

Inspection of safeguarding and looked after children services

Salford City Council

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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 three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 52 children and young people receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Interim Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations undertaken by Ofsted of three serious case reviews.
 - a review of 39 case files for children and young people with a range of need. 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 services undertaken in August 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
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
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Service information

4. Salford City is part of Greater Manchester, lying to the West of the conurbation. It includes towns such as Swinton, Irlam, Eccles and Walkden. Salford is home to nearly 220,000 people. Following a decline Salford's economy is starting to grow. Although the economic welfare of the population is improving Salford remains an area of significant poverty. Residents experience marked differences in quality of life depending on where they live. Salford is becoming increasingly diverse, with 7% of the population from an ethnic group other than White British.

5. Strategic partnerships have been established in the area including the Salford Safeguarding Children Board (SSCB) and the Salford Local Strategic Partnership (SLSP) which coordinates seven thematic partnerships, one of which is the newly formed Children's Trust Board. The Children's Trust Board membership includes representation from the local council, NHS Salford (Salford Primary Care Trust), the third sector, Connexions, Salford University, the Learning and Skills Council, Greater Manchester Police and Fire and Rescue Services, Sandwell Local Safeguarding Children Board, the Probation Service and a parents' forum representative.

6. In March 2010, there were 498 children and young people looked after by the local authority and 315 children and young people were subject of child protection plans. The council directly provides 177 foster care placements and 58 more fostering placements are commissioned through independent agencies. There are five residential respite places and 25 short break carers provided by the council.

7. A network of 17 children's centres has been established throughout Salford all managed by the council with two more planned to open shortly. The use of the common assessment framework (CAF) had been slow to develop although a recent campaign led by the senior management team has increased uptake significantly.

8. Salford has 80 primary schools, 15 secondary schools including two academies. In addition there are 15 independent schools as well as four pupil referral units. There are four maintained special schools as well as one non-maintained and an independent special school.

9. Commissioning and planning of health services are carried out by NHS Salford. Salford Royal NHS Foundation Trust provides acute hospital care for children. Specialist children's health care is provided through Royal Manchester Children's Hospital, part of Central Manchester University Hospitals NHS Foundation Trust, which was not included in this inspection. Child and adolescent mental health services (CAMHS) are provided by Central Manchester

University Hospitals NHS Foundation Trust. Community services, including health visiting, nursing and therapy services, are provided by Salford Community Health, the provider services arm of NHS Salford.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 4 (Inadequate)

10. The overall effectiveness of safeguarding services in Salford is inadequate. The Salford Safeguarding Children Board (SSCB) has prioritised the need to strengthen joint safeguarding services but progress in this respect has been slow and multi-agency practice remains underdeveloped. There is appropriate membership and attendance at the SSCB by senior managers from NHS Salford, Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health Foundation Trust. The Board's business plan is still only in draft form and as it stands is insufficiently robust. Joint audit arrangements to test the quality of management and practice are not firmly embedded. An independent chair of the Board who is also a member of the Children's Trust Board has only recently been appointed. The third sector provides a range of community and family support services to children in need and is appropriately included in the strategic planning structures of the Children's Trust Board and SSCB. The council has invested in the development of 17 children's centres with two more planned to open in the near future. There is evidence of good engagement of families although the overall impact of the centres' interventions has yet to be formally evaluated.

11. Insufficient progress has been made in addressing important issues identified in the unannounced inspection of contact referral and assessment arrangements carried out in August 2009. The identification and management of risk when children are referred to social care services are still not consistent. For example, referrals relating to three of the cases held in locality teams and randomly selected by inspectors indicated the need for immediate child protection action, but this had not been pursued in accordance with the identified level of risk. One case was formally referred where immediate child protection action was required to ensure the safety of a very young child. Two other cases were brought to the Director of Children's Service's attention as in these cases potential risks to children had not been adequately investigated or assessed. Senior managers accepted that responses had not been appropriate in the circumstances. Although the area now plans to undertake a review in light of these concerns, this issue was not detected by the area's own audit systems and therefore the full extent of the problem is not fully known.

12. SSCB is not providing sufficiently strong or determined leadership to drive the improvements needed in safeguarding and is not rigorous enough in ensuring that actions identified at meetings are being actively pursued and routinely monitored for impact. Some progress has been made in establishing processes whereby agencies represented on SSCB self-assess their performance against a range of national safeguarding standards. However, these processes are not underpinned by effective joint audit arrangements and partner agencies have not been asked to produce action plans to address perceived areas of

deficit against these standards. The current electronic recording system in use in children's social care does not fully support social workers in their tasks and makes it difficult for them to collate good quality information including historical data on the engagement of agencies through the use of the common assessment framework (CAF). Although all staff currently in post have appropriate and up to date Criminal Records Bureau (CRB) checks in place there are some important shortfalls in the robustness of the recruitment system within the council including management oversight that all checks have been completed prior to staff commencing in post. In two staff files randomly examined staff had taken up posts prior to CRB checks being received. In one case of a youth support worker there was no record on the file of how any risk would be managed. There were no records on staff files to evidence that gaps in employment history had been appropriately considered and processes for taking up references were not consistent.

