

Inspection of safeguarding and looked after children services

Stockport Metropolitan Borough Council

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Age group: All

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Contents

About this inspection	2
The inspection judgements and what they mean	2
Service information	3
Safeguarding services	5
Overall effectiveness	5
Capacity for improvement	7
Safeguarding outcomes for children and young people	10
Children and young people are safe and feel safe	10
Quality of provision	11
The contribution of health agencies to keeping children and young people safe	14
Ambition and prioritisation	16
Leadership and management	17
Performance management and quality assurance	19
Partnership working	20
Services for looked after children	22
Overall effectiveness	22
Capacity for improvement	23
How good are outcomes for looked after children and care leavers?	26
Being healthy	26
Staying safe	28
Enjoying and achieving	29
Making a positive contribution, including user engagement	31
Economic well-being	32
Quality of provision	34
Ambition and prioritisation	35
Leadership and management	36
Performance management and quality assurance	37
Record of main findings	38

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), one additional inspector 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 children and young people receiving services, front line staff and 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 Children's Trust Strategic Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 65 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, referral and assessment services undertaken in March 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Stockport incorporating Community Health Stockport, Pennine Care NHS Foundation Trust and Stockport NHS Foundation Trust.

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. Stockport has a resident population of approximately 63,570 children and young people aged 0 to 18, representing 22.3% of the total population of the area. In January 2011, 12.7% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 6.4% of pupils speak English as an additional language.
5. Stockport has 108 schools comprising 85 primary schools (including one academy) 14 secondary schools (including three academies), nine special schools and Pupil Referral Units (PRUs). Early years' service provision is delivered predominantly through the private and voluntary sector in 88 settings and there are six local authority maintained nurseries.
6. The Stockport Children's Trust includes representatives of Stockport Council, NHS Stockport, Greater Manchester Police, Community Health Stockport, the community and voluntary sector, and representatives from local schools and colleges. The Stockport Safeguarding Children Board became independently chaired in 2011, bringing together the main organisations working with children, young people and families in the areas that provide safeguarding services. Social care services for children have 152 approved foster carers and two children's homes. Children's social care has three assessment and prevention teams who undertake initial work with children and their families. Longer term social work is provided by five children and family social work teams. Social care also provides a community outreach team to prevent children and young people becoming looked after and 'MOSAIC', a young person's drug and alcohol misuse service. They are supported by a children with disabilities partnership, Youth Offending Service (YOS), and adoption and fostering team. There is an emergency out of hours service providing cover for the borough which is run and managed by children's social care. Other family support services are delivered through 19 children's centres and extended services in schools.
7. At the time of the inspection there were 303 looked after children. They comprise 76 children less than five years of age, 186 children of school age (5–16), 41 post-16 young people and a total of 139 with care leaver status. Stockport uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection there were 242 children who were the subject of a child protection plan. This is an increase over the previous two years. These comprise 105 females and 132 males, five were unborn children. Some 40% of these children are

aged under five, 22% are 5 to 11 and 36% are 12 years or older. The categories of child protection plans were neglect at 37%, emotional abuse at 45%, physical abuse at 13% and sexual abuse at 5%.

8. Children and young people's health services in Stockport are commissioned by NHS Stockport in conjunction with the local authority. Health visiting services, school nursing services, specialist therapists and some paediatric specialist clinics are also provided by NHS Stockport, via Community Health Stockport, which functions as a self-contained provider organisation. Stockport NHS Foundation Trust provides integrated community and emergency department paediatric services as well as maternity services. Community and in-patient child and adolescent mental health services (CAMHS) are provided by Pennine Care NHS Foundation Trust. Children and families access primary care services through one of 51 main surgeries and seven branch surgeries. The out of hours GP service, Mastercall, is commissioned by NHS Stockport. CAMHS are commissioned by NHS Stockport and provided by Pennine NHS Foundation Trust. Looked after children health services are commissioned by NHS Stockport from different providers: the specialist nurses for looked after children are provided by NHS Stockport, the psychologist for looked after children is provided by Penine Care NHS Foundation Trust, and medical services are provided by Stockport NHS Foundation Trust. During current NHS transitions, NHS safeguarding children and adult functions have transferred to NHS Greater Manchester (the PCT cluster) with NHS Stockport having Locality Board Lead and Designated Professionals.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

9. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children and young people is adequate. There are effective strategic arrangements in place and joint oversight of progress, but social work practice remains variable. Partnership working is good at a strategic level with effective arrangements in place, including the Children's Trust, the Stockport Safeguarding Children Board (SSCB) and neighbourhood groups which enables the council and its partners to be increasingly responsive to local needs. There is a shared vision and commitment to effective safeguarding and this is given high priority across the partnership. Additional financial resources have been committed in order to strengthen aspects of services, to increase capacity and to achieve improvement. Workforce planning and development are good, with cost-effective recruitment and retention processes embedded. Staff training and personal development is good, and opportunities are extended across the wider children's workforce including the private, voluntary and independent sectors. Staff morale is traditionally high although is reported to be lower at present in children's social care, attributed to staff adjusting to the recent reorganisation of the social work teams and staff sickness has increased over this period. Managers are closely monitoring the impact of the new team structures and providing appropriate support.
10. Children and young people who may be at risk of harm are identified and awareness across the partnership in respect of safeguarding is good. There is good joint working between health and other agencies, with some specialist health services being commissioned by children's services within the council. Community health staff are actively engaged in safeguarding children but need to improve recording of case work to properly inform assessments. Not all health staff have safeguarding supervision in line with statutory requirements. The recent improvement in communication between health staff and children's social care in line with re-organised contact and referral arrangements, needs to be monitored and maintained.
11. There are shortfalls in the quality assurance arrangements within health services that should ensure robust safeguarding arrangements across the health community; there have not been annual health safeguarding reports and action plans to inform strategic bodies to support continuous improvements.
12. Schools are playing an increasingly significant role in strategic arrangements as well as monitoring the welfare of pupils within their schools. Voluntary and community organisations are also represented at a

strategic level, with a recently commissioned umbrella organisation providing a more stable means of engagement between the sectors. Policies and procedures are regularly reviewed and updated although some would benefit from greater clarity, such as the guidance and procedures on neglect, particularly regarding when the thresholds for making child protection enquiries or convening a child protection conference are met.

13. Clear performance targets are set for safeguarding which are closely monitored and some are being achieved. Performance overall is mixed. A framework for performance management within children's social care is established which includes supervision and case file auditing. However more work is needed to ensure that team managers are fully engaged in the quality auditing process and to provide evidence that remedial action is being taken where this is identified within individual audits. Thresholds for access to children's social care are clearly defined, widely understood across the partnership and link well with arrangements for the common assessment framework (CAF) and the 'team around the child' (TAC) model of practice. However the quality of CAFs remains variable, resulting in some children and families not benefiting from adequate assessments. Some children who are provided with services via the TAC model, were found to have safeguarding concerns raised but inadequately addressed. More work is needed to ensure that all staff know when to consider child protection enquiries, convene strategy discussions with the police, and consider other child protection activity to robustly safeguard children being supported by TAC.
14. Greater emphasis is being placed on the quality of assessments and direct work with children in children's social care, but there is more to do to achieve consistently better quality, although the most recent initial assessments seen are of a higher standard. There is evidence of some good direct work with children and families. However, timeliness of assessments has fallen and more attention needs to be given to the specific needs of children and young people from minority ethnic groups and those with additional needs. A wide range of services is available to support children and families in need, and access is being improved by the introduction of the 'supporting families' pathway and a single point of referral. Child protection case conference chairs provide challenge on individual cases and are increasing their quality assurance role.
15. All of the areas for development identified at the unannounced inspection of contact, referral and assessment arrangements in March 2011 have been addressed or are scheduled to be addressed. There is effective joint working between the police and children's social care in relation to domestic abuse and investigating child protection concerns at operational and strategic levels. The children's emergency department at the hospital is effective in identifying risks to children and reporting cases of concern to children's social care. However, children who present at the emergency

department and require an urgent mental health assessment currently have to be admitted to a ward to access this service. Dentists are not yet engaged in safeguarding arrangements.

