

Wigan

Inspection of services for children in need of help and protection, children looked after and care leavers

and

Review of the effectiveness of the Local Safeguarding Children Board¹

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Children’s services in Wigan are good		
1. Children who need help and protection		Requires improvement
2. Children looked after and achieving permanence		Good
	2.1 Adoption performance	Outstanding
	2.2 Experiences and progress of care leavers	Good
3. Leadership, management and governance		Good

¹ Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspections Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

Executive summary

Services for children have significantly improved over the last 18 months as a result of an ambitious programme of change. Strong and effective leadership identified a decline in the quality of services since the last inspection in 2012 and has planned and implemented effective action to ensure rapid improvement in many areas.

The need to improve services, combined with implementation of a council-wide approach to service delivery, has resulted in 'The Deal' for children. Launched in 2015, this sets out a clear strategic vision, priorities, outcomes and a delivery plan to tackle the need for sustainable and resilient services against a backdrop of reducing resources.

The director of children's services (DCS) is a responsive, enthusiastic leader who understands services well. Leaders and managers understand local need. They respond to changing demands and have planned well for the future. This is reflected in strategic plans and commissioning frameworks.

Significant work by the local authority has strengthened partnerships with other agencies by developing and implementing a shared approach to multi-agency early help services, which respond to the needs of children and families when they first arise. This council believes that this work is helping to reduce the number of children subject to child in need plans.

Once they are identified, children at risk of child sexual exploitation are swiftly responded to by a range of agencies to reduce risk and secure their safety. However, when children who are not considered to be at risk of child sexual exploitation return home after an episode of going missing, the services that they receive are variable. Information gathered from these interviews is not systematically collected or analysed to inform patterns and trends.

Services to help and protect children are improving, and there are some good examples of children being well supported and risks being managed. This is not yet the case for all children. At the point of first involvement, the service arrangements for dealing with contacts and referrals are generally effective. Decisions made are appropriate and timely. However, not all assessments and plans are informed by thorough information gathering from all key agencies, and fathers and other family members are not routinely involved in the assessment process.

Families do not always receive copies of reports in advance of child protection reviews and conferences. This means that they do not have sufficient time beforehand to consider and challenge the information. Overall, planning for children is effective. However, the quality of some written plans does not reflect this or the good social work practice that is happening with children.

Social workers are supported and supervised regularly by their managers. This is well recorded on files. However, this does not always result in managers identifying and giving direction when practice falls short of the expected standards.

Children who are looked after are well supported. Direct work with children is a real strength in Wigan, and there are many examples of good-quality, sensitive, child-centred work to help them to express their thoughts and feelings. Placement stability is currently in line with comparators but is declining, and therefore this is an area for performance improvement. Managers have recently taken steps to strengthen services for foster carers, including peer support and behaviour management programmes. At the time of the inspection, it was too early to see the impact of these. Effective work is undertaken by the local authority in the courts. Care applications are timely and of good quality, leading to the completion of legal proceedings within expected timescales.

Achieving permanence is a major strength in Wigan. The adoption service is outstanding. Effective collaboration between children's social workers and the adoption team ensures that timely family finding is based on a holistic understanding of children's needs. In cases seen of children with a plan for adoption, children's physical and emotional health and their educational attainment had all significantly improved as a result of the local authority's intervention.

Care leavers benefit from strong, trusting relationships with their personal advisers, who make strenuous efforts to keep in touch, helping and supporting them through the transition to independent living. Young people feel safe where they live, and there is a good range and choice of accommodation. Pathway planning does not start for most children until they are 16 years old. Most children would benefit from this starting earlier to give them adequate time to consider plans for their futures. Written pathway plans do not always reflect the positive work that takes place with children leaving care, and information is not easily available for children to access online.

Strong political involvement from the lead member means that there are clear lines of accountability and scrutiny. Effective communication between the chief executive, leader of the council, lead member and the DCS promotes a shared understanding of priorities. The DCS and senior management team recognise the key actions required to support further improvement. This includes a plan to increase the capacity in the senior leadership team to support change and achieve more consistency of social work practice.

A quality assurance framework has recently been introduced. This work has been undertaken to shift the focus of quality assurance from compliance to quality of practice. This is a positive step but it is not yet fully embedded, and the impact of this work is limited. A strong culture of continuous improvement encourages learning throughout the children's social care and early help service. Social workers feel valued and supported by their managers and enjoy working in the service. Workforce

stability is good, and the local authority ensures that there is a fully staffed service at all times.

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The local authority

Information about the local authority area

Previous Ofsted inspections

- The local authority operates four children's homes. Three were judged to be good or outstanding in their most recent Ofsted inspection. One was judged to require improvement.
- The previous inspection of the local authority's safeguarding arrangements/arrangements for the protection of children was published in July 2012. The local authority was judged to be good.
- The previous inspection of the local authority's services for children looked after was published in July 2012. The local authority was judged to be good.

Local leadership

- The director of children's services has been in post since October 2015.
- The chief executive has been in post since August 2011.
The chair of the Local Safeguarding Children Board (LSCB) has been in post since September 2016 and is also chair of the Wigan Adults Safeguarding Board.

Children living in this area

- Approximately 67,767 children and young people under the age of 18 years live in Wigan. This is 21% of the total population in the area.
- Approximately 19% of the local authority's children aged under 16 are living in low-income families.
- The proportion of children entitled to free school meals:
 - in primary schools is 16% (the national average is 17%)
 - in secondary schools is 14% (the national average is 15%).
- Children and young people from minority ethnic groups account for 4% of all children living in the area, compared with 22% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are of mixed ethnicity.

- The proportion of children and young people who speak English as an additional language:
 - in primary schools is 4% (the national average is 20%)
 - in secondary schools is 3% (the national average is 16%).

Child protection in this area

- At 16 January 2017, 2,050 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 2,019 at 31 March 2016.
- At 16 January 2017, 224 children were the subject of a child protection plan (a rate of 33 per 10,000 children). This is a reduction from 272 children (40 per 10,000 children) at 31 March 2016.
- At 16 January 2017, two children lived in a privately arranged fostering placement. This is an increase from one at 31 March 2016.
- In the last two years prior to inspection, four serious incident notifications have been submitted to Ofsted, and two serious case reviews have been completed.
- There were two serious case reviews ongoing at the time of the inspection.

Children looked after in this area

- At 16 January 2017, 456 children were being looked after by the local authority (a rate of 68 per 10,000 children). This is a reduction from 485 (72 per 10,000 children) at 31 March 2016. Of this number:
 - 116 (or 25%) live outside the local authority area
 - 31 live in residential children's homes, of whom 42% live out of the authority area
 - 326 live with foster families, of whom 21% live out of the authority area
 - 55 live with parents, of whom 15% live out of the authority area
 - six are unaccompanied asylum-seeking children.
- In the last 12 months to the inspection start date:
 - there have been 42 adoptions
 - 31 children became the subject of special guardianship orders (SGOs)
 - 162 children ceased to be looked after, of whom none subsequently returned to be looked after
 - 11 young people ceased to be looked after and moved on to independent living
 - no young people ceased to be looked after and are now living in houses of multiple occupation.