Capacity for improvement

Grade 4 (Inadequate)

13. Capacity for improvement in safeguarding is inadequate. A track record of improvement has not been sustained sufficiently to ensure the safety of children and young people, despite key issues being identified in performance assessments since 2007. Practice improvements identified as required in serious case reviews, and most recently in the unannounced inspection of contact, duty and assessment services in August 2009 are not all in place. The quality of current front line safeguarding management and practice is inadequate.

14. While in some aspects partnership working operates adequately, at the strategic level there is not overall consistency across the whole partnership regarding the delivery of front line safeguarding services. For example, arrangements between children's services and the police are not fully embedded at operational level. This has led to disagreements about the threshold for commencing a child protection investigation and in some cases joint investigation has been delayed. This does not ensure that concerns about children in need of safeguarding or protection are investigated in a timely manner.

15. Following the unannounced inspection in August 2009, the council has taken action to review the senior management structure. This has resulted in a complete change in the senior social care management team. The current interim Director of Children's Services was appointed in February 2010 and has been recently joined by a new senior team. However, the new senior management team are all appointed on an interim basis with the assistant director post responsible for all the fieldwork teams having been filled just prior to the inspection. This new team has been able to secure some improvements in respect of the reducing of the volume of work held by the Duty and Investigation Team. This has been achieved by prompt transfer of work into the Court and Child Protection Team where the numbers of social worker posts have been increased. However, the caseloads of some social workers in the

Court and Child Protection Team are too high and senior managers recognise there is currently insufficient management capacity to ensure adequate oversight and supervision.

16. Within the Duty and Investigation Team there is now more clarity regarding when an initial assessment is commenced and an investigation, due to child protection concerns, is undertaken. This is not the case within the locality teams. The inspection identified some cases where the threshold to commence a child protection investigation had been reached but no investigation had been undertaken. The transfer of children in need work into locality teams from the Duty and Investigation Team has led to caseloads for some social workers in locality teams being too high, adversely affecting the speed of work allocation and the consistent quality of assessments. Senior management acknowledges and recognises the issues identified during the inspection. However, due to the new and interim nature of the team, there has been limited opportunity for them to demonstrate effective change.

17. A shortage of health visitors means there is inadequate capacity to deliver universal as well as targeted services. NHS Salford has invested in improvements to tackle the long standing difficulties in recruiting and retaining health visitors but this is yet to have a demonstrable impact.

Areas for improvement

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

Immediately:

- The SSCB to agree thresholds and criteria for the joint investigation of child protection concerns particularly between the police and children's services in order to identify children at risk of harm and ensure prompt joint action.
- Ensure thresholds for access to services for children in need are clear and all partner agencies are clear about how it relates to the common assessment framework.
- Undertake an audit of work in the locality and family support teams to ensure any child protection concerns have been identified and acted upon appropriately.
- Investigate why there is such a low number of cases in the Salford Families disability team where child protection concerns are identified.

- Ensure decisions on the allocation of cases not identified as child protection are taken by a manager with a social work qualification and are fully recorded.
- Ensure that SSCB fully enables staff to receive training based on recommendations and learning identified in previous serious case reviews and that the impact of this on improving practice is evaluated.

Within three months

- Finalise a robust SSCB business plan and implement this ensuring there are clear arrangements for joint-agency auditing of work and performance management.
- Review the role of Salford Children's Services disability team in respect of the management of child protection cases.
- Improve performance on the completion of initial assessments within timescale and to a consistent quality.
- Ensure the common assessment framework documentation includes a record of ethnicity.
- Ensure all children of an appropriate age are seen alone during assessments and that their views and how they are acted on are recorded.
- Ensure that NHS Salford urgently recruits to the substantive posts of designated nurse for commissioning services and named doctor in community services to provide strategic safeguarding advice and oversee supervision and effective safeguarding processes across health agencies
- Ensure that Salford Community Health and NHS Salford provide appropriate levels of safeguarding training to all community health staff.

Within six months

- Improve the reporting and performance monitoring of bullying incidents in schools as the basis for targeted intervention
- NHS Salford Community to ensure there are sufficient health visitors or community nurses to provide universal as well as targeted health promotion services.

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 4 (Inadequate)

19. There is an awareness of the need to safeguard children across most of the partnership including statutory and voluntary agencies and the process in place to support this is adequate. However, awareness is less well developed amongst independent contractors, such as general practitioners (GPs), dentists and pharmacists, the majority of whom have not yet had the opportunity to attend safeguarding training. The response to concerns about the safety and well-being of children is inadequate. In the locality teams some child protection concerns are not being properly identified as such or responded to in an appropriate or timely manner leaving some children and young people at potential risk. The SSCB has undertaken a range of thematic case file audits of practice in children's services and reported on action plans to address identified weaknesses but the impact on current practice is not yet fully demonstrated.

20. There are significant inequalities in sexual health in Salford with increased numbers of young people suffering sexually transmitted infections. Following an upward trend in teenage pregnancy rates additional resources were allocated to address this priority area by NHS Salford in 2008; despite missing trajectory targets latest figures show adequate progress with a small decrease of 3.9% in teenage conceptions. There is no named doctor in post for safeguarding in Salford Community Health and the designated nurse at NHS Salford is an interim appointment only.