16. The re-organisation of services in children's social care is widely welcomed by partner agencies, is expected to deliver better services and result in fewer changes of social worker for children and families. However, mechanisms are not yet embedded to seek the views of parents, children and young people who routinely receive safeguarding and other support services from children's social care, and this is identified as an area for development by the Children's Trust.
17. The council is sensitive to ensuring service provision takes account of individual needs and differences, and detailed equality impact assessments on planned changes have resulted in bespoke packages of support for specific groups. Narrowing the gap between key groups and others in the borough is a joint priority.

Capacity for improvement

Grade 2 (Good)

18. Capacity for improvement in safeguarding is good. The operation of an effective Children's Trust and SSCB facilitates clear identification of areas for further improvement, progress is reported in detail and rigorously monitored by partners. Although the health economy is undergoing significant change, schools have increasing freedoms and flexibilities, and financial constraints continue to impact on all services, there remains a strong drive to work collectively across the partnership to focus on priority groups of children and young people, and maximise the impact of services through joint planning and commissioning. Leadership within children's services is stable and ensures a systematic approach to service development, underpinned by careful planning and wide consultation. This eases the change process and good use is made of risk analyses to anticipate and pre-empt potential negative impacts on children and young people, and other unforeseen consequences. Prompt and decisive action has been taken in respect of issues raised through inspections, internal self assessment and audits, and the partnership has good awareness of local population needs and pressures.
19. The partnership provides stable and effective leadership and has secured many service improvements. The workforce is well trained and supported by a detailed workforce development strategy which is responsive to changing demands and reflective of local demography. Staffing capacity has been increased in key areas to improve the quality of assessments and political support has been unwavering in protecting children's services, despite wider economic pressures. The partnership is active in learning from serious case reviews, research and national developments to strengthen safeguarding activity.

20. There is a good track record of improvement. Regulated services are all rated at least good for safeguarding with some examples of very good performance. Outcomes for children and young people are increasingly being linked to service improvement. Schools are playing an increasingly effective role in safeguarding children. The partnership has an accurate understanding of their key strengths in achieving outcomes as well as areas for further improvement.

Areas for improvement

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

Immediately:

- ensure child protection concerns arising on cases managed through the 'team around the child' and common assessment framework processes are appropriately assessed and investigated and the council is satisfied that there are no unaddressed child protection concerns on currently open cases
- ensure that the quality of initial and core assessments achieves minimum required standards and that there are continuous improvements in quality as well as timeliness
- ensure that all children and parents receiving a service from children's social care are aware of, and supported to make appropriate use of, the complaints procedure
- ensure that the diverse backgrounds of children and families are fully taken into account in assessments and this is recorded on the child's file
- NHS Stockport, Stockport NHS Foundation Hospital and Pennine NHS Foundation Trust should review arrangements to ensure that children presenting at the children's emergency department in need of an urgent mental health assessment can access one swiftly.

Within three months:

- enable feedback from children and families of their experience of children's social care and safeguarding services to inform future developments of the service
- ensure that quality assurance processes in children's social care are robust, provide good challenge and scrutiny of practice, and that all remedial actions recommended by audits are fully implemented

- ensure that all significant adults are included in assessments of children's families particularly fathers and other adult males, including those who are reluctant to participate
- the council and NHS Stockport should ensure that recent improvements in health staff having timely access to key information about children for whom they have safeguarding concerns is maintained
- the council and NHS Stockport should ensure that dentists are supported to engage with safeguarding arrangements
- the council and NHS Stockport should ensure effective communication between the local authority's out of hours team and other services that operate out of hours, particularly staff at the children's emergency department at Stockport NHS Foundation Trust hospital
- NHS Stockport should ensure that the annual health safeguarding report to strategic oversight boards, including the SSCB sets out a clear work programme for the coming year to ensure continuous improvement across the health community
- NHS Stockport, Community Health Stockport and Stockport NHS Foundation Trust should ensure that safeguarding supervision is established across the children's health community in line with statutory guidance
- NHS Stockport and Community Health Stockport should ensure that health visitors and school nurses are recording case work correctly and that observations made during home visits are evaluated appropriately
- ensure the multi-agency guidance on child neglect takes full account of what to do when new safeguarding concerns are raised in respect of children for whom there are already concerns.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

22. The effectiveness of services in ensuring that children and young people are safe and feel safe is adequate. Where children are identified clearly as in need of child protection support, social workers ensure that they are seen, including being seen alone where appropriate, and their views inform assessments. The re-designed services effectively ensure that there is a prompt response to child protection concerns at the contact centre including joint agency action where appropriate. However, in three of the 20 cases randomly sampled by inspectors there had been failures to investigate potential risks to children. This reflects the finding of the unannounced inspection in March 2011 that in some cases seen, inappropriate decisions had been made not to carry out assessments when there were concerns expressed in referrals about potential significant harm to children. The cases reviewed by inspectors on this inspection evidenced a failure to convene strategy meetings and consider whether child protection inquiries were warranted following additional information being received that indicated potential safeguarding risks to children. The council's own audit of these cases failed to identify these missed opportunities, raising concerns about the robustness of the internal auditing and quality assurance process.
23. The Local Authority Designated Officer (LADO) role is effective in ensuring that risks to children are properly safeguarded. The role is undertaken by an experienced senior manager, training for agencies including health and the private and voluntary sector is in place, and this is improving awareness and referral rates. Named professionals across health services report awareness of the LADO's role and function, and value the positive communication and updates they receive from him. The procedures to recruit staff across the council's children's services functions are rigorous and there is effective liaison with the LADO when there are concerns about an employee. Safer recruitment across the partnership, including the private and voluntary sector, is supported by training which is easily accessible.
24. There are positive safeguarding inspection judgements for the local authority's children's homes, fostering and adoption services with three judged as outstanding and one as good. Safeguarding provision is judged to be good or better in the five children's centres. Schools contribute well to safeguarding with almost all schools judged as good or better at helping children and young people to stay safe. Safeguarding in schools is promoted by the Senior Education Advisor. Schools are represented on the SSCB and schools are being encouraged to use an appropriate audit tool

to develop their safeguarding practice and procedures. The authority and its partners have a clear and shared focus on tackling various types of bullying. Good use is made of young people's views in the devising of policies and strategies. For example, 1,500 pupils responded to a questionnaire on cyber-bullying and some of them subsequently contributed to developing the e-safety strategy. Considerable emphasis is placed through the SEAL (social and emotional aspects of learning) programmes on combating bullying, particularly in relation to disabilities. Schools report racist incidents to the council in accordance with legal requirements. However, no protocols have been agreed for reporting other types of bullying. Therefore it is not possible to gain an accurate analysis of incidents in order to develop a shared strategy for tackling emerging problems. Training is provided for parents on e-safety.