Recommendations

1. Ensure that information gathering from family members and partner agencies is comprehensive to better inform assessments and decision-making.
2. Ensure that children and families receive copies of documents prior to key meetings and that written plans consistently describe what needs to happen and include contingency plans that are clearly recorded for families.
3. Ensure that children who go missing are offered a return home interview and that the information gathered is used to inform strategic planning.
4. Review the current capacity of senior management to ensure sufficient leadership to support future change, training and improvement.
5. Ensure that the revised quality assurance framework makes audit work more effective in analysing the quality of practice alongside compliance, and that this is evaluated and analysed systematically to inform learning and further improvement.
6. Ensure that children's reviews capture the progress made by families and that minutes from these meetings are clear about the next steps necessary to progress the plan further.
7. Ensure that adult mental health services are involved in all cases where concerns regarding parent and carer mental health are identified.
8. Ensure that pathway planning for care leavers consistently starts early enough for children and reflects the information gathering and assessment that take place with care leavers.
9. Ensure that care leavers who are receiving support from child and adolescent mental health services (CAMHS) are supported to make the transition to adult mental health services smoothly.
10. Ensure that a pledge is developed for children leaving care, so that they understand clearly their entitlements and the continued support that will be available to them, and ensure that all care leavers have easy online access to the information that they need.

Summary for children and young people

- When children and their families first have problems, they receive the right help at the right time from a wide range of good-quality services.
- Senior managers, councillors and social workers are determined to make sure that children and families take part in the decisions made about them. They want them to have a say about the help that they get. They listen carefully to what children say and, when they can, do things differently to make things better.
- Sometimes, not all the people who know a child are asked what is happening in the child's life. This makes it harder for social workers to properly understand children's needs and to make sure that help is focused on the right things.
- Children and families do not always receive information about the plans to help them before important meetings. These written plans do not explain what is going to happen to help children and families or what may happen if things do not get any better. The council knows that this is a problem and has asked children to help them to design new plans to make them easier to understand.
- Social workers, teachers, doctors, nurses, health visitors, midwives and the police act quickly together to help to keep children safe. They are very good at finding out when children are at risk of child sexual exploitation and getting children the support that they need to be safer. Senior managers make sure that everyone understands the problems faced by these children and work together to protect them.
- The local authority helps children and parents to sort out their problems so that they can continue to live together, when possible. When children are unable to live with their parents, social workers find them a good home with caring adults. They always try to help children to see people who are important to them. If it is safe for children to go home, social workers make sure that families get the help that they need for as long as they need it.
- The council is excellent at finding forever homes for children who need them. Many of these children are adopted, including older children and brothers and sisters who need to stay together. Social workers find the best possible people, who understand each child, to adopt or be guardians for children. Children receive excellent support to help them to prepare to live with their new family and to understand why this needed to happen. Children are told about their own family and about all the things that have happened to them since they were born.
- Care leavers receive the support that they need to be able to take care of themselves, to be happy, safe, healthy and confident, and to stay in education and training or to find a job. The council works really hard to keep in touch with every care leaver, to make sure that they can get help when they need it. Care leavers are really well supported by skilled and hard-working personal advisers, who help them to learn how to do all the things that they will need to do as they are growing up. Personal advisers also help care leavers to find a safe place to live that is right for them, and help them to overcome any problems that they may have.

The experiences and progress of children who need help and protection	Requires improvement
<p>Summary</p> <p>Services for children who are in need of help and protection are improving. However, the variation in the quality of social care practice means that assessments and plans are not yet constantly delivering good-quality services.</p> <p>Children and families benefit from a wide range of effective early help services. Work is informed by thorough early help assessments of need, and this is monitored and reviewed regularly to ensure that progress is made and outcomes are achieved. A recent restructure has resulted in a wider choice of services being available, which has had a positive impact on children’s progress. Increasing numbers of early help assessments are being completed by partner agencies that are taking responsibility to support families when they first need it.</p> <p>Although thresholds are applied appropriately and immediate risk is effectively identified and responded to, at times the information gathered is not thorough enough. Partner agencies do not always attend strategy meetings, which means that decisions are taken without the benefit of all the available information. The subsequent investigation and assessment include all personal information to ensure that the right course of action is taken. Children receive an effective out-of-hours service from the emergency duty team. Responses are thorough and timely and ensure that children’s immediate safety is secured.</p> <p>Assessments are completed in a timely way, but the quality of these is not always good. Some assessments need better information gathering and more analysis if they are going to purposefully inform planning, and families do not always receive a copy of them prior to key meetings. Written plans are not always clear about what needs to change, which means that measuring progress against them is difficult. Contingency plans are not always specific. Therefore, families are not clear of the consequences if progress is not made.</p> <p>Disabled children receive services that are sensitive to their needs. Their views, thoughts and feelings are clearly represented and heard through assessment and planning processes. Effective safeguarding arrangements ensure that they receive the most appropriate service. This reduces identified risks.</p> <p>Children who are identified as being at risk of child sexual exploitation receive effective specialist, multi-agency responses. The service ensures that risks to children are reduced. Children who are missing from home are offered return home interviews. The local authority is in the process of commissioning specialist support to ensure that missing children are consistently well responded to. Children and families who live in households affected by substance misuse or domestic abuse receive effective specialist services. Children who are young carers have their needs identified and are offered help and support.</p>	

Inspection findings

11. When required, children and families receive early help in order to meet their identified needs. This reduces risk and helps to avoid the need for social care intervention. Clear and effective step-up and step-down arrangements are in place between early help and social care, ensuring that children continue to receive the appropriate level of support and intervention as their needs change. The way in which these services are delivered is influenced by the views of children and parents.
12. Clear and detailed early help assessments are completed in a timely way. Plans lead to effective direct work and support being offered to families by a wide range of services. Support offered includes work with healthy eating and bedtime routines, housing issues and mediation between children and parents. Plans are reviewed and updated to reflect progress and changes made to encourage families towards achieving better outcomes. The number of early help assessments completed by partner agencies has doubled in the past year, demonstrating the commitment to early help from key partners with a significant contribution from schools.
13. Children and families referred to social care are risk assessed by the specialist assessment team. Thresholds are applied appropriately, and immediate risk is effectively identified and responded to. Information gathering is carried out as part of this process but it is not always robust. In a very small number of cases seen, consent had not been sought when required prior to commencing information gathering. The local authority took action while the inspection team was on site to ensure that this did not occur again during the time of the inspection. In some cases seen, fathers were not consulted, nor were key agencies such as schools. This means that some decisions are made based on incomplete information. (Recommendation)
14. There is an effective out-of-hours service from the emergency duty team, for children and families. Responses are thorough and ensure that children's immediate safety is secured. Clear records enable a smooth handover to daytime staff, who have recently extended their service hours to provide a more flexible offer to families.
15. Strategy meetings do not consistently include partner agencies, which means that decisions are made without the benefit of all the information available. However, minutes of strategy meetings include a clear record of decisions taken and agreed actions. Subsequent assessments and ongoing investigation gather all pertinent information, to ensure that the right course of action is then taken. When necessary, children's cases are considered at an initial child protection conference. These are mainly held in a timely manner, although attendance of some partners, such as school nurses and the police, is variable. However, the impact of all information not being available at the

strategy meeting was limited due robust information gathering subsequently as part of the assessment.