21. Once children and young people are identified as needing a child protection plan, they are appropriately allocated to qualified social workers and plans are regularly reviewed by the independent reviewing officers. No children or young people have been subject to a child protection plan for more than two years indicating that review processes are effectively monitoring progress. Most children and young people are also regularly seen by social workers and their well-being suitably monitored. Good multi-agency working ensures that children and young people missing from home are actively tracked and followed up by the police, children's services and the Children's Society. When young people are found, a return home interview is conducted, and where concerns are identified, an initial assessment is completed by a social worker and support provided by the Children's Society worker. An operational group meets weekly to discuss all missing children and those found who are receiving ongoing support.

22. Referrals to the Salford Families team seeking help and advice for children and young people with learning difficulties and/or disabilities are responded to appropriately with signposting to other agencies. Assessments are appropriately undertaken where they are indicated. However, while arrangements for investigating child protection concerns jointly with the duty and investigation team are clear, no joint investigations have been carried out on new referrals

over the past seven months and only three children in the Salford Families project are subject to child protection plans. The council accepted these concerns and were unable to explain this raising concern over how well child protection concerns for particularly vulnerable children and young people are being recognised and acted upon.

23. The most recent Ofsted inspections have found safeguarding to be good in all children and young people's residential homes and in foster care settings for which the council is responsible. There are appropriate measures taken to safeguard vulnerable young people. The Stay Safe multi-agency project with police, youth services, and children's services travels to areas where young people gather on Friday nights. Vulnerable young people under the influence of drugs or drink are identified and prompt action is taken to ensure they are safeguarded.

24. Children and young people have been involved in developing an anti-bullying strategy and good work has been done to raise awareness of bullying in schools. A video produced by young people promotes awareness and peer mentoring schemes developed in schools. However the council and its partners do not know the extent to which bullying is a problem for children and young people. While data are collected on the number of racist incidents, the arrangements in place for the reporting and analysis of number of bullying incidents in schools are inadequate.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 3 (Adequate)

25. More children and young people living in Salford responding to national surveys report say they feel safe at home and in school than other children around the country. Children and young people spoken to by inspectors said they generally felt safe and consider the independently run Children's Rights service to be accessible, good at listening to their concerns and effective in representing their views.

26. The SSCB has no current arrangements in place to include or consult with children or young people although representation is being reviewed. There is good representation from the parents' council as a full member of the Board and they have raised concerns relating to parents and carers of children with disabilities. There is insufficient consideration of the needs of children with disabilities and their families in the interim Children and Young People's Plan (CYPP). Young carers are able to access one to one support regularly and find this very helpful. Parents report very positively on the support they and their children have received from a range of agencies and professionals. To quote 'he is the sort of person who will listen to you' and 'they really helped me get back on my feet'.

27. Young carers seen by inspectors consider they receive good support from school and the young carers' project which provides activities and an opportunity to meet. There is good evidence that children and young people are seen when assessments are undertaken. However, they are not always seen alone or their views sought regarding the specific concerns or have their views routinely recorded.

The quality of provision

Grade 4 (Inadequate)

28. Early intervention and preventative partnership working with individual children and families are established. The development of the multi-agency locality teams and children's centres bringing different skills and disciplines together has enhanced understanding of different roles and responsibilities and has facilitated joint working. Although overall numbers of health visitors is low, collaborative working by health visitors in children's centres has resulted in greatly improved immunisation uptake for specific groups of children. There is a wide range of support services available for children, young people and families. The numbers of common assessment framework (CAF) documents completed by health professionals have increased but it has been identified that more work is needed to make this a fully effective part of the range of services available to children and their families. Some examples of very detailed CAFs with good multi-agency input were seen although overall the quality of CAFs is too variable. CAF coordinators are now in place in each locality and are working with professionals across all agencies to improve their quality. However continuity of planning between cases considered within the CAF arrangements and those requiring referral to children's services are not sufficiently well defined or understood within the locality teams. As a result some children's needs for assessment including risk assessment and possible joint intervention are not adequately identified at an early enough stage. While there is some appropriate partnership working supporting children in need, there is a lack of clarity in respect of thresholds for risk and access to services for children in need of protection. This lack of clarity is inadequate and leaves vulnerable children and young people at potential risk of harm.

29. Concerns regarding serious or repeated incidents of domestic violence are referred appropriately to multi-agency risk assessment conferences (MARAC) which are generally well attended by agencies. Information is shared and appropriate actions agreed leading to assessments and risk management. Improved safeguarding awareness is evidenced at the Salford Royal's main accident and emergency department and the dedicated children's unit. Concerns over frequent attendance of children, or those related to adults who are responsible for children, are shared with the named nurse and liaison health visitor. As a result there has been a good increase in referrals to MARAC from none to 250 within a year. However, there has not been a MARAC co-ordinator in place to support this work and the analysis of trends or issues arising from the increase in referrals has not been undertaken. This gap is recognised and a coordinator is being appointed.

30. Multi-agency public protection arrangements (MAPPA) to manage offenders identified as high risk are well established with multi-agency information sharing and involvement in meetings. A police officer is co-located with probation who takes responsibility for following up actions on MAPPA cases. This ensures that a full history is available to inform decision making. Training has been delivered to police and probation to improve effective joint chairing of MAPPA meetings. An appropriately staffed and effective emergency duty team is in place which responds appropriately to referrals with good liaison and joint working with agencies including the police.