25. Risks to children missing from home are minimised through effective agency collaboration with all being identified and referred for prompt follow-up to reduce further running away behaviour. Good collaboration was evidenced in the swift multi-agency response to organised child sexual exploitation within the borough.
26. Parents spoken to by inspectors report they had not been asked for their views on how the service they received could be improved. Involvement of, and feedback from, parents and children in children's social work safeguarding services is not yet embedded and remains a priority area for development identified by the Children's Trust.
27. Statutory requirements in respect to complaints are met, and there is clear tracking and reporting of complaints and identification of lessons learned. However, some parents spoken to by inspectors were unaware of the complaints procedure and none had made a complaint even though all raised concerns with inspectors about the service they received.

Quality of provision

Grade 3 (Adequate)

28. The quality of provision is adequate. The location of qualified social workers and social work managers within the contact centre now ensures that new child protection referrals are dealt with promptly and appropriately. This has addressed an area for development identified at the unannounced inspection in 2011. There is good interagency cooperation with the police and other agencies to protect children.
29. Record keeping in children's social care teams was generally up to date in cases seen by inspectors in spite of the challenges posed by the current electronic client recording system. The local authority recognises the limitations of the current system and has procured a replacement which is intended to improve case recording and oversight.
30. The most recent data produced by the council shows a decline in the timeliness of assessments of children and their families. Although more

time has been taken on assessments with the expressed intention of improving their quality, this remains variable and those seen were not of a consistently good quality. However the quality was consistently better in some recent referrals, particularly in the assessment and prevention teams and children with disabilities team. Others were too brief and/or descriptive rather than analytical. Children are routinely seen during their assessments and their views, or observations of their presentation, are considered and recorded. The contribution of other agencies is not always clear within assessments, nor is it apparent that the previous history has always been adequately considered. In some cases, consideration of equality and diversity issues such as children's ethnicity and cultural heritage is evident but in others, it is only superficially explored. Some assessments failed to take into account the part played by peripheral fathers and other adult males in close contact with the family, and this is recognised by the council as a key area for development in order to strengthen assessments and ensure all risk factors are fully taken into account.

31. The council is promoting the safeguarding of children and families in a new initiative which is focused on supporting adults from families with complex needs, to access work. A children's services manager leads the steering group for this initiative and this ensures that staff from the employment services take full account of child safeguarding issues alongside their employment promotion activities.
32. Common thresholds for access to children's social care services have been agreed at a strategic level by partner agencies and are underpinned by guidance which is widely understood. This is fully integrated into multi-agency processes including the use of the CAF and TAC model of working. CAFs are widely and effectively used to coordinate services. There are clear 'step up' and 'step down' arrangements between children's social care and other children's services. These ensure that families are provided with ongoing support after the cessation of statutory involvement where this is needed. However individual plans are not always specific about contingency arrangements if there is a deterioration in the family, and cases seen by inspectors suggest that escalating concerns are not always recognised as requiring a different and sometimes more robust response such as formal child protection enquiries.
33. Data is collected and analysed to determine which agencies/organisations routinely initiate CAFs and which agencies require more encouragement to engage with the process which informs the training programme. Tracking and quality assuring CAFs is problematic as the current client recording system does not support this and the overall quality of CAFs remains inconsistent. The replacement recording system currently being contracted is intended to address this shortfall when it is implemented in 2012.

34. There is a good range of early intervention services to support children and families and access to these has been streamlined with the introduction of the supporting families' pathway. All requests for early help and support are screened using a multi-agency screening tool and this pathway is fully integrated with CAF and TAC arrangements. Social workers and team managers report that there are appropriate specialist resources available when children meet the threshold for social care services. These include specialist support for families from ethnic minority communities, and good access to prompt and pertinent legal advice where care proceedings are being considered. The council's legal services also provide training for social workers resulting in positive feedback from the judiciary.
35. The redesign of children's social work teams provides more continuity for children and their families with the same assessment and prevention team now being responsible for undertaking both initial and core assessments thus avoiding unnecessary changes of social worker. Children are transferred at a later point if they need long-term social work support, and a clear protocol ensures better preparation for the change of social worker. There are currently no unallocated cases, an area for development at the unannounced inspection in March 2011. Social workers report case supervision to be of good quality and management decisions regarding individual children are recorded on the child's case notes.
36. Screening of domestic violence notifications is effectively undertaken by the police Child Abuse Investigation Unit (CAIU). Multi-agency work to identify and support victims of domestic violence is effective in safeguarding children. There is a range of schemes to support victims although the need to increase services for perpetrators in order to reduce their negative behaviour is recognised.
37. There is a good focus on private fostering although the number of notifications is not increasing. Young carers receive good support and are able to access a variety of services including those provided through Stockport Signpost Young Carers, a locally commissioned voluntary organisation. Parents of children with disabilities report receiving effective support from a range of services, including the children's social work team, and direct payments to support access to short breaks and leisure activities. The rising number of disabled children who are also subject to child protection plans indicates that the safeguarding needs of this cohort are being met.
38. An established and experienced group of child protection conference chairs provide a good level of challenge and independent oversight of the progress of children subject to child protection plans. Recently introduced arrangements to provide feedback to social workers and their managers is valued and is intended to lead to improved practice and quality of reports.

Recommendations from conference and review meetings are circulated promptly. Initial child protection conferences and reviews nearly all take place within required timescales. Most statutory visits by social workers to children are undertaken within timescales.

39. The Child Death Overview Panel (CDOP) is functioning more efficiently as a result of introducing pre-review meetings to identify cases for the panel's consideration. The Panel provides an annual overview of its findings to inform developments and contributes to disseminating lessons learnt from local and national incidents.
40. The out of hours emergency social work service is provided by experienced staff and some agency workers. The local authority recognises that this service is under considerable pressure given its responsibility for adult's and children's work, as demand for adult mental health assessments remains high. The new manager recognises the need to improve communication and mutual understanding with other children's services that operate outside office hours, for example, the children's emergency department at the hospital.
41. Parents of children where there are safeguarding concerns do not consider that their views were sufficiently taken into account in their assessments. Parents who spoke to inspectors reported both positive and negative experiences with social workers but none reported being asked their views on the quality of services they were provided with.

The contribution of health agencies to keeping children and young people safe **Grade 3 (Adequate)**

42. The contribution of health agencies to keeping children and young people safe is adequate. Staff across the health community are aware of their safeguarding responsibilities and are increasingly participating in child protection processes; their contribution is valued. The designated doctor and designated nurse for safeguarding provide effective leadership and support. Representatives from health organisations engage effectively with the Children's Trust and the SSCB. Health's improving contribution to safeguarding children over the past three years is clear although there remain areas for development. The designated nurse provides appropriate reports for senior managers although these do not enable them to track improvements effectively.
43. Health staff reported concerns in 2011 regarding liaison with children's social care but there have been significant improvements in communication following the re-design of the services, particularly in relation to duty and referral arrangements. Health staff now receive acknowledgements following safeguarding referrals and there is better access to professional social work consultation. Health staff are fully engaged in multi-agency arrangements to manage serious domestic

violence cases within the borough. Health staff have sufficient skills to identify potential risks to children and have good access to advice and guidance. Named and lead safeguarding professionals are accessible and knowledgeable.