16. When children are assessed as children in need, they benefit immediately from intensive packages of support by a social worker and the intensive family support team. Child in need plans are reviewed regularly and, when a family is ready, cases are stepped down to the Start Well service if needed.
17. Overall, the quality of child in need and child protection assessments is variable, ranging from some outstanding examples to the majority that require improvement to be good. Historical information informs assessments, but wider family members are not always included and children's voices, wishes and feelings are not always well represented. Some families do not receive a copy of their assessment before key meetings. This means that they do not have sufficient time to consider reports or to raise questions or areas of disagreement. This does not support a good working relationship with families. (Recommendation)
18. Planning of multi-agency work packages support for children and families is timely. This planning and work successfully address the needs of children. However, written plans are not consistently of good quality. Managers are aware of this issue and have replaced planning documents to help with the recording of plans. Contingency plans are not clearly recorded, which means that children and their parents may not fully understand or be fully aware of the consequences if changes are not made and sustained. (Recommendation)
19. Review meetings held to consider children's plans, either through child protection, core groups or the child in need reviewing process, are held in a timely way and are mainly well attended. Those attending the review discuss the plan, but the record of the progress made by families is not detailed enough. Therefore, families do not have a clear understanding of the next steps necessary to enable them to make further progress (Recommendation). An advocacy service is now available to children to support them to represent their views at key meetings.
20. Management oversight through supervision and case discussion takes place regularly, and notes of these sessions are recorded on children's files. In some cases seen, management oversight did not address gaps in either practice or recording and so did not improve circumstances for children or progression of their plan. However, in other files it was clear that reflective and purposeful supervision had taken place and had promoted good practice.
21. Disabled children receive effective services from experienced and knowledgeable staff, who undertake detailed and sensitive assessments with the support and input of partner agencies. Effective safeguarding arrangements are in place, and packages of support for families are regularly reviewed to ensure that they meet the child's and family's changing needs.

Work is supported by children and families workers, who are skilled in building relationships with children at their own pace, ensuring that the voice of the disabled child and other children in the family informs planning.

22. Children at risk of child sexual exploitation are identified and receive an effective specialist service from the child sexual exploitation team. Risk assessments are undertaken and inform effective individualised direct work, and plans are regularly reviewed to ensure that risks to children of being exploited are reducing.
23. The service received by children who are missing from home is variable. Children are offered a return home interview, but the service does not collate information from interviews to analyse patterns and trends to inform service planning. This has been recognised by managers, and a new service has recently been commissioned to ensure that this will happen.
(Recommendation)
24. Children who live in a household affected by substance misuse or domestic violence receive specialist services. The police clearly identify these issues at the point of referral, including any impact that this has on children. Effective work to reduce risk to children also takes place within the multi-agency partner arrangements for domestic violence, and this is evidenced through the domestic violence steering group, which completed a multi-agency audit. Although the authority does not run any programme of support for perpetrators, this work is commissioned on an individual basis when required.
25. Multi-agency public protection arrangements (MAPPA) meetings are held three times a week and are well attended. The responsibility of chairing these meetings is shared across agencies on a rotating basis to ensure multi-agency ownership. Medium- to high-risk cases are discussed, and it is the responsibility of each agency to then action any response that is needed to safeguarding needs. The panel recently implemented an analysis tool to look at the impact on children of living in families with domestic abuse are discussed at MAPPA panels. This work will inform future work of the panel.
26. Adult mental health services are not asked to contribute to children's assessments and plans, even when parental mental health is having an impact on children's daily lives. Senior managers are aware of this gap and have plans to address the issue. They have recognised that some adults will need specialist mental health support if they are to sustain change and improvements for their children. (Recommendation)
27. Young carers in need of help are identified and supported by agencies. Effective commissioning arrangements ensure that young carers' assessments are completed and a range of targeted support is provided, including young carers' groups.

28. The support given to young people, aged 16 to 17, who are homeless is inconsistent. Some young people have had the option to become looked after by the local authority. It is not clear from the recording on case files whether this option has been offered to all young people who may require this support. Direct work to support independence is taking place, and appropriate accommodation is being provided.
29. Known instances of female genital mutilation in Wigan are extremely low in number. A small number of adult women and no children have been identified. Training is provided to all staff to ensure that identification and pathways for reporting and offering support are understood. Similarly, staff have been trained in the identification and appropriate response to the risks of radicalisation. The Channel panel is responsive to local issues of extremism.
30. Children in private fostering arrangements are assessed to ensure that they are safeguarded. In one case, initial checks highlighted concerns about the carer's suitability, and prompt action was taken to assess and manage the risks. Children are regularly visited and seen alone, and their views are evident and influence the arrangements. The local authority recognises that the number of children identified in private fostering arrangements is low, and further awareness raising is recognised as an area for the service and for the partnership.
31. The designated officer arrangements ensure that allegations of abuse and poor practice are taken seriously and that action is taken to protect children. The designated officer function has recently been strengthened and is now a full-time post with additional business support. The designated officer plays a key role in gathering and coordinating information. Strategy meetings are held promptly and attended by key agencies, with clear action plans and reasonable timescales. There is suitable scrutiny and challenge of investigations completed by partner agencies and relevant liaison with police and education to monitor progress of cases. Awareness-raising work has been carried out with faith and community groups, but so far has not resulted in any referrals.

The experiences and progress of children looked after and achieving permanence	Good
<p>Summary</p> <p>When children are first identified as at risk of coming into care, effective and creative edge-of-care services are provided. These services have a positive impact on children’s lives and reduce the numbers of children who would otherwise become looked after. As a result, children only become looked after when it is in their best interests, as all decisions about being looked after are informed by well-informed comprehensive risk assessments.</p> <p>Children only return home from care following completion of fully informed risk assessments, a package of focused support and analysis of parental capacity to change.</p> <p>The quality of social work practice with children looked after is consistently good. Social workers know their children well and, following highly effective direct work, pursue the best possible outcomes for them. The voice of the child is highly evident in case notes, and it is clear that their views and feelings are influencing decisions made about them. Effective arrangements are in place to promote the physical and emotional well-being of children looked after. Educational outcomes are prioritised and increasing numbers of children are making good progress in English and mathematics.</p> <p>Stability of placements has not improved in the past year. More training and support of foster carers is required to maintain children in placement, to allow carers to optimise children’s life chances. Managers in the local authority recognise this concern and are working with other authorities to explore the potential impact of the Mockingbird Model, which provides training and peer support.</p> <p>The local authority is very successful in achieving permanence for children through adoption and SGOs. This is largely due to the exceptionally high-quality support that children and their permanent carers receive at every stage of their journeys. The local authority is persistent and determined to achieve permanency for all children and has successfully found adoptive families for older children and brother and sister groups.</p> <p>Overall, there is good provision for care leavers who especially value the service that they receive from their personal advisers, who provide good support to help care leavers gain skills and resources to move to independence. Care leavers spoken to said that they had received effective help to secure safe housing and help with setting up a home and their longer-term support needs. However, while this help is available, it is not captured by a formal pledge by the council to care leavers.</p>	