31. Complaints are effectively managed and reported on with good examples of practice being improved as a result of complaints being made. Despite evidence of good practice in specific cases not all parents are aware of the complaints procedure and some lack confidence in making a complaint even when they are unhappy with the support they are receiving. Allegations against staff and carers working with children and young people are effectively managed and ensure that children are safeguarded. Training on managing allegations has been delivered across a range of agencies and the number of referrals has almost doubled since 2008/9 showing improved awareness across most, though not all, agencies. Work has also been done to engage with faith groups, including meeting with rabbis from the local orthodox Jewish community, some of whom have attended safe recruitment and managing allegations training.

32. Performance in the timeliness of completion of initial assessments has deteriorated over the last three months from 79.8% in January 2010 to 71.5% in March 2010, although better performance earlier in the year meant the year's target of 80% was met.. Referrals received in duty and investigation which do not indicate child protection concerns at that early stage are passed to locality teams for a decision regarding follow up. In some locality teams these decisions are made by managers who do not have a social work qualification and inspectors identified cases where, as a result, the risk factors had not been adequately assessed. Recent data show that the percentage of referrals on which initial assessments have been completed is marginally below the year's target (performance over the year of 78.1% against a target of 80%).

33. Child protection medical assessments are undertaken by consultant paediatricians within the Salford Royal Foundation Trust hospital. Interim cover arrangements by Salford Community Health for the health visitor liaison role in the accident and emergency department at Salford Royal NHS Foundation Trust have been inadequate in ensuring cover and distribution of information to primary health care workers regarding attendances. Plans are being implemented by Salford Community Health to address this concern. Systems for notification of A&E concerns to primary care through the liaison health visitor are inadequate and the Salford Community Health is taking steps to improve the process.

34. All child protection cases are allocated appropriately to qualified social workers. However, the quality of assessments is too variable and in many cases the views of key agencies are not adequately recorded to inform effective planning. Additionally the quality of analysis is not sufficiently focused on risk or family history. Not all cases have suitable chronologies of contacts. Overall the quality of casework is inadequate. The quality of engagement by professionals in working together on individual child protection cases is adequate. While social workers have an understanding of risk, this is not consistently reflected in protection plans including the actions needed to reduce risk. This is making it difficult to measure progress and the impact of services. Despite the shortage of health visiting staff, caseloads have been reorganised to ensure that work with children and young people with a child protection plan is prioritised. A recent audit carried out by SSCB found that, while reports from health visitors and school nurses mostly provided good chronologies, not all had a clear and concise analysis of strengths and risks. The small number of GP reports that have been presented for initial case conferences are inadequate in providing sufficient or relevant information.

35. While there are examples of clear children in need plans well focused on outcomes, there are also examples where the purpose of intervention is not always clear and leads to casework drift. This problem is compounded by the lack of a formal review process for children in need cases. The timeliness of child protection conferences and reviews is very good with 95% held within 15 working days. Cases looked at by inspectors showed attendance by most agencies at conferences and reviews is good. However, GPs rarely provide reports or attend conferences. Child protection coordinators are experienced and confident in challenging decision making and practice where issues are identified. They have good links to other agencies, including adult services, with whom they meet regularly to ensure the safeguarding of children and young people continues to be understood and recognised.

36. Records of management decisions are not consistently available on case files. On some cases informal discussions with managers were well recorded however this was not consistent in all cases. Most cases showed evidence of cases being discussed in formal supervision but the quality of this was too variable. Actions and timescales are not always clearly recorded and there is insufficient analysis. While some cases have up to date and detailed recording, this is not consistent. Managers of some social workers holding children in need cases are not qualified social workers. This deficit has been identified and additional social work qualified team managers are in the process of being recruited for locality teams.

Leadership and management

Grade 4 (Inadequate)

37. There is strong political support to improve services. The leader of the council measures progress through regular meetings of a safeguarding improvement board with the chief executive and the interim director of

children's services. The initial safeguarding targets, set and reported on by the Safeguarding Improvement Board, were those agreed by the then Department of Children Schools and Families under the terms of a Ministerial Notice to Improve. Once these targets were judged to be met, the improvement notice was withdrawn and the targets were revised in 2008. While there has been a strong focus on improving performance indicators and some focus on improving the quality of services, this has been insufficient to ensure improvement in all services. There has so far been insufficient focus on whether the right cases are being identified as children in need of protection as opposed to children in need of lower level support.

38. The leadership and management of senior managers and elected members have been ineffective in delivering the required service improvements to ensure safeguarding concerns are appropriately identified and investigated. Similar concerns have been raised over a number of years by Ofsted inspections, annual assessments, in serious case reviews and most recently in the unannounced inspection in August 2009. The council recognised the need to act following the inspection. This resulted in changes to the senior management team from autumn 2009. Evidence of a commitment to improvement was shown through the commissioning of an independent diagnostic report on services in February 2010. However, this is too recent for any recommendations to have an impact on service delivery by the time of the inspection. The newly-established senior management team is taking rigorous steps to identify the challenges and has responded positively to issues raised during the inspection. It is too early to confirm that actions are leading to sustained improvement in the safety and wellbeing of children and young people.

39. Established on 1 April 2010, the newly-formed Children's Trust Board has appropriate representation from key partners such as NHS Salford as well as parents and the community and voluntary sector. The Board's work is at an early stage with a focus to develop and deliver a new Children and Young People's Plan (CYPP) and joint commissioning arrangements between partners. While the formation of the Board demonstrates good intent by partners to work together there is as yet no direct evidence of the Board's impact on improving services. Prior to the Board's formation an interim CYPP was put in place which will continue until September 2010. The CYPP interim plan covering the delivery of Local Area Agreement targets recognises the need to improve safeguarding arrangements. However, this element is currently being overseen by the separate Safeguarding Improvement Programme Board.