44. Safeguarding training has been given a high priority and there has been significant improvement in attendance. However, safeguarding supervision is underdeveloped. Recently introduced team meetings for hospital reception staff have been welcomed. Overall, GP engagement is improving but dentists are not sufficiently engaged with safeguarding arrangements. Health visitors and school nurses are not correctly applying the agreed model of case recording. Observations are comprehensive but descriptive rather than evaluative and this undermines the risk assessment aspect. Managers have responded promptly to this finding and are taking remedial action.
45. Sound processes at the hospital ensure that safeguarding procedures are followed and consistent in responding to children attending the emergency department. An effective 'cause for concern' card system is in place. Recording has been strengthened to address the potential for hidden harm and domestic violence within the family. The health visitor liaison service provides a daily review of all under 16 year olds attending paediatric services, and the nurse consultant and lead paediatrician are notified to ensure any required practice improvement is addressed promptly. Staff value the written feedback provided by the named safeguarding nurse at the hospital.
46. There is a wide range of valued health services for young people, many based at the well-established Central Youth service which offers sexual health and smoking cessation services as well as working alongside staff in schools. The teenage conception rate is lower than the national average and teenagers who are pregnant are well supported by two specialist teenage pregnancy midwives and are given choices about whether they access mainstream or young parents' birth groups. Young victims of sexual assault are well-supported and health support for home-educated children has been strengthened to ensure that routine health screenings and immunisations are offered to them.
47. Managers are taking action to achieve the 2015 national targets for the health visitor service but there are capacity issues within the school nursing service which are currently being considered by the commissioners.
48. Children attending the emergency department who require a mental health assessment currently have to be admitted as an in-patient. Recent organisational changes and the establishment of a dedicated children's emergency department provides an opportunity to review the effectiveness of this pathway. Where young people require in-patient

treatment for mental health issues, there is good access to specialist units. A range of mental well-being programmes currently operates in five schools in areas of high identified need and early findings are encouraging.

49. The Children and Young People's Disability Partnership ensures effective multi-disciplinary working for children with disabilities, leading to earlier diagnoses and provision of support leading to positive outcomes for children. The 'team around the child' approach is increasingly coordinating medical appointments and health staff are committed to ensuring this happens in all cases, particularly where a child may need multiple medical interventions. The Parents in Partnership group is well engaged in service provision and developments including the production of guidance, for example, on what to expect when moving from children's to adult service provision. Short breaks for disabled young people are now available for young people up to 18 years of age, as is CAMHS support. The council and its partners recognise that transition arrangements need improving and this is identified as a priority area for development. Young people aged 16–18 with lower or moderate levels of need, including those with autism, find it difficult to get help and work on this is being undertaken by commissioners.
50. Waiting times for speech and language therapy (SALT) services have improved although some children may wait up to three months and those involved with the youth offending service have difficulties in accessing a service.
51. Pre-birth planning is improving although health staff report occasional difficulties in achieving sufficiently early joint planning with children's social care staff. CAFs enable key information to be shared with relevant professionals although maternity staff did not feel that the CAF format was always helpful as a referral tool to facilitate pre-birth planning. There are clear pathways across services to follow up non-attendance at health appointments. The information system in maternity services is being rolled out across the health visiting service and this, together with the co-location of health visitors and midwives at children's centres, is further strengthening communication between these services. Notification and liaison processes between midwives, health visitors and GPs are effective.
52. Staff across the health community are aware of individual cultural and diversity issues of the population in the borough and, for example, use independent interpreters rather than family members when appropriate.

Ambition and prioritisation

Grade 2 (Good)

53. Ambition and prioritisation are good. There is a well articulated vision for children in Stockport exemplified in all relevant strategic partnerships and within the council. Ambitions to improve outcomes for children are set out clearly in the Children's Trust Strategic Plan and by the SSCB. The Plan

was informed by effective consultation with stakeholders including parents, carers, practitioners, children and young people, and underpinned by a detailed needs analysis. It sets out shared priorities and ambitions and there is a clear commitment to narrowing the gap and improving outcomes for the most vulnerable groups of children and young people. The SSCB plan reflects safeguarding priorities that have been identified for children and young people and this ensures that their welfare continues to be prioritised.

54. Elected members and chief officers champion the needs of vulnerable children, including looked after children, and there is strong political commitment to preserving good support for those most in need. There is strong cross-party support for children's services as evidenced by its proportionately protected budget compared with other council departments. The children and young people's Scrutiny Committee includes members with a range of relevant expertise in children's services and they provide robust challenge to ensure outcomes for children are being progressed.
55. Members and officers oversee service provision for children via several routes including representation on the Children's Trust, the SSCB, Scrutiny Committee and the Corporate Accountabilities group. The latter group which includes the Chief Executive, the Independent SSCB chair, the Lead Member, Director of Children's Services and Service Director for Safeguarding Services, enables all participants to review service progress and the effectiveness of safeguarding and looked after children's services in detail. There are effective reporting arrangements and weekly meetings between members and senior officers in children's social care services.
56. Commitment to prioritising safeguarding services is evidenced by the response to the increased and sustained demands on children's social care referral and assessment services, with additional funding to significantly increase front line staffing capacity and management oversight in children's social care.

Leadership and management

Grade 2 (Good)

57. Leadership and management are good. Children's services benefits from a stable management team and workforce, and the council's expressed intention to maintain the current senior management structure over the next few years is intended to assist with maintaining stability whilst continuing to refocus services in a context where further financial constraints and external pressures are anticipated. The creation of the Directorate of People's Services in May 2011 provides further opportunities under the joint leadership of adult and children's social care services.
58. Effective management and leadership has underpinned a number of service re-designs such as improvements to the contact, referral and assessment services, reorganisation of the social work teams, and

redesigning services for older children and young people to support their educational attendance and attainment. Changes are managed effectively, reasons for changes are clearly communicated to staff, service users and other stakeholders, and this results in minimising disruption and maximising support for change. Other service redesign projects are underway, at different stages of development, each being subject to ongoing risk assessments to inform the change management process.

59. There are active work programmes achieving improved value for money, reducing cost and improving the focus of services. For example, the effectiveness and efficiency of front line children's services is being maximised by a review of current support structures and how best these can be provided; this is particularly significant given the reconfiguration of many services. It is intended that this will result in these services having the right support arrangements in place, to reflect realigned responsibilities.
60. Weaknesses in services are understood and incorporated into the transformation programme for future review. For example, arrangements and services for disabled children, particularly at the stage of transition between children's and adults' services, have been identified as needing improvement; a detailed analysis of current services matched against children's needs informed by research is now in progress.
61. Workforce development is well integrated across the partnership including the private, voluntary and independent sectors. There are strong links between workforce development specialists and staff training services, ensuring that staff in children's services are suitably trained for their existing or amended roles. Integrated working across the partnership is being enhanced by the development of a common core of skills and competencies across the entire children's workforce. Social workers and managers speak positively about working in Stockport and say they feel valued and well supported. Some staff in children's social care continue to be anxious about the recent restructuring and morale is reported to be lower. However, managers are aware of these issues and are being responsive to concerns.
62. There is good access to relevant training across the partnership, for example in training staff in the CAF and TAC model of working, and provision of training to GP practices on the impact of adult mental health on children's well-being. Lessons learned from serious incidents inform the training programme and Stockport is proactive in learning lessons from elsewhere, for example, providing effective training for the early years' sector including private, voluntary and independent providers on learning from the inquiry into child sexual abuse in a Plymouth nursery.