Inspection findings

32. Creative and effective services for children on the edge of care are increasingly supporting children at risk of becoming looked after to remain safely in their families. There has been a steady reduction in the number of children looked after because families receive swift help from this wide range of services. This support includes the provision of short-term respite care for children as part of a package of intense family support. The family group conference and mediation service considers all possible extended family and friend options. A specialist project supporting children and families when there are complex mental health issues also positively contributes to supporting children to remain at home. Of the children who were supported by the edge of care service in the 12 months prior to the inspection, 86% remained living with their own family.
33. When children need to be looked after, decisions are timely and appropriate. Good oversight by senior managers at weekly legal planning meetings ensures that planning for children is progressed quickly. The Public Law Outline is used effectively. Letters to families in pre-proceedings are appropriate and clearly set out improvements that they need to make to care for and protect their children, and the likely outcome if these actions are not met. This ensures that families are given opportunities to effect change and safeguards children if they do not make these changes.
34. Social workers' assessments for court and supportive evidence statements are of consistently good quality. Risks are defined, and suitable recommendations are made to promote children's welfare. Timescales for completion in less than 26 weeks are now met in the vast majority of cases. The Children and Family Court Advisory and Support Service (Cafcass) and the judiciary report that social workers are presenting increasingly well-written and analytical reports for court, which enables quick and robust decision-making.
35. When there are plans for children to return home, highly effective multi-agency work and planning ensure that any potential risks to the stability of this arrangement are minimised. The local authority supports parents well once the child has returned home, with clear contingency plans and specific expectations of care and protection to be provided.
36. The looked after children's social work teams knows the children and families whom they work with well. Children are visited regularly and are seen alone, which enables the development of positive and trusting relationships. Cultural- and identity-sensitive direct work is undertaken to make sense of children's histories. As a result, the plans for children's futures are a particular strength, and children's voices, wishes and feelings are evident in social work recording.

37. If children require further assistance to make their voices heard, the independent commissioned advocacy service represents their views well. The local authority listens to these views, and inspectors saw several examples of direct work reflecting children's concerns.
38. The large majority (88%) of children looked after attend education provision that is good or better. When there is a risk-assessed reason to avoid disruption to the education of the minority of children in a school not judged to be good or better, additional support is provided by the virtual school team. Children's progress is closely monitored, and pupil premium plus is used well to support the needs of children who are looked after. Personal education plans are up to date, and the majority have well-defined and monitored targets.
39. Increasing numbers of children who are looked after are making good progress, particularly in English and mathematics. In 2015–16, 56% of children looked after for more than 12 months made three or more levels of progress in English, and 28% in mathematics at the end of key stage 4. With 24% of children achieving five A*–C grades, including English and mathematics, this is an increase of 18% from the previous year, which is greater than the increase for the wider population of Wigan. However, although decreasing, the gap between children looked after and other children continues to be too wide.
40. Children missing from education and those electively home educated are known, and there are detailed and up-to-date records. Managers have a very clear picture of the whereabouts of these children and take active steps to ensure that an appropriate level of education is received.
41. The local authority's clear commitment to keep children close to home ensures that a much higher proportion of Wigan children remain within local boundaries than their neighbouring and national counterparts. The relatively small number of children who are placed out of area, in most cases within a 20-mile radius, are visited regularly by their social workers. Children benefit from strong reciprocal arrangements with other local authority areas, which ensure that their health and education needs are met in a timely way. Residential staff caring for children out of area report positively on the social work support provided. For example, social workers accompany residential staff to school meetings to advocate on children's behalf to ensure that any additional needs are understood and catered for.
42. The authority identified that placement stability for some of the more challenging children had declined, although overall performance remains in line with statistical neighbouring authorities and is just above the England average. Work is under way to improve the training and support provided to foster carers, to enable them to have the skills to support more challenging children. This includes adopting the Mockingbird Model which, in addition to

training, arranges carer-to-carer peer support. This enables the best working practices to be shared and children to benefit from stable placements that optimise their life chances.

43. Effective and focused support from a team of nurses ensures that 99% of children looked after are now in receipt of an updated annual health assessment. This marked improvement from previous years is a result of a suite of initiatives taken by the authority and its partners in recognition of previously poor performance, to ensure that children's health needs are fully recognised and responded to as quickly as possible. CAMHS provision at the time of inspection was unable to meet the needs of all children looked after who had been referred. The service had long waiting lists, resulting in too many children not having sufficient therapeutic input to support their emotional and psychological health. This is recognised by senior managers who have taken action to improve service availability. The impact of the newly commissioned tier two and three CAMHS provision into one single point of access is yet to be felt.
44. When children are unable to remain at home but are able to remain within their wider extended families, the local authority is effective in promoting permanence for them through timely use of SGOs. Decisions are well informed by thorough analytical assessments of carers' and children's strengths and vulnerabilities. Carers have access to the same good-quality range of training as adopters and are supported well through tailored individual support from the Family Friends and Special Guardianship Team (FFAST). This support includes access to timely help and advice through a dedicated duty service that also supports family and friends foster carers.
45. Timeliness of the reviews of looked after care plans by independent reviewing officers (IROs) and children's participation are good. IROs are challenging partner agencies to ensure that reviews take place at a time and location that is comfortable for the child. When there is any indication of possible drift or delay in progressing care plans, IROs use practice alerts on Wigan's social care database, which prove effective in immediately refocusing priorities and quality assuring practice.
46. IROs consider plans for permanence in most cases by the child's second review. IROs' oversight of plans for permanency are subsequently supported by visits to children in between reviews and effective and speedy resolution of any issues by open dialogue with partner agencies involved in progressing the child's plan.
47. There is a focus on ensuring that children who have achieved stability in long-term foster care also achieve permanency and, at the time of the inspection, there were 38 children with a plan to be matched to their current carers that had not yet been formally discussed and matched at panel. While there is no negative impact on children not having been formally matched earlier, the

authority understands the need to establish officially sanctioned permanent arrangements and has already taken action to address this.