40. The Safeguarding and Improvement Programme Board has identified capacity issues in some front line services and plans are due to be agreed to provide some additional funding to improve capacity. Planned changes need to ensure that there is adequate management capacity at all levels to deliver the required improvements. The very recently appointed interim Assistant Director for Targeted and Specialist Services has a wide management portfolio and has therefore limited capacity to focus on the significant safeguarding improvements required.

41. A culture of auditing to improve practice is developing. However it has not yet led to clear improvements in practice. An audit programme led by the safeguarding unit and involving operational managers has been established in children's services. A number of thematic audits of practice have been completed and reported on to the leadership team and to the SSCB. Action plans have been developed to address issues on individual cases; themes have also been well identified and actions agreed to address these. While there are examples of improvement as a result the impact on practice is not yet evident. As yet there is no programme of systematic audit to be undertaken by managers across teams and nor is there any systematic multi-agency audit programme in place.

42. The commitment of the council to improving safeguarding was recognised in the unannounced inspection. Although the inspection identified a number of weaknesses, it recognised the commitment made to improving the quality of safeguarding by committing significant additional resources in recognition of the need to improve the quality of the contact, referral and assessment service. The council demonstrated a willingness to assess progress in improving safeguarding through commissioning an inspection by independent consultants in March 2010. The report identified some key areas for improvement. The council demonstrate openness to sharing challenges by sharing a summary of the findings with key partners at the Children's Trust Board. There is a good cross-agency initiative led by the council to develop a single shared record of every child that can be accessed by appropriate agencies. This will replace the six local data systems in use in the children's services.

43. Joint commissioning is at a very early stage of development. There are joint commissioning arrangements between the council and NHS Salford for CAMHS, the Drugs and Alcohol Team and some sexual health services. A joint commissioning framework is being developed which will be overseen by the Children's Trust Board.

44. Training is well promoted across both statutory and voluntary agencies. Individual professionals' attendance at SSCB training courses is monitored. Financial penalties have been introduced if people do not attend resulting in improved attendance. However, there is no systematic monitoring and reporting of attendance across agencies to ensure all professionals have received the right level of training and to identify gaps. Although all newly-recruited health staff have undertaken level 1 training, safeguarding training figures are relatively low for health visitors and community children's nurses. While opportunities for multi-agency training are generally good there have been difficulties for some community health staff in accessing level 2 safeguarding. Evaluation and learning from serious case reviews (SCRs) have not led to practice improvements. Issues identified in a recently completed internal management review reflect a number of similar concerns identified in previous SCRs. This suggests that insufficient progress has been made in tackling key deficits in systems and practice which had already been identified.

45. A robust system is in place for monitoring the progress of most service level agreements and contracts with children's services with quarterly reports submitted measuring progress against agreed targets and outcomes. Feedback on the quality of work is sought from service users and staff. However not all contracts with providers of commissioned services are monitored through the commissioning service making it difficult to assess if consistent standards are applied. Safeguarding procedures and safe recruiting process are checked, but compliance is not audited. NHS Salford has strengthened the safeguarding requirements within contracted services; this model has been recognised as good practice by the Strategic Health Authority. Through the development of more effective contractual arrangements NHS Salford is able to monitor the performance of safeguarding activity well within the provider services it commissions. All health provider organisations commissioned by NHS Salford have appropriate board assurance processes in place.

46. The quality and availability of supervision for health visitors around safeguarding issues have improved markedly following the appointment of a lead nurse for supervision. This was as a result of a recommendation arising from a serious case review. However there is no permanent designated nurse within NHS Salford despite efforts to recruit to this post. As a result there is insufficient strategic leadership to drive forward safeguarding developments. The planned departure of the designated doctor in August 2010 poses a significant risk to the continuity of safeguarding arrangements in health services, and NHS Salford need to recruit to both posts as a matter of urgency.

47. Most staff in children's services report that they have regular supervision and all report they have good access to their line managers whom they find supportive. Morale is good overall and staff at all levels are very positive about the work they do. The new senior management is visible and approachable and staff at all levels have confidence that challenges are being effectively tackled and that safeguarding will improve further. Children and young people are consulted through a number of participatory groups across the council. However, outcomes are not always fed back and there is no systematic participation in the development and review of council services.

48. Participation of children and young people in the newly formed Children's Trust Board is being developed. There is no representation on the SSCB although membership is under review. The interim DCS involves a small group of young people to gain their views. There is less well developed participation for some vulnerable groups. Children and young people have been consulted about service planning and delivery within the sexual health services. There are some good examples of young people in Salford being involved in health service planning at an operational level but little at a strategic level; for example Child and Adolescent Mental Health Services (CAMHS) ensured young people were involved in the design of an information leaflet for a new eating disorder service. Action taken following a survey of young people who use the CAMHS service resulted in changes to waiting areas being undertaken and young people have been involved in the interview process for service posts within

CAMHS. There has been substantial progress in developing a parents' representative group with representation on the Children's Trust Board.