Performance management and quality assurance

Grade 3 (Adequate)

63. Performance management and quality assurance are adequate. The Children's Trust and the SSCB have detailed performance management frameworks to assist with their strategic roles. Priority areas are underpinned by performance measures, each of which has ascribed lead responsible officers. The SSCB has improved its scrutiny of agencies' self-assessments of safeguarding compliance. The limitations of this approach are recognised and more effective methods of auditing partner agencies' safeguarding practice are being developed such as smaller scale in-depth targeted audits to improve the effectiveness of this approach. The Children's Trust receives quarterly performance reports regarding the progress of its priority groups of children and other priority areas; these are used to assess the effectiveness of action plans.
64. Quality assurance of practice within children's social care is supported by regular staff supervision and file auditing. This is now an expectation on managers although compliance remains variable, with much auditing undertaken by paid auditors. Feedback on individual cases is provided to practitioners and these clearly set out deficit areas for attention; however there is inconsistent reporting of the completion of remedial actions, and this does not provide assurance that management oversight is as robust as it should be. Analyses of aggregate audit findings are reported regularly and demonstrate improvement in some areas, but declining standards in others. The local authority recognises the limitations of its current audit tool and intends to refine this to reflect the increased focus on quality of practice. Some case file audits undertaken for this inspection lacked rigour, with some failing to identify missed opportunities for assessing and protecting children at the earliest opportunity and some audits failing to recognise unaddressed safeguarding concerns on cases being managed within the TAC process.
65. Agencies collaborate well to produce performance information and analysis which informs multi-agency service developments, for example, to provide detailed information on children and young people missing from care or home, with information being used to inform and monitor the effectiveness of interventions with this group. Similar collaborative performance information analysis regarding looked after children and other young people who offend contributes to improving outcomes for this group by monitoring the impact of interventions. The IRO service contributes to performance monitoring of reports presented by agencies at child protection conferences by providing feedback on the quality of their content. The IRO service manager provides regular reports on performance including timeliness of activities, which are scrutinised within children's social care and also by the relevant sub-group of the Children's Trust. A robust escalation policy is in place for the resolution of disputes.

Partnership working

Grade 2 (Good)

66. Partnership working is good at both strategic and operational levels and there is evidence of this supporting improving outcomes for children and young people.
67. The Children's Trust Board is valued by strategic partners and provides an active forum for the identification, planning and review of the progress being made by priority groups of children and young people. It is well attended and schools are now engaged via the education sub-group. There are good relationships between the Children's Trust and SSCB.
68. The SSCB includes appropriate agency representation and is appropriately focused on local safeguarding priorities such as neglect, the CAF/TAC model, as well as discharging its statutory functions. Examples of the effectiveness of SSCB relationships include the swift multi-agency response to organised child sexual exploitation, and action taken in relation to concerns raised regarding health visitors' caseloads of vulnerable children.
69. Good partnership working is reported by front line staff across agencies and evidenced in work seen by inspectors. Agencies refer children appropriately to social care, joint working is undertaken, and agencies contribute to conferences and core groups. Strong partnership working is in place between the police CAIU and children's social care services.
70. Partnerships concerned with managing high risk cases of violent offenders and perpetrators of serious domestic violence are effective and ensure that risks are robustly managed. Good information and inter-agency communication systems ensure that children and vulnerable adults remain the priority focus. Domestic violence responses are influenced by the findings from serious case reviews.
71. The voluntary sector is engaged at both strategic and operational level and organisations are supported by the provision of training in key areas such as safeguarding alongside other capacity-building opportunities such as staff being supported to achieve leadership qualifications.
72. Innovative ways of learning lessons across the partnership from serious incidents have been developed to learn from cases which have serious features but which do not meet the threshold for a serious case review. Learning is assured with action plans being monitored by the quality assurance sub-group of the SSCB.
73. There are effective partnerships between Stockport and neighbouring councils across the Great Manchester area and the wider North West region. This is complemented by the Greater Manchester police arrangements. These collaborative and co-operative arrangements lead to

benefits in terms of achieving economy of scale, commissioning services, achieving better value for money and sharing learning and policy developments.

74. Partnership working opportunities between adult and children's social care services have been improved with the creation of the Directorate of People's Services bringing these services together, and the independent chair of the SSCB also chairing the adult safeguarding board. This ensures that gaps and overlaps in safeguarding children and young people are more easily identified, and learning is shared between boards.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

75. The overall effectiveness of services for looked after children is adequate. An active and knowledgeable Corporate Parenting Partnership champions the interests of looked after children and care leavers. Careful attention is paid to the views of looked after children and care leavers and there is a well-supported and active Children in Care Council (CiCC) which meets regularly with members of the Corporate Parenting Partnership. Their views influence service delivery, for example in identifying the need to provide information to looked after young people moving into independent living arrangements. The Partnership demonstrates ambition for looked after children and young people and this group is also one of the priority groups of young people identified in the Children's Trust's strategic plan.
76. Outcomes for looked after children and care leavers are variable, with some good performance in education at some stages with adequate performance at other points, and too many young people experiencing fixed term exclusions from schools. The introduction of new PEP format in September 2011 has improved the number of eligible young people who have a PEP. Performance was 88.5% in 2010-2011 but the council report this to be 97.7% now. Although the council's most recent audit in November 2011 found that most but not all care leavers have pathway plans on their files, the council confirms that all eligible young people now have a plan. Looked after children are well supported to make a positive contribution and stay safe, and are successfully diverted from crime and supported to participate in productive activities. However despite a good range of opportunities for future training and entry into work, and the provision of good accommodation options, too many care leavers remain disengaged from education, training or employment. Health outcomes for looked after children are inadequate. Delays in notifications from children's social care to health services when a child becomes looked after has led to unnecessary delays in completing initial health assessments and the quality of assessments is poor. However the council and health partners advise that a new process has been put in place to address this in future. There are gaps in health strategic leads for looked after children, increasing additional responsibilities placed on other lead roles, and insufficient quality assurance processes.
77. There are some effective specialist health services available for looked after children, resulting from good joint work between health and children's social care services. Looked after children's individual needs, including their ethnicity and heritage needs, are sensitively considered and inform the support they receive.

78. There is a good understanding of the looked after population within the borough and the changing profile is regularly scrutinised. There is a robust focus on permanency planning for children and young people with increasing attention on services to support vulnerable children and families to reduce the need for local authority care. For those children who need to be looked after, there are effective cooperative arrangements with other North West local authorities to increase the range of placements available, including foster carers, adopters and residential care placements, and also achieve best value. Placement monitoring is rigorous, with prompt action taken if any concern about a placement is raised, ensuring children's safeguarding needs are prioritised.
79. Looked after children's reviews are timely and consider their full range of needs in detail. Children report good awareness and relationships with their Independent Reviewing Officer (IRO), and opportunities for them to meet in advance of reviews are increasing. Reports of reviews and future actions are distributed promptly to attendees. However, the desire to keep reviews small, in line with the expressed wish of children, means that health professionals are not routinely involved unless there is a specific health need identified. As review notes are also not sent to the looked after children health team, they are not kept informed of the progress or outstanding health needs of individual children. More work is also required to ensure that notes are produced in a child-friendly format, appropriate to the age and capacity of the child.