48. While many children thrive in foster homes with carers who understand their needs well, the local authority recognises that support to foster carers has not kept pace with improvements in other parts of the service. A service restructure is imminent, which the local authority anticipates will enhance arrangements to provide increased support via strengthened professional and peer systems and additional training opportunities.
49. Wigan struggles to find placements within its own resources for older children and brother and sister groups. It makes effective use of good-quality independent fostering agencies and residential provision. As a result, only one child is separated from brothers and sisters, and this is not due to resource issues but is in the child's best interest. Innovative practice in advance profiling of children and activity days to find placements for children, 'borrowed' from learning from adoption practice, have resulted in the local authority finding good-quality foster homes for some hard-to-place children who otherwise would have to remain in residential settings.
50. The response to children missing from care and/or at risk of child sexual exploitation is generally well managed and coordinated by the child sexual exploitation team, with strategy meetings being convened when concerns escalate. In cases seen, all children looked after were offered a return home interview to clarify the circumstances of their being missing and the consequent risks. When children go missing from care, the vast majority receive an offer of a return home interview.

<p>The graded judgement for adoption performance is that it is outstanding</p>

51. Exceptionally high-quality work, seen by inspectors, supports the authority's priority of achieving permanence for all children.
52. The local authority has shared its adoption service, WWiSH, with two neighbouring authorities since 2012. Wigan recognised in 2014 that these arrangements were not meeting the needs of children and prospective adopters well enough. A well-planned and executed restructure brought adoption services for children back in house and strengthened shared arrangements for recruitment of prospective adopters and post-adoption support. As a result of these changes, one second-time adopter told inspectors that the service 'had improved beyond all belief' between adopting her first and second child. These changes, combined with increased numbers of children living with family or former foster carers under SGOs, mean that the local authority has been highly effective in achieving permanence for children who need it for a sustained period of time.

53. Although proportions have differed, the average percentage of children who left care through adoption and SGO combined in 2015–16 was 47%. In the 12 months prior to the inspection, half of the 83 children who ceased to be looked after did so because the local authority had found permanent suitable homes for them, either through adoption (28.8%) or through SGO (20.8%). In the first half of 2016–17, data provided by the Adoption Leadership Board demonstrates that this trajectory has been maintained, ranking Wigan as first in the region and second nationally for the percentage of children who had left care via adoption.
54. Wigan is particularly successful in achieving adoption for older children and for brother and sister groups. In the 12 months prior to the inspection, of the 42 adoption orders granted for Wigan children, 21% were for children aged over five and 37% of all children adopted were adopted with their brothers and sisters. Decisions about whether children should be placed with their brothers and sisters are well informed by thorough analytical assessments of their attachments to each other and to other birth family members. When it is not in children’s best interests to remain together, decisions about future contact are well thought out, proportionate and child centred.
55. The local authority is increasingly effective in reducing placement moves for children once the plan is for permanence, and in achieving timely adoption through the use of fostering to adopt placements. Three of the 41 children who were adopted in 2015–16 were in fostering to adopt arrangements and all were adopted within six months. There are currently four children in foster to adopt homes and one child living with a concurrent carer. While the number of children who come from Black and minority ethnic backgrounds and who are adopted is small, this is reflective of the local population.
56. Although the local authority is very successful in finding adoptive families for children who need them, the most recently validated adoption scorecard shows that, while improving, the average time that Wigan takes to secure adoption for children remains considerably longer than the expected timescales. These delays are in part due to some legacy issues prior to the restructure of the service. For others, it reflects the local authority’s determination to secure adoption for children whose needs mean that extra time is required to find suitable families for them.
57. While timeliness at the point of the inspection was close to national targets, the local authority forecasts that average time taken is likely to deteriorate in 2016–17 due to the circumstances of a small number of children. These include children who have very complex needs and who are due to be adopted by foster carers with whom they have lived for a substantial period of time. This is a highly positive outcome for those children, achieving permanency for them with carers who understand and meet their needs well and with whom they have mutually strong positive attachments.

58. Well-established partnership arrangements through WWiSH and effective use of regional and national systems ensure that there is a wide pool of prospective adopters available to Wigan children within the North West. At the time of the inspection, all children with a placement order had either been formally matched to adopters, or carers were actively being considered at pre-matching meetings for them.
59. Arrangements for the recruitment, assessment and training of prospective adopters are highly effective and timely. Adopters report that they felt well supported and well prepared throughout the process. In the 12 months prior to the inspection, 34 adopters had been approved and 11 are currently waiting for a match. Regular communication between WWiSH and the local authority ensures early identification of potential matches and fast tracking to other agencies when the search needs to be widened either for adopters or children. In the last 12 months, two adoptive families were referred to the national register for placements on the day of their approval.
60. The adoption panel is meticulous in its quality assurance of reports, giving detailed and constructive feedback. Its activity, combined with training in writing reports from the child's perspective delivered by the adoption team, has helped to improve standards. The quality of reports is generally good, and some are very good. Child permanence reports achieve a balance between containing sufficient detail to inform decision-making and to allow prospective adopters to understand the child's lived experience, and remaining sensitive to the potential impact on the child reading their story in later life. Prospective adopters' reports and adoption placement reports contain detailed relevant information and a clear, well-informed analysis of prospective adopters' strengths and any vulnerabilities. Due to the high quality of reports, the adoption panel, the agency decision-maker and courts are able to make well-informed and proportionate decisions at every stage of the adoption process.
61. Timely matching of the vast majority of children to prospective adopters is achieved through early, comprehensive and effective profiling of children's needs. Co-location of adoption workers with locality teams promotes early consultation. Pre-matching meetings between the child's social worker and adoption worker are effective in identifying the best possible match to put to panel. As a result, matches are swiftly approved, reducing anxiety for prospective adopters and minimising delay for children. At the time of the inspection, all children with a placement order had either been formally matched to adopters, or carers were actively being considered at pre-matching meetings for them.
62. Adoptive families in Wigan have access to high-quality, effective adoption support through WWiSH. Adopters spoken to were well informed of a wide range of support and activities available to all. Adopters spoke of the invaluable support that they had received from 'buddying' arrangements that

had put them in touch with other adopters who had experienced similar circumstances.

63. When children and families need additional help, it is timely, based on a comprehensive updated assessment of need and provided by highly skilled workers. Additional specialist therapeutic help is commissioned when needed. As a result, children are supported to cope with a range of problems, and adopters and professionals, such as schools, are helped to understand and respond to their needs more effectively. One adopter told inspectors that the post-adoption support provided by Wigan is 'second to none'.
64. Age-appropriate direct work to help children to understand their histories and to form secure attachments to their new families is a significant strength at every stage of the adoption process. For example, the direct work undertaken by workers with older children to explore their wishes and feelings and to prepare them for adoption is highly skilled and sensitive. In cases seen, this was helping children to accept and move on from their histories and to form positive and secure attachments with their new families.
65. Life story books and later life letters to children give a clear and child-centred account of children's birth families and histories. Adopters have access to good-quality training. However, a small number of adopted children and their families have experienced delays in receiving them, due to capacity issues in the adoption team. The local authority anticipates that the small minority of children still waiting will have received them by March 2017.