49. SSCB and the previous Partnership Board have not provided adequate leadership in ensuring sufficient improvement required to safeguarding practice. Although recent changes such as the appointment of an independent chair and the review of responsibilities has strengthened the Board and led to a broader focus on safeguarding this has not yet impacted on the quality of practice. The nominated GP has not attended Board meetings. Nonetheless, partnership working between voluntary and statutory organisations is working well with good engagement at all levels in planning and service delivery.

50. Equality and diversity were an local authority strategic priority in 2009 and the strategy recognises the need to improve and promote good sexual health amongst BME communities. The council has a good appreciation of changes in ethnic mix that have occurred in Salford since 2000 and the council recognises the tensions caused by the rapid influx of immigrants. Examples were found of good initiatives to promote equality and diversity, including a range of activities with schools, involving governing bodies, to highlight equality and diversity issues. Support is also tailored to the needs of different communities, for example, a focus on Muslim issues in Eccles and highlighting Roma culture through drama in schools. Health care services are being targeted effectively at minority groups by the PCT. Health care services for minority groups are being targeted effectively by NHS Salford and Salford Community Health; additional training has helped to ensure equality and diversity issues are a core component when health staff are assessing children and young people's needs. However, although the percentage of staff having equality and diversity training in 2009 had increased to 39% it was still below the national average for PCTs of 46%. There is good access to interpreting services and targeted work such as that carried out in a Jewish Centre are providing culturally sensitive care and support.

51. Ethnicity is mostly recorded consistently, helping the council to place young people with carers of the same ethnicity, where possible. A case was noted where involvement of a Nigerian psychologist had helped ensure the ethnicity and cultural needs of children in one family had been properly addressed. Examples were found of good support for Polish immigrants to settle well in local schools and learn English. Good examples of the engagement of the children of Travellers into schools were seen by inspectors.

52. CAF performance management information does not include data on ethnicity. As a result there is no information on how well CAFs are used to support children and young people across the whole community. This is unsatisfactory. While the data on racist incidents are collected from schools and the wider community in Salford, these are not collated to give an overview.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (Adequate)

53. The overall effectiveness of services for children and young people is adequate. The council and its partners meet most statutory requirements. The timescales for reviewing cases are achieved although not all timescales for visiting children are met. The corporate parenting board works well to ensure outcomes for children are improving which is reflected in the performance indicators. However publication of the council's commitment to all young people through the children's pledge has been delayed.

54. Outcomes for looked after children are adequate overall. Health outcomes are achieved through effective partnership arrangements including co-location of the dedicated health team with the looked after children's services. The virtual head and education support team are working on improving educational outcomes for young people. The partnership with the youth offending service has been successful in reducing offending among children in care. The partnership between the next steps leaving care team and connexions has engaged a high proportion of care leavers in education, employment or training.

55. The quality of care planning is inconsistent and not all care plans are being regularly updated. The council's electronic systems do not support good quality recording. The reviewing process is well managed and there is evidence of challenge to social workers plans. There is evidence of good engagement of young people in the reviews of their care plan although not all young people spoken to thought this was effective. However the consistent engagement of young people in planning and developing services is weakened through delay in establishing the children in care council.

56. Staffing resources to meet the needs of children and young people are adequate although some children report difficulty in contacting their social worker and not all required statutory visits are made. There is a good commitment to meeting children's holistic needs particularly in relation to health and support for leaving care. This extends to meeting the needs of unaccompanied asylum seekers in achieving independence. A high number of children on care orders are placed with parents. Some action has been taken to review and reduce the number of these placements.

57. A significant number of children and young people who are considered by the council to be suitable for local placement are being placed outside the city, at high cost, due to lack of placements.

Capacity for improvement

Grade 3 (Adequate)

58. The capacity for improvement is adequate. The corporate parenting panel and scrutiny board demonstrate a clear commitment to improving outcomes for children in care. Although reducing the number of children and young people who are in care remains high and many children and young people are placed in independent care settings. The quality of Salford's own care settings is improving and the fostering service was judged as good at the most recent inspection. There has been a good focus on improving the quality of care in the council run children's homes which are all currently judged as good. There are good examples of effective partnership working with NHS Salford and Salford Community Health to improve outcomes particularly with health to improve outcomes for looked after children.

59. The number of children in care is high relative to the total population and compared to similar authorities. The expenditure on family support services that can support children at home to avoid unnecessary admissions to care is lower than that of similar authorities. The council recognised the need to reduce numbers through the placement strategy. However the early progress has now slowed and the target set for reduction by March 2010 looked after population was not achieved. The complete change in the senior management team has reduced continuity in implementing key changes including a review of the role of the council's residential accommodation. The delay in progression of the strategy has resulted in vacant places being held in the council's children's homes. This does not represent good value for money.

60. The performance management information on outcomes for looked after children is good. However the scrutiny function has not ensured sufficient progress in terms of delivery of the placement strategy or in the development of the children in care council and the council's pledge to all looked after children. Although there are good commissioning arrangements to secure appropriate agency placements, the relatively high number of looked after children and agency placements makes overall value for money inadequate. The council had a considerable overspend on its looked after children budget during 2008/9, due in part to the high cost of external placements, including residential care. Recent improvement in financial discipline within children's services is helping to reduce this overspend, but longer term planning to tackle this issue appears to have stalled. Benchmarking information shows a relatively high gross cost of keeping children in care, influenced by the age profile of showing the looked after population in Salford having a high number of older children. The need to fund a relatively high population of looked after children also limits the opportunity to invest in the development of universal and targeted services to support vulnerable children at home.