Capacity for improvement

Grade 2 (Good)

80. Capacity for improvement is good. Partnerships and children's social care senior managers have a strong focus on outcomes and understand where progress in respect of looked after children is on track and where more effort is needed. All agencies express commitment to continuously improving services for looked after children and care leavers. There are good examples of services having impact on improving outcomes, such as the provision of sexual health advice, mental health support, and youth justice support leading to improved outcomes in these areas. Leadership within children's social care is effective and provides the necessary stability for incremental and systematic development and good strategic arrangements have been put in place to support looked after children. These include extending the range of independent living options and increasing the number of apprenticeships available for care leavers. Budgets are effectively managed, the population of looked after children is closely monitored with effective diversionary support to prevent unnecessary admissions to care. This enables the local authority to carefully plan for the current and projected looked after population and avoid ill-thought through measures prompted by fiscal pressures that would impact negatively on children.

81. Senior managers recognise the need to improve support services for care leavers to ensure they remain engaged with services, and service re-design is planned to be implemented shortly. A good workforce development strategy is in place and staff who provide support for looked after children are sufficiently experienced and skilled. The overall workforce enjoys good stability. Staff across the partnership report they enjoy working in the borough and demonstrate commitment to the values of the partnership and sense of direction.
82. The council's commissioning strategy for looked after children and young people clearly identifies the challenges in providing sufficiency of placement options but benefits from a forensic analysis of the needs of the population including good forecasting. This is enabling the borough to implement a number of strategies to increase the range and quality of its own service provision. Health services have responded promptly to deficiencies in health provision for looked after children identified during this inspection and have advised of immediate action being taken to address these issues. This is supported by senior managers in children's social care who emphasise the partnership nature of the need to address deficits as well as celebrating achievements.
83. Performance management systems are in place in children's social care including staff supervision and case file audits, but the latter is insufficiently embedded as a relatively recent expectation on team managers, and the independent auditors are not always informed that remedial actions identified in individual cases have been completed.

Areas for improvement

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

Immediately:

- NHS Stockport should ensure compliance with statutory guidance for the health of looked after children and take action to assign the strategic role of designated doctor.

Within three months:

- NHS Greater Manchester and NHS Stockport should ensure that contracting arrangements with Stockport NHS Foundation Trust, incorporating Stockport Community Health Service, the provider of looked after children health services, include robust service delivery measures and monitoring arrangements

- NHS Stockport should review the capacity of the designated looked after children nurse role to deliver the improvement programme effectively
- ensure that quality assurance processes in children's social care in teams that provide services for looked after children and care leavers are robust, provide good challenge and scrutiny of practice, and that all remedial actions recommended by audits are fully implemented
- the council, NHS Stockport and Community Health Stockport should ensure all health assessments of looked after children are timely, conducted to a satisfactory standard and actions identified in health plans are robustly monitored
- the council and NHS Stockport should ensure good information exchange between health and social care professionals
- ensure that all personal education plans include clearly defined action plans which set out the intended outcomes and timescales, and are monitored regularly to ensure progress.
- ensure that the support arrangements for care leavers are informed by the views of those young people in order to identify how well the current arrangements are operating and where they need to improve

Within six months:

- improve looked after young people's attendance and attainment in school at Key Stage 4 and reduce the number of fixed term exclusions in secondary schools
- ensure that IRO review reports are provided to children and young people in a format suitable for the child's age and understanding
- increase the proportion of care leavers who enter and remain in education, employment or training.

How good are outcomes for looked after children and care leavers?

Being healthy

Grade 4 (Inadequate)

85. The arrangements to maintain and promote good health for looked after children and young people are inadequate. NHS Stockport is not compliant with statutory guidance to assure the health and well-being of looked after children which requires assignment of the strategic roles of designated doctor and designated nurse; there is currently no designated doctor role assigned. The operational designated functions are being undertaken by a lead paediatrician at Stockport NHS Foundation Trust and there is a clinically-focused senior nurse and a staff nurse for looked after children. The designated looked after children nurse role is held within the portfolio of responsibilities of the designated nurse for children's safeguarding who has recently also been assigned the designated role for adult safeguarding. This results in significant challenges on her capacity to deliver on all these responsibilities. There are no clear lines of accountability or quality assurance processes in place to ensure the effective delivery of services. No looked after children's health service strategic objectives or continuous improvement programme is in place to frame service delivery and development. There is no robust assurance process in place between the commissioner and the provider service at an individual child level and performance management of the service is significantly under-developed.
86. Information sharing between health and social care services in relation to looked after children is not adequate. The reasons for health professionals not routinely being invited to looked after children's reviews is understood as a good response to their request to keep the number of adults at their reviews to a minimum. However, alternative methods of sharing information between health and social care to give robust assurance that child's health needs are being fully met have not been systematically put in place, and the outcome of reviews are not routinely shared with the looked after children health team. Strengths and difficulties questionnaires (SDQs) are shared with the KITE service, a mental health service for looked after children, but not routinely shared with the looked after children health team, limiting the team's ability to track young people's emotional growth and development. Health records of looked after children are poorly organised making it difficult to track the child's journey through health and social care services, and the voice of the child does not come across strongly.
87. The performance on delivering annual health reviews for looked after children is good, having been re-established to over 90% following a backlog last year. However, performance on achieving initial health assessments within 28 days of a child becoming looked after has been

poor due to late notifications from children's social care to the looked after children health team. Last year's update to the Healthy Care Audit 2009 identified outstanding areas for development, including inefficiencies in notifications of young people entering and leaving care, and placement changes. This has now improved and there is currently no backlog for initial health assessments. Reports on timeliness of initial health assessment are now regularly monitored by the Integrated Looked After Children Partnership Board, a sub-group of the Children's Trust.

88. While there are some examples of good quality health assessments, the overall quality is inconsistent and in all cases reviewed the quality of health plans is poor. They do not include clear and measurable actions and targets; therefore it is difficult to see how progress can be monitored. Health reviews do not adequately consider previous assessments and plans. Where looked after children live out of the area, there is no system through which the designated and looked after children health leads can monitor and quality assure health service delivery as required.
89. NHS Stockport and the Greater Manchester PCT Cluster acknowledge the deficits identified by this inspection and the need to ensure key roles are assigned. A draft action plan to address these deficits, including information sharing, has been developed as a result.
90. The CiCC is having a positive influence on how the health needs of looked after children are being addressed, including being involved in developing a user-friendly health portfolio which is held by foster carers until the young person is able to look after it themselves, and in the development of a health information leaflet for care leavers. Flexibility about where young people can have their health reviews has improved, although feedback from young people indicates that not all of them are aware of this. Young people who have been involved in drawing up their own health plan report this to be a positive experience. The looked after children health team are increasingly successful in securing the engagement of young people who have been reluctant to participate in health reviews in the past.
91. MOSAIC, the substance misuse service, provides high quality support to young people, including those who are looked after, leading to beneficial individual outcomes. It is also effectively building capability across services via training and awareness-raising, improving prevention and reducing referrals for higher levels of need. Communication between MOSAIC and the looked after children health team is good. The referral pathway between the children's emergency department and MOSAIC is effective.
92. Performance on universal health outcomes for children who are looked after is good and better than the national average, with immunisation rates at 90% and dental checks at 95.2% at March 2009. There is good health promotion for looked after children including sex and relationship

education and support for staff and carers. The 'Making Choices' self esteem programme enables young people to use self evaluation tools to measure their progress and this is demonstrating good outcomes. Lower level mental health needs of looked after children are met by the KITE service which also provides valued support to foster carers. Whereas, children and young people who are placed out of the Stockport area but within the Pennine Care footprint, receive the full range of CAMHS services, access to mental health services for children placed at greater distance is less well secured, and is an identified area for development by public health staff

