assessments of the needs of looked after children and care leavers is very good, with established multi-disciplinary teams working very well together to identify effectively appropriate and timely resources and then monitor their impact on outcomes for children and young people. There is good evidence of systematic management oversight of cases and looked after children reviews are always signed off by a senior manager. All looked after children seen by inspectors indicated they knew how to contact their social workers and that they had opportunity to meet with social workers privately. Changes of placement are generally well prepared for, with inspectors seeing evidence of good opportunity for introductory contacts by children and young people.

74. There is good evidence of sustained support to families in order to prevent children coming into care, with good and prompt access to a range of preventative services. There is strong evidence of extensive multi-disciplinary work which is child-centred and builds on the strengths of the different professional expertise and skills accessible through integrated teams and co-location. Outcomes for children and young people placed out of the area are good, with effective commissioning arrangements which ensure regular review and close monitoring of the continuing appropriateness of the placement. The designated nurse for children in care reported attending and supporting monitoring visits to placements, thus ensuring that health needs were being fully met.

75. The quality of case planning, reviews and recording for looked after children and young people and care leavers is good. Care plans, personal education plans, health plans, health action plans and pathway plans are comprehensively written and indicate a good level of involvement by children and young people. Partner agencies report that they are fully included within planning meetings and that the frequency of planning meetings can occasionally exceed normal policy requirements if it is in the child or young person's best interest.

76. Decision making at the Adoption Panel does not always include sufficient challenge and recommendations are not always worded in a way that is compliant with statutory guidance. Following this being identified during the inspection, the necessary changes have already been made. Management oversight of case planning is systematic and social workers report that senior managers are easily accessible if urgent decisions are required. There is evidence that decision making in relation to admissions to care and moves of placement occurs at an appropriate level of management.

77. The timeliness of looked after children statutory reviews is below the national average, although individual reviewing officers report that this has

improved in the last year. Children and young people report that they have opportunity to contribute their views, although the independent reviewing officer team has insufficient capacity to enable them to enhance participation further. Additionally, the capacity of the team is insufficient to meet the requirements of the new statutory guidance. This has been accepted by CYPS who are putting plans in place to meet the need. There is evidence of good challenge within decision making by independent reviewing officers in the reviews and case files seen by inspectors indicate that care plans are normally being fully implemented.

78. The recording in case files for looked after children and for care leavers is up-to-date and well organised, with full chronologies provided. All social workers and managers spoken to were positive about the recently introduced electronic integrated children's system, although there is still some development work to do to realise its full functionality. The views of children and parents are clearly recorded within files and there is clear evidence of appropriate management oversight.

Leadership and management

Grade 2 (Good)

79. Leadership and management of the CIC service are good with appropriate opportunities for looked after children to meet senior managers. The CYPS provides strong visible leadership to safeguard looked after children and care leavers and to support their educational attainment, including setting ambitious targets. Where these have not been met, as in the 2009 summer GCSE results, intensive work has been done to understand the reasons for this and to enhance support for young people. There is a good track record of securing key improvements in the quality and costs of provision, including reducing the numbers placed outside of the borough. All key partners, including the Children's Trust, the TSCB and the voluntary sector, are engaged well in the effort to improve outcomes for looked after children and, for the most part, this has been successful. The lead manager for the CIC service has communicated a clear and ambitious vision to staff and provides strong and effective leadership. Local joint commissioning for looked after children is well developed and has enabled the reduction in the number of placements out of borough. Senior officers and the lead members for children provide competent and ambitious leadership, championing the needs of looked after children. Ambition and prioritisation for looked after children are judged adequate because there is further work to do in developing the effectiveness of the corporate parenting function across all elected members of the council.

80. Good work has been undertaken to understand any falling performance in the CIC service and to identify what remedies are needed. The CYPS has commissioned a number of studies of the CIC service to try to ensure that performance improvement is sustained and best practice from elsewhere is integrated into all work with looked after children. Processes to ensure safe recruitment of staff are good. The stability of the staff group and workforce

planning, development and training are good as demonstrated by the outstanding quality of direct work with children and young people in the looked after system. Fostering and adoption services are judged as good by regulatory inspection. Residential provision, including the Home from Home short breaks service, is of a consistently high standard.

81. Most children and young people looked after are satisfied with the quality of care they receive; they feel safe in their placements and are consulted about their views, although participation in reviews is not as extensive as the service would wish. Where appropriate, specific services are provided to children and young people from minority ethnic groups and good evidence of this was seen on case files and in meetings with, and about, looked after children. Although the makeup of the CYPS workforce is a good reflection of the local communities, the foster carer group is less diverse. However, good efforts are made to ensure that carers are able to meet the religious, cultural, linguistic and ethnic needs of the children for whom they care. Effective action is being taken to tackle inequalities, for example, by providing very good health care to looked after children who may have had significant health deficits on admission to care and by offering looked after children an extensive programme of out of school activities to develop their talents and skills.

82. The CIC service is relatively well resourced and, while specialist placements are commissioned on an individual basis wherever needed, unintended high overspends are not a feature and the service provides value for money. The decision to close a children's home and reduce numbers in other in-house residential homes was made to meet the changing needs of looked after children but the money saved was invested in preventative services for families and support services for local placements. There is a good understanding of the local, sub-regional and regional care market for children's placements and through this there has been high quality commissioning of services for looked after children. Partnership working at all levels and across all agencies is a key strength with a shared vision for looked after children. This has resulted in well developed services and tailored support packages for individual children to maximise opportunities for them to live in secure environments and be successful.

Record of main findings: Trafford

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Good
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Good
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Good
Quality of provision	
Service responsiveness including complaints	Good
Assessment and direct work with children and families	Good
Case planning, review and recording	Adequate
Leadership and management	
Ambition and prioritisation	Good
Evaluation, including performance management, quality assurance and workforce development	Good
User engagement	Good
Partnerships	Good
Equality and diversity	Good
Value for money	Good

Services for looked after children	
Overall effectiveness	Good
Capacity for improvement	Good
Outcomes for looked after children and care leavers	
Being healthy	Good
Staying safe	Good
Enjoying and achieving	Good
Making a positive contribution	Good
Economic well-being	Adequate
Quality of provision	
Service responsiveness	Good
Assessment and direct work with children	Outstanding
Case planning, review and recording	Good
Leadership and management	
Ambition and prioritisation	adequate
Evaluation, including performance management, quality assurance and workforce development	Good
User engagement	Good
Partnerships	Good
Equality and diversity	Good
Value for money	Good