Areas for improvement

61. In order to improve the quality of provision and services for looked after children and care leavers in Salford the local authority and its partners should take the following action:

Immediately:

- Ensure visits to looked after children comply with the minimum requirements.

Within three months:

- Establish the Salford Children in Care Council as an effective voice of young people.
- Ensure progress is made through a placement strategy in reducing the numbers of looked after children and the children's services budget commitment to agency placements.

Within six months:

- Ensure commitment to the council's pledge in regard of taking into account young people's views.

Outcomes for children and young people

62. Services to promote good health amongst looked after children are good. Health care for looked after children and young people is well monitored with performance audited regularly. An audit of looked after children at home confirmed there is good provision of health care. Multi-agency working is supported by the co-location of the dedicated nurse within the council's looked after children team resulting in year on year improvements above the national average. Clear leadership and guidance from the designated doctor and nurse for looked after children and auditing of performance have led to improved health outcomes, with 91% of health assessments carried out within timescales; 94% of children have full immunisation cover and 90% have had regular dental checks. All these statistics reflect good performance above the national average.

63. The specialist CAMHS input for looked after children and young people also provides multi-disciplinary support to vulnerable placements through the Salford Therapeutic and Referral Service (STARLAC). There are good links to the alcohol and substance misuse team and mental health issues are well recognised with counselling services provided through a voluntary organisation. The sexual health policy has been developed using a multi-agency approach. As a result looked after children pregnancy rates are low. Foster carers receive

regular training on a wide range of health issues to help meet the needs of the young people looked after. The dedicated health team undertake assessments of children in placements up to 50 miles from Salford. However 'although the health needs advisor has developed reciprocal arrangements for medical reviews with nurses in other local authorities for long term out of area placements' these are informal arrangements and need to be formalised. Placement stability is supported through weekly meetings of the nurse and CAMHS worker. There are partnership arrangements in place to support young people leaving care; care pathway planning involves health, social care and young people's advisors to ensure young people are given appropriate advice and support. Young people leaving care are provided with a copy of their last health plan and a summary of immunisation cover.

64. Children and young people in care are adequately safeguarded overall. Local authority fostering and adoption services are good and arrangements for private fostering are satisfactory. All of the council's children's homes are judged to be good although some young people placed in agency placements are in settings judged inadequate. Stability indicators are satisfactory with a low level of children and young people in placement having three or more moves. The number of children in stable placements for over two years has improved significantly and is in line with the national average. Not all children receive social worker visits within the required minimum frequency. The council recognises its duty to unaccompanied asylum seeking children and treats them as looked after children where appropriate. The Youth Offending Service has a dedicated team to reduce the risk of looked after children entering the criminal justice system and the proportion of those entering the system fell from 5.3% to 4.4% in the two years up to 2008-2009. The service makes regular visits to children's homes and is involved in training of carers to promote restorative justice. However, not all looked after children spoken to felt safe in making a complaint. The proportion of children subject to care orders and placed at home with parents is reducing but remains high with delays in discharging orders. The potential risk is increased as risk assessments are not consistently completed as part of care plans.

65. Services to enable looked after children to enjoy and achieve are adequate. Achievement of five or more passes at GCSE grades A*-C has exceeded that nationally in four of the last five years, though it remains low compared to all young people, both in Salford and throughout England. Performance at Key Stage 2 is in line with that of similar authorities and nationally and the current LAA target is not sufficiently ambitious. School attendance has improved with persistent absence now in line with that nationally. No looked after child was permanently excluded during 2008/9. The Virtual School Headteacher (VSH) and the Care and Education Support Team (CAEST) are working effectively together to improve educational achievement. Support is effective in improving attendance and behaviour and building self-esteem. There is improved collaboration involving social workers, children's homes and foster carers. Monitoring and support for those in outside placements has improved and good support is provided for unaccompanied asylum seeking children with older ones

attending college so they can study English. Although all children have personal education plans and pathway plans, many do not have clear measurable targets to promote learning outcomes. Inspectors saw a few examples where young people on education other than at school (EOTAS) programmes are not currently engaged in learning. Elected members demonstrate their support through annual celebrations of achievements by looked after children.

66. Opportunities for looked after children and young people to make a positive contribution are adequate. There is good continuity of independent reviewing officer, and this along with a range of approaches supports a high level of participation at 96% of young people in their reviews. There is a strong commitment to the review process with 99.8% of reviews held within timescales and the young people's views on who should attend are listened to. There is good access to the children's rights service and advocacy services. Young people appropriately participate in and lead sessions to train foster carers and have added impact to these by getting across important messages about their key issues. This has assisted the council in better assessing the skills and suitability of applicants. The Children's Rights service facilitates consultation with young people on a range of subject areas. However, the children in care council (CICC) is still at the planning stage and its launch is not due until September 2010. This is slow and does not reflect the views of elected members that their engagement with LAC is good. Work on the pledge has halted, due to changes in management and the intention is to re-launch this at the same time as the CICC. Young people expressed dissatisfaction that their work on this had been wasted and they did not think they had been taken seriously. Children are encouraged to take part in a wide range of activities and are given free passes by the council to support this. Individual children feel they benefit from social activities in groups although there is scope for the council to be more proactive in arranging more opportunities.