Staying safe

Grade 2 (Good)

93. The arrangements to safeguard looked after children and young people in care are good. Looked after children live in safe placements and safeguarding provision in settings regulated by the authority is judged to be outstanding in three and good in one. Great care is taken when commissioning external residential services and fostering placements and these services are only used if rated satisfactory or better. When a commissioned service is judged by Ofsted to be inadequate, robust procedures are in place to ensure that they are dealt with promptly.
94. Children and young people are safeguarded and supported through well matched placements. Risks are carefully assessed to promote and maximise the stability of placements. The council has succeeded in its drive to improve placement stability. The proportion of children and young people experiencing three or more moves has reduced from 11.2% to 9.5%. Placement for more than two years has also improved from 78.9% to 80.4% which is above the average for similar areas.
95. Children and young people and care leavers told inspectors that they felt safe in their placements. Of those children and young people who responded to the Care4Me survey, 98% feel safe and consider that they are living in the right place for them. Social workers and other professionals monitor children and young people placed with their parents to identify any change of circumstances that places them at risk and to take prompt action to safeguard and promote their welfare.
96. All looked after children and young people are allocated a qualified social worker who visits them regularly. In the main, children and young people have had their social workers for a sustained period of time. Children who had experienced a change of social worker told inspectors that this had not had an adverse effect on them. They also told inspectors that they see their social worker alone, have good relationships with them and are able to contact them whenever they wish to.
97. Good service commissioning ensures that care placements for looked after children and young people are of a good quality. There are effective measures to monitor contract compliance and to make sure plans for

children and young people's care are implemented as stipulated in service contracts and that outcomes for children and young people are good. Places are also monitored through feedback from social workers, the IRO, reports from other professionals and reports on children's progress from the commissioned service.

98. There are comprehensive protocols and good quality multi-agency arrangements to identify and support children and young people who run away or go missing from home, care placements and schools. Targeted activities are taking place between partner agencies to identify those most at risk of going or who are at risk of sexual exploitation.
99. Allegations against foster carers are managed through the LADO service. Children and young people told inspectors that, if they had problems, they would go to their carer or teachers. The children's rights service provides support for children who wish to make complaints. Access is also provided to advocates and independent visitors. Complaints examined by inspectors had been dealt with appropriately. Lessons learned from complaints have been used to improve services for children and young people and care leavers.

Enjoying and achieving

Grade 3 (Adequate)

100. The impact of services on enabling children and young people in care to enjoy and achieve is adequate. Of the children placed in care within and outside the authority, just over three quarters attend schools that are good or better. Almost a third go to schools that are outstanding. This is good. However, prior to the inspection, these figures had not been collated.
101. The authority works hard to ensure continuity in children's education, even when their home placements are disrupted. However, in some of the cases examined, the young people had attended several different schools in a comparatively short time. Information on the number of changes of schools is recorded on individual children's files but not collated centrally in order to identify trends and areas for improvement.
102. The number of looked after children in the authority is comparatively small and this has an undue influence on statistics. Over the last three years, the proportion of 11-year-olds gaining the expected level in English has increased and is now well above the averages for looked after children in similar areas and across the country. The same applies to mathematics results. The gap between the performance of looked after children and all children locally and nationally has narrowed significantly over the last three years.
103. Point score figures show that, in individual subjects, looked after children make the progress expected of them. From 2007/08 to 2009/10, the proportion of looked after children gaining GCSE grades A*–C in five

subjects, including English and mathematics, was consistently higher than the averages nationally and in similar areas. In 2011, it fell below both averages, mainly because of unexpected problems which prevented a small number of candidates from completing the examinations. For the last four years, there has been a widening gap between the GCSE performance of looked after children in this authority and that of all children locally and nationally.

104. The school attendance of looked after children is better at primary than at secondary level. At Key Stages 1 and 2 it fell slightly between 2009/10 and 2010/11 but remained high. At Key Stage 3 it remained virtually unchanged at 93.5%. However, at Key Stage 4, it fell from 89.2% to 84.8%. This is too low despite rigorous monitoring of the attendance of looked after children placed within the authority. Figures are also collected on the attendance of those placed outside the authority although they are not analysed systematically.
105. There have been no permanent exclusions of children in care from primary schools over the last four years. Last year no looked after child was permanently excluded from secondary school and, so far this year, the situation remains unchanged. Between 2007/08 and 2009/10, fixed term exclusions of looked after children were considerably higher than the averages nationally and for similar areas. Last year, they fell to 13.5% which is still too high. To help avoid exclusions, clear protocols have been established between schools and other relevant agencies. However, young people sometimes spend too long in the PRUs and are not re-integrated sufficiently quickly into mainstream schools. This was acknowledged by the local authority as an area currently receiving attention.
106. The virtual school has recently established an electronic system for the analysis of the educational progress of looked after children within and outside the authority. Examination of a random sample of cases indicated that schools do not always set sufficiently challenging targets for looked after children.
107. The recently revised format for PEPs provides a very clear means of tracking a child's attainment and progress, and of setting targets for further development. Of the PEPs seen, most were completed and reviewed on time. However, the action plans did not give precise details in terms of intended outcomes and timescales. The child's contribution was not consistently evidenced.
108. The authority and its partners provide a wide range of leisure activities for looked after children and young people including free passes to sports centres. Although children in care are able to participate in universal provision, such as library and arts events, the degree of their participation is not collated to ensure equality of access although individual children's participation is discussed at their reviews. The Personal Educational

Allowance and the Pupil Premium are utilised to enable looked after children to take part in a wide range of specialist leisure and cultural activities. This year, the money to support additional activities has been delegated to carers. Proportionately more of the funding is being spent on supporting literacy and numeracy than in previous years, and less on providing enrichment activities that support other aspects of children's personal and social development.