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

66. Care leavers are supported well by their support workers. They value the support and encouragement to take greater responsibility for their lives. Many are clear that support has made a considerable difference to them, even to 'saving my life', when re-engaging with the service after a period of homelessness.
67. The care leaving service has very effective links with a wide range of agencies to support care leavers, including financial, housing, health and employment services. Personal advisers work flexibly to negotiate the right support across agencies for the specific needs of young people to move their lives forward. Examples were seen of well-managed serious risk, highly effective work with the courts, police and adult mental health services, supporting young people into safe accommodation and enabling them to re-enter employment.
68. Last year's restructure of the care leaving service has resulted in increased staffing and a move to more suitable premises. These changes have provided

the right conditions for staff to provide good services and to go the extra mile to support care leavers to become independent adults.

69. Only one care leaver is not in regular contact with the care leaver service, but support workers still maintain a connection with him. All other young people are in contact and are confident that, when they need it, they will receive appropriate support even if their usual worker is not available. They feel safe and value the easy access to support from the service in times of need. Good work is done with young people when risk is identified, especially in relation to child sexual exploitation, when staying safe work is carried out. This results in a significant reduction in risk. Care leavers who do not live in Wigan receive a good service from the team, including face-to-face contact whenever possible. The team establishes effective links with local services for care leavers who live too far away for this.
70. The majority of care leavers have their plans reviewed at least twice a year. Young people's needs are identified and met well, either directly through the service or through the wide range of links with relevant agencies. Managers have good oversight of plans, but the documents are cumbersome, and too many do not pull all information affecting the care leaver into a clearly recorded plan. Recently introduced risk assessments are detailed but are not yet being used to identify work to help to improve particularly vulnerable areas of their lives, for example future relationships with family members. Although joint work starts in some cases before young people are 16 years old, this is not the case for all care leavers. Pathway plans are routinely started at 16 years. Some children would benefit from their plans starting earlier, to fully consider their needs as they move towards independent lives. (Recommendation)
71. All care leavers have health assessments, and most know that they can have access to their health records. They are not given a formal health passport, but support for health needs is effective. Young parents have good support through the Family Nurse Partnership in Start Well. Young people who have mental health issues have good access to and support from CAMHS, which provide a range of services, but too many experience difficulties when they have to transfer to adult mental health services. (Recommendation)
72. The transition to independence is managed well, to be sure that it happens at the right pace and time and meets the specific needs of young people. Disabled care leavers or those who have learning needs are offered especially positive support, which reflects their additional vulnerabilities. As a result of good support from their workers, foster carers or staff in supported accommodation, care leavers gain the skills and resources to help them to live independently.

73. Most young people report that they have received support to understand their life stories and to ensure that they are equipped to move forward into adulthood.
74. Support into post-16 education or training is good, and planning starts in year 11 with the virtual school. In September 2016, 75% of students who were still in care on leaving school entered education, employment or training with up-to-date education plans. Continuing support, beyond initial entry into post-16 education or training, is improving with the use of progression workers, but care leavers at risk of becoming not in employment, education or training (NEET) are not always identified soon enough. Data on the numbers of care leavers who are still in employment or education at the ages of 17, 18 or 19 is not closely monitored. In 2015–16, only 56% of all care leavers were in employment, education or training. This is an improvement on previous years and slightly above regional levels, but, as in many other local authorities nationally, is still low in comparison to the care leavers' peers. Too few care leavers go onto higher education. There are currently only four, although support for them is good, including accommodation arrangements in holidays.
75. There are 14 care leavers who are apprentices within the borough, in a range of vocational areas, including business administration, housing, and hair and beauty. Over half of young people on Wigan's Aspiring Futures programme, a 12-month pre-apprenticeship programme, are care leavers, and there are good progression rates to apprenticeships and employment. The Prince's Trust works very effectively with young people who are unsure of their future directions.
76. Young people spoken to are self-confident and most are proud of their achievements. Many are actively involved in volunteering opportunities, for example training and selection of foster carers, and are particularly keen to improve the experiences of younger children who are looked after. At a recent corporate parenting event, several care leavers made relevant contributions on what life is like for them. Attendance at the Care Leavers' Council is high, and good progress is made on developing an improved offer for care leavers.
77. All but two care leavers, who are in custody, are in suitable accommodation. Plans are in place for those two young people. Care leavers have access to a good range of accommodation options to meet individual needs. These include staying put, semi-independent provision, supported housing and sole tenancies. The local authority housing service prioritises care leavers for tenancies. The dedicated housing officer works closely with the leaving care service, attending the reviews of young people as they approach 18 years of age. The number of care leavers staying with foster carers has increased significantly, with 20 young people currently staying put, compared to only eight in the previous year. Links with Shared Lives ensures that disabled care leavers and/or those who have learning difficulties continue in appropriate accommodation as they become adults.

78. Although care leavers do not recognise any formal offer to them in the form of a pledge from the local authority, all care leavers spoken to think that their needs to move to independence, for example support with accommodation, grants for household equipment, leisure passes, birth certificates and passports, are provided for. The range of entitlements and support for care leavers is on the local authority's website but is not easily accessible. The local authority has recognised the need to develop a pledge for care leavers. (Recommendation)

Leadership, management and governance	Good
<p>Summary</p> <p>Since the last inspection in 2012, and following changes in senior leadership, the local authority recognised that services for children did not have the capacity to improve and that the quality of some key services had declined. Significant work over the last 18 months has improved many areas of service and created the environment that will provide a sound basis for further change.</p> <p>Services for children looked after and for care leavers are good, and the service for children who need adoption is now outstanding. Early help has been the focus of a complex and ambitious transformation, working with partners to establish a new service during 2016, which is already demonstrating some positive impact. The establishment of a multi-agency child sexual exploitation team and a joint innovation project has also improved the quality and consistency of response to child sexual exploitation. However, while some aspects of the response to children in need of help and protection have improved, the quality of practice is not yet consistently good. The quality of assessments and planning needs to be improved, and work with children missing from home requires further development.</p> <p>The chief executive leads a clear strategic vision for services, with priorities well aligned across multi-agency partnerships including the Health and Wellbeing Board (HWB), children’s trust and Local Safeguarding Children Board (LSCB). Strong governance arrangements are in place to deliver effective planning.</p> <p>The involvement of children, families and communities in service planning is a central feature of the strategic approach, with extensive consultation and co-working taking place to design and reform services.</p> <p>The local authority has an accurate understanding of the quality of services and is clear about the action that it needs to take to ensure that they improve for all children and young people. This includes strengthening the quality of audit activity to reduce reliance on external evaluation and increasing senior management capacity to lead practice improvement.</p> <p>Effective workforce planning and good support and training have resulted in staff who are highly committed and enthusiastic about their work with children as well as the wider strategic vision. While all staff receive supervision, the quality of oversight by frontline managers needs to improve to result in all children receiving a consistently timely and good-quality service.</p>	