67. The impact of services to enable looked after children to achieve economic well-being is good. The latest figures indicate almost three quarters of care leavers were engaged in education, employment which is above the national average. Effective work by the Next Steps Leaving Care Team is helping care leavers develop their self-confidence and personal finance capability in preparation for independent living. There is also effective work to raise the young people's aspirations. A particularly good example was seen of a former unaccompanied asylum seeking child being successful both in learning English and in engaging in further study. Growing numbers of care leavers are now progressing to university, while benefiting from continuing support from the Next Steps team. Several young people have also gained places on the city council's apprenticeship scheme. Places are currently limited with plans to increase opportunities. Connexions provide well targeted support to assist transition planning, including through visits to children's homes. Tracking of care leaver destinations is tenacious and highly effective. Care leavers judged to be living in suitable accommodation is in line with that found in similar areas and nationally. Close liaison with housing agencies helps to ensure that care

leavers are prioritised for tenancies and have the security of suitable accommodation which can be retained after the age of 18.

The quality of provision

Grade 3 (Adequate)

68. Service responsiveness is adequate with variable levels of engagement of looked after children in the development of the service. Inspectors saw examples of how the views of children in care had influenced service provision and practice. The corporate parenting board agreed to change the restriction in residential homes so that over 14s can access social networking sites with appropriate safeguards. However, delays in establishing the children in care council means young people's contributions to service development are not yet systematic. Overall outcomes for children and young people against the five Every Child Matters outcomes are adequate. The partnership with health is good in achieving healthy outcomes for looked after children. The partnership with education results in some good outcomes, although this is not sufficiently supported through personal education plans. Multi-agency work with housing, health and education is good in helping care leavers attain economic well-being.

69. Commissioning arrangements for looked after children are effective although joint commissioning is at an early stage of development. The partnership arrangement with the specialist CAMHS service is effective in supporting young people in placement. There are plans to develop further joint commissioning through the recently established Children's Trust Board. The Access to Care panel contributes to ensuring that any moves within care are carefully assessed and placements in house are considered before an external placement in residential care is commissioned. Overall outcomes for children and young people placed out of the area are good, with effective commissioning arrangements that ensure regular review and close monitoring of the appropriateness of the placement.

70. Assessment and direct work with children in care are good overall. The Independent Reviewing Officers produce appropriate recommendations with realistic timescales, which they monitor well. A quarterly report is produced which informs management of trends and issues. There is good evidence of interdisciplinary work which is child centred and utilises the strengths of different professional expertise and skills. The 3D foster care service is reducing reliance on agency fostering placements. Assessments of the needs of looked after children and care leavers are not consistently well recorded and the quality of care plans is variable. However, there is evidence of management oversight of cases. Health care plans are in place and reviewed in a timely way.

Leadership and management

Grade 3 (Adequate)

71. The Children's Trust and corporate parenting board have high ambitions for looked after children and have made good progress in some areas. However, the delay in establishing the children in care council to represent the

views of looked after children as well as delays in producing the Pledge have limited children and young people looked after's ability to make a positive contribution. Health outcomes are good and reflect strong partnership working. There are some good outcomes in enjoying and achieving although these are not consistent at all stages and are not consistently supported by target setting in personal education plans. There are some good achievements in terms of engagement of care leavers in education, employment and training.

72. The council identified appropriate priorities in 2008 to reduce safely the number of children in care and to provide services within Salford. The strategy was intended to reduce the need for agency placements and the relatively high spend of the overall budget on looked after children increasing resources for children supported at home. There was initial progress but this has slowed and the target set for March 2010 was not met.

73. The council's fostering services are good. The council's strategy to address its priorities is primarily based on increasing both specialist fostering general foster care resources and there has been success in placing 15 children with complex needs. The recruitment strategies have been effective in a highly competitive arena. While a high number of children and young people are placed externally, a comparatively low number are placed more than 20 miles away.

74. There are good performance management processes in place. A monthly report card is used to report to the Children's Trust Board and corporate parenting panel to monitor progress in key areas such as the reduction in the looked after population. The dedicated health workers have systems in place to monitor children's health and achieve good health outcomes. All looked after children have allocated social workers although not all statutory visits are undertaken in line with minimum requirements.

75. Strategies to engage young people in their reviews are effective and there is an explicit item on considering whether care is still appropriate and for those in independent placement whether an in-house placement could meet their needs. Case recording is adequate overall. Care plans are not always updated promptly and recording on case files is variable. The electronic records system does not support good record keeping with three separate systems used. This means there is the potential for information to be missed. Personal education plans were completed on all cases seen, although the quality of targets set is inconsistent.

76. Partnership working around each child is generally effective. There has been good partnership working with CAMHS to develop the council's 3D fostering scheme for young people with more complex needs. Connexions have a dedicated team working with the Next Steps Leaving Care Scheme to achieve relatively good engagement of care leavers in education employment and training. Appropriate discharges of care orders and a focus on considering

special guardianship and residence orders when reviewing placements have reduced the numbers of children looked after.

77. The promotion of equality and diversity for looked after children is adequate. Support is provided to placements when children and young people from black and ethnic minority families are placed with carers of a different ethnic background. This enables these carers to better meet these children's needs. The needs of older unaccompanied asylum seeking children to develop their language skills have been met through access to English classes in colleges. Children and young people's ethnicity is considered appropriately at looked after children reviews.

Record of main findings: Salford

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

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