Making a positive contribution, including user engagement

Grade 2 (Good)

109. Opportunities for looked after children and young people to make a positive contribution are good. The authority has a strong commitment to involving young people in decisions that affect their lives. This is reflected in the Participation Strategy which was devised in close consultation with young people, as was the related Children's Trust's Strategic Plan. These establish clear principles for ensuring that young people contribute regularly to reviews of planning and provision.
110. The CiCC is well established and effective. Its members contribute to regular business meetings with senior managers and elected members. To help improve the quality of provision, they have conducted a survey of the views of looked after children about their experiences in care, been involved in the recruitment and selection of staff for a children's home, inspected children's homes, been involved in designing a card to be sent to all looked after children to remind them of the date of their next review and in the production of a leaflet for care leavers, advising of services available to them. Through their influence, all looked after children can now meet with an IRO before their review and receive copies of the minutes after each meeting. During recent consultations on the closing of a school, members of the CiCC met with elected members to explain the impact it would have on them, resulting in the provision of additional support being provided during the transition period. The authority intends to increase participation by younger looked after children and, to this effect, is currently developing a 'Mini Children in Care Council'.
111. Looked after children who spoke to inspectors were positive about the support they received from carers, social workers and other agencies. They reported that their reviews were held on time, they had access to an IRO and knew about their care plans and any changes. They said they felt safe at school and in their placements, and that people listened to them. This contrasted with the responses of the care leavers whom inspectors met. They had more negative views on their time in care, particularly in relation to the variability in the quality of foster carers and in the level of support provided by social workers.
112. The children's rights service effectively enables looked after children to express their views. The complaints and representation process is

understood by parents and carers who have used it successfully to secure better outcomes for looked after children. Over the last two years, the number of complaints about social care practice rose from one to seven, with a particular increase in complaints about poor communication. The complaints manager identifies themes and learning points arising from the representations and complaints, and brings these to senior managers' attention in order to improve practice. The service also provides advocacy support and, in the last year, seven children and young people were represented and helped to present their views at meetings.

113. The authority has succeeded in reducing the rates of offending by young people. The proportion of looked after children who receive final warnings, reprimands or convictions rose last year but has decreased since then, with a particular improvement in the last quarter. This is supported by effective joint working particularly between the YOS, police, and residential staff and managers. There is good work to divert young people in children's homes from the criminal justice system, with an appropriate focus on reparation and restorative work such as the 'Cycloan scheme' which gives young offenders the opportunity to repair lost, stolen and broken bikes which are subsequently donated to victims of cycle theft and other good causes.
114. The alternative curriculum experience ensures continuity in the education of young people whilst they are in custody and there is good planning and support for young people leaving custody. Relevant agencies work together to identify risks and draw up pathway plans to ensure that they are provided with good support in relation to their health, accommodation, employment, and other needs.

Economic well-being

Grade 3 (Adequate)

115. The impact of services in enabling children and young people in care to achieve economic well-being is adequate. Figures have fluctuated but last year only just over a half of care leavers were in education, employment or training. This is lower than the averages for similar areas and across the country.
116. The authority has made good use of its 'arms length' business arrangements to create 20 apprenticeships for care leavers with further expansion planned and 26 places will be available next year. All 20 apprenticeships have been filled at various points. Young people who need additional support, including care leavers, are supported via pre-apprenticeship courses to prepare them for the world of work. The Pure Innovations scheme supports young people who have become disengaged to develop literacy and numeracy skills, and additional support is provided to students or apprentices who experience changes in personal circumstances that might detract from their performance.

117. The virtual school no longer has a dedicated post-16 tutor. However the Children in Care Coordinators in each of the three local colleges play an important part in liaising with other agencies to help young people make the transition to further education and complete their courses successfully. A post-16 PEP has been developed to support transition and currently about a half of care leavers have taken advantage of this.
118. In 2011, out of a cohort of 38, six care leavers went to university. In addition to the statutory provision, these young people receive bursaries and financial help with travel, books and clothing, as well as an additional vacation allowance to enable them to return to their families or former foster carers.
119. The two groups of care leavers who spoke to inspectors appreciated that their lives might have been considerably worse had they not been taken into the care of the authority. However, they identified areas where they would have valued more support including more frequent contact from their social workers, more advance information about transition arrangements, and prompter payments of bursaries and housing set up allowances.
120. The authority's own audits indicate that there has been a shortfall in the completion of pathway plans although all eligible young people now have one. All those who need a financial plan are provided with one. The young people who spoke to inspectors knew about and had contributed to their pathway plans. The plans seen covered the appropriate areas in a reasonable degree of detail.
121. Of the small number of care leavers who responded to a recent survey by the authority, most were happy with where they lived. The young people who spoke to inspectors were generally content with their accommodation. There is a clear system for allocating housing to care leavers, with appropriate priority being given to their needs, age and education. Health screening, pre-tenancy training, protocols to manage potential tenancy failures and day-to-day support are designed to ease young people's transition to independent living. However, the feedback to inspectors from young people indicates that these systems may not always operate as efficiently as might be expected. There is a strong emphasis on providing appropriate accommodation for young people leaving custody supported by close partnership work between the YOS, the probation service, Stockport Housing and social care services. After a thorough review of housing, the authority is currently focusing on extending the range of options for care leavers and giving them more opportunities to live in shared accommodation.

Quality of provision

Grade 2 (Good)

122. The quality of provision for looked after children and young people in Stockport is good. A range of flexible, good quality and targeted services

is available to families to prevent children and young people from having to come into care and ensure that they remain with their families where appropriate. These services include parenting support, family support workers and the community outreach team. Thresholds for access to services are understood and there are clear processes for determining whether a child should be taken into care. Decision making is overseen by senior managers.

123. Managers of social work services for looked after children are confident that the realignment of fieldwork teams will result in improved consistency in assessment and planning for children. Most staff seen also expressed the view that these changes will prove beneficial for children and their families, and will add value to their work.
124. The looked after children population is monitored by the council who respond effectively to changing needs. More children and young people are moving towards permanence and this is underpinned by action plans to increase the range and number of permanent placements available, particularly with regard to recruiting foster carers, adopters and considering special guardianship orders where appropriate. Most looked after children are placed with foster carers and the local authority recognises that more specialist foster carers and adopters are needed to meet the needs of children with complex needs, older children and children from ethnic minority backgrounds and has plans to achieve this. Older looked after young people can, if they wish and it meets their needs best, remain in their foster placements beyond the age of 18. The council's plan to increase the range of suitable accommodation for care leavers is progressing well.
125. The assessment of, and direct work with, looked after children and young people is good. All looked after children and young people have an allocated qualified social worker, and young people who spoke with inspectors said that they have a good relationship with their social worker. The views of children and young people are generally well recorded in assessments and their preferences, for example to return to their families, are taken into account. One young person seen during the inspection said, 'my plans have changed because I want to live with my foster carer long term.'
126. Care plans identify children's needs and set out the services they require to meet these needs. IROs monitor the progress that children make and the care plans seen were up to date although timescales for the completion of tasks are not always defined. Inspectors saw examples of effective direct work with children and young people, for instance in helping them to understand and make sense of their situation. Foster carers spoke positively about the good quality of support for children in their care and accessible specialist support is available to them.

127. Case planning, review and recording are good. Files seen were up to date with detailed recording with clear analysis of and the impact of the actions taken to support children. Management oversight was good with clear rationale for decisions made. A robust approach is taken to ensure that children do not remain in the care system unnecessarily. This is supported through robust tracking of children to avoid delays in finding suitable adopters. Staff value the good legal advice they receive when the local authority initiates care proceedings on children.
128. Looked after children and young people placed outside of Stockport receive good support and examples were seen of sensitivity to individual needs such as young people's cultural backgrounds, when sourcing appropriate placements. The use of interpreting and translation arrangements demonstrates sensitivity to the ethnic, linguistic and cultural needs of children and their families. Children with disabilities receive services that are tailored to meet their complex needs although the transition of young people with learning disabilities and/or difficulties to adulthood and adult services is under-developed; the council is aware of this and has plans to improve arrangements.
129. The timeliness of statutory reviews is excellent. IROs