79. Since their permanent appointment in October 2015, the DCS has led an ambitious programme of partnership, staff and stakeholder engagement, service redesign, restructure and workforce development. This has created the environment for improvement in the quality of services received by children and young people.
80. Restructure of the directorate has brought quality assurance, independent reviewing functions and some LSCB functions under the management of children's social care. Restructure of services has resulted in locality teams configured on better understanding of the community, children in care teams strengthened and reduced spans of responsibility for frontline and middle managers across the service. Caseloads for social workers across all teams have reduced, although there remains further work to do to ensure that workloads in assessment teams remain at a consistently low level.
81. The local authority is aware that the restructure of services has resulted in there being many new and some inexperienced managers, particularly in help and protection. Despite the training provided, the impact of their oversight of casework is not yet consistently effective in ensuring good decision-making and consistent standards of practice. The local authority has yet to fully implement its plans for further training, increased support and oversight from senior managers. (Recommendation)
82. Despite the pace of change and of transforming some areas of service, senior and political leaders have recognised that translating this approach into effective, consistent and good-quality social work that ensures the protection of children is complex and requires careful planning. Senior leaders and managers are taking time to learn from other models of practice and from their ongoing innovation projects, as well as ensuring that they have sufficient practice leadership in place prior to implementing any further significant change.
83. The clearly articulated vision for children's services has enabled the strategic partnership to develop shared priorities supported by clear lines of accountability and governance. Regular formal and informal meetings support effective communication between the chief executive, lead member and DCS, who demonstrate effective working relationships with each other and with key strategic partnerships, such as the HWB, the children's trust and the LSCB.
84. These effective partnerships have driven ambitious reform of service provision for children and families, to develop a fully integrated, locality-based Start Well service to deliver early years, early intervention and prevention services. Operational since July 2016, the design of these services, informed by research and innovative community engagement activity to test out alternative ways of working, has supported effective, meaningful integration. Although still in the early stages of implementation, some improvement in quality and reach of early help services is evident. The next stages of

implementation, involving integration of healthcare provision, are well under way.

85. To inform the programme of change, the local authority has led significant work to understand the needs in its communities at a neighbourhood level, and this is effective in informing service planning and commissioning to support improvement. In addition to the development of the Start Well service, the strategic needs assessment has informed commissioning of a wide range of service provision, including edge of care services, parenting support and the recommissioning of emotional health and well-being services.
86. The implementation of a clear workforce strategy has been successful in enabling effective recruitment and retention and stabilising the social care workforce. The council has proactively engaged in schemes such as Frontline, Step up to Social Work and first graduate programmes, resulting in significant numbers of new well-trained staff joining the service. The updated supervision and appraisal policy reflects the values of the corporate approach, and audit work ensures its implementation. There is a clear continual professional development programme, with good access to internal and external training and an annual Pride in Social Work conference to share learning and celebrate achievements in practice. Senior leaders facilitate regular listening into action sessions with staff to encourage feedback and sharing of ideas and to promote a culture of learning and development. As a result, staff turnover is low and job satisfaction is high, and inspectors found impressive levels of enthusiasm, commitment and passion among all staff.
87. Wigan demonstrates significant commitment to learning from new ways of working and has two innovation programmes currently under way. The child sexual exploitation innovation project (ACT), jointly undertaken with Rochdale, has successfully completed action research and pilot model co-design phases, and is offering support to a small number of children and young people. The Specialist Health and Resilient Environment (SHARE) is a partnership between Wigan Council and Wigan Clinical Commissioning Group. It offers children and young people specialist support at a time when they have significant mental health concerns, such as self-harming or thoughts about taking their own lives. Both projects are effective in providing a new approach to children who have complex needs and are providing opportunities for learning that can be shared across the council, regionally and nationally.
88. The local authority has a sound understanding of its areas of strength and areas for development, because of externally commissioned reviews (during 2016) and some themed audit work. The need for internal audit to provide a more effective and systematic evaluation of the quality of practice, rather than measuring compliance, has been recognised. Feedback from an independent peer review undertaken by the local government association (LGA) has informed an improved but only recently implemented quality assurance framework. The local authority is aware that there is work to do to ensure

that the new framework delivers its potential, including ensuring sufficient senior management capacity to drive improvement. (Recommendation)

89. An established performance management framework provides a good range of useful data to all managers, to enable them to manage their services. The quality and availability of data has improved since 2012 and has resulted in improvements, with most performance indicators now in line with statistical neighbours and England averages. When data has highlighted issues, in many cases, for example in respect of re-referrals or of children subject to child protection plans for a second time, this results in action to investigate the cause and to plan improvement. However, in some cases, this has not been as robust, for example in comparing performance between teams or in the evaluation of return home interviews.
90. While some good summary and analysis have been developed for senior leaders and elected members, a more regular and systematic evaluation of performance data provided to senior and middle managers would support more effective focus and response to these issues. (Recommendation)
91. Political leadership in the council demonstrates commitment and ambition to children and young people and real engagement with the programme of improvement. The council is an effective corporate parent with senior officers and elected members working together to improve all aspects of service provision for children looked after and care leavers.
92. The lead member, who is an active participant on the HWB and LSCB, including chairing a subgroup, demonstrates good understanding and knowledge about the priorities for children's services.
93. An experienced elected member, who is also a member of the adoption panel, chairs the children's and young people's scrutiny committee. They are leading further development of the committee to be more informed and effective in its challenge. This includes better-quality performance reports, members of the scrutiny committee spending time at the front line, additional training and the committee also forming task and finish groups to look in more detail at specific issues affecting children, such as placement stability and domestic abuse.
94. Utilising feedback, research and intelligence from children, young people and the community as part of service development and redesign is a real strength in Wigan. It forms a significant strand in the strategic vision and is well evidenced throughout work seen during inspection. In addition to the co-design of the child sexual exploitation innovation project, young people have been central to the redesign of personal education plans, influenced the development of 'The Deal' and been consulted about the service review of the targeted services.

The Local Safeguarding Children Board (LSCB)

The Local Safeguarding Children Board requires improvement

Executive summary

The governance and structure of the board meets statutory requirements. The board is now aligned more closely with the Adult Safeguarding Board and is developing its strategic links with a range of partners, including the HWB. The recent appointment of a new independent chair in September 2016 is enabling the Board to take stock of progress so far. This is supporting a journey of improvement.

The chair is aware of the areas that need to improve and is working to drive the changes required. Currently, strategic priorities do not fully reflect local issues and demands, and the board's business plan is not yet measuring key objectives sufficiently well. Until recently, overall progress had been slow. The annual report is detailed but does not provide a clear assessment of safeguarding arrangements across the partnership. The Board is now beginning to challenge and hold partners to account, but it needs to evidence the impact of this more clearly.

The multi-agency audit programme is wide ranging and has addressed local areas of concern but has taken too long to complete and share learning. Section 11 audits have been completed but not analysed in a timely and effective way, to ensure that learning can influence planning and priority setting across other strategic partnerships. A review of the threshold document to reflect changes in early help through the Start Well model is under way.

The learning and improvement framework enables the board to monitor its effectiveness through a range of quality assurance activity, but it does not yet provide a clear rationale for deciding when to undertake a serious case review.

A strength of the board is its strong focus on understanding children's journeys. The board engages well with children, and the voice of the child is evident in Board and subgroup meetings.

Recommendations

95. The Board should develop its strategic priorities to reflect local safeguarding issues, which can be monitored and measured effectively. The annual report should demonstrate this by clearly identifying strengths and weaknesses in local safeguarding practice and including learning from the range of serious case reviews within the reporting period.
96. The Board should ensure that it provides robust oversight of business plan objectives in order that the pace of progress is effectively monitored and work plans are completed in a timely way.
97. The Board should evidence that it is holding partners to account and offers effective challenge that leads to improved outcomes for children.
98. The Board should strengthen the learning and improvement framework to ensure that it provides clear criteria for the serious case review and local learning review process and disseminates the learning from case reviews in a timely way.
99. The Board should ensure that it applies rigorous and timely evaluation of multi-agency audits, which leads to effective learning and improvement, and that the schools comply with auditing requirements.
100. The Board should ensure that the protocols for children who are missing or absent are compliant with statutory guidance and that robust performance data is collected.

Inspection findings – the Local Safeguarding Children Board

101. Following the recent appointment of a new independent chair, the Board has sought to implement learning from a peer review. Actions have included reviewing its governance arrangements and aligning itself more closely to a 'whole-life' agenda with the Adult Safeguarding Board. The Board is appropriately constituted and there is evidence of joint strategic agenda planning with the HWB and children's trust. Two lay members attend the Board, and the chairing of subgroups is at the appropriate strategic level to drive core business.
102. The Board chair is well regarded by partners and is offering increasing challenge on attendance issues. The operational implementation of the business plan at the executive group provides increasing oversight of subgroup activity. The chair is held to account via regular meetings with the DCS and chief executive in the local authority. Partner inspection reports are shared at the Board to allow scrutiny and oversight. Partner commitment to the Board is evident, and all agencies have maintained funding levels.

Although a risk register is in development, the Board recognises that it needs to evidence challenge and the impact that it makes on practice more effectively. (Recommendation)

103. The annual report is presented at the HWB. However, it could more clearly identify strengths and weaknesses in safeguarding practice, to ensure that it is used more effectively to influence the planning of services for children. There is limited reference in the annual report to strategic links with the children's trust or HWB, and more focus is required on the learning from serious case reviews. (Recommendation)
104. A business plan is in place but it lacks clearly measurable objectives. There needs to be greater focus on ensuring that the work plans for all subgroups link directly to the Board's priorities. Partners recognise that there have been insufficient challenge and pace in driving the business plan forward. Serious case review action plans have taken too long to be signed off, the review of key documents has been delayed and learning from case file audits has not been considered in a timely way. This has lessened the impact that such activity has on driving forward practice improvements across the partnership. (Recommendation)
105. Early help arrangements are in place to support children and families. The Board has recently facilitated graded care profile training, and there are plans in place to provide additional training once the threshold document is relaunched in March 2017.
106. Work is under way to develop a local neglect strategy, and there are clear links to strategic partnership groups on domestic abuse. However, priorities need to align more clearly with local practice challenges and fully reflect local issues or specific groups of children, such as the high number of those experiencing domestic abuse or neglect. (Recommendation)
107. The Board is engaging well with children and seeks to ensure their involvement in business plan objectives. For example, lunchtime engagement sessions take place in a local school prior to every Board meeting, and children's views are incorporated. A young person plays an active part in the work of the Board, conducting a survey with young people on digital communication methods. The website provides a good level of accessible information to parents, children and professionals, and work is under way to develop it in order to raise the profile of the Board in the wider community.
108. The arrangements to protect children from the risk of child sexual exploitation are effective, and there are good partner engagement and strategic oversight. A multi-agency strategy holds partners to account, and there is a developing data set to inform strategic planning on prevention, prosecution and protection. The child sexual exploitation subgroup is represented by a range of partner agencies and has been important to the development of an

operational team and a range of training initiatives to local hotels, taxi drivers and schools. Strategic links with the Greater Manchester Project Phoenix are in place. An innovation project is in the early stages of development.

109. A learning improvement framework is in place and reflects the Board's quality assurance framework, but it does not include clear criteria for the serious case and local learning review process. The independent chair is offering an increased level of scrutiny, and one learning review led to a joint initiative with local rugby league clubs and schools on suicide prevention. However, reviews are not always completed in a timely way. Locality briefings take place twice a year to share lessons learned, but these are not supported by more regular events to keep the work of the Board visible or to evidence the impact of the Board's work. (Recommendation)
110. The Board has made progress towards a multi-agency data set, but gaps remain. Data for disabled children and missing children is not robust, and the Board does not sufficiently analyse how well the needs of such vulnerable children are met. There is a lack of clarity about definitions of missing and absent, which needs to be resolved in order to ensure that the local going missing protocol is fully compliant with statutory guidance and that performance data is strengthened. (Recommendation)
111. A broad multi-agency programme of quality assurance is in place, which increasingly gives the Board a good overview of frontline practice. However, there has been a delay reviewing the analysis of section 11 audit findings and thematic audits, such as domestic abuse. The section 175 education audit was undertaken for the first time last year, but only half of schools completed it. Quality assurance activity should ensure rigorous and timely evaluation of learning, which informs the priorities for the Board. (Recommendation)
112. Training is valued and responsive to emerging issues and accommodates the needs of the children and adult workforce. The Board recognises that the evaluation of training could be more effective and now produces evaluation reports of key training events. The Board has also introduced ratification panels to review the quality of training. A draft training strategy incorporates a clear model of evaluation and is soon to be implemented.
113. The Board has good strategic oversight of operational arrangements on the 'Prevent' duty, which ensures that risk is identified and responded to effectively. The Board has delivered 'Prevent' duty training to 1,500 staff members across the partnership, and it provides bespoke training to governors and designated safeguarding leads in schools as part of whole-school training. A Channel panel is established, a Prevent Strategy Group is in place and a joint policy is now on the website.
114. The Board links into Greater Manchester policies and procedures on female genital mutilation, which are available on the website. Level 1 and level 2

safeguarding training incorporates key themes in relation to female genital mutilation. The Board has also delivered training via a locality briefing in November 2016 on private fostering, although there has been limited focus or campaigning on this issue.

115. Tripartite child death overview panel (CDOP) arrangements are well embedded. The CDOP annual report is clear and detailed and has presented key data and learning to the Board, which is in the process of being taken forward as part of the Board's business plan. Child deaths are being monitored. In the last year, the focus has remained on safe sleeping and neonatal health. Partner engagement in CDOP is positive, and a leaflet explaining coronial and CDOP processes is available to parents.

Information about this inspection

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference that adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition, the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people whom it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the Local Safeguarding Children Board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of seven of Her Majesty's Inspectors (HMI) from Ofsted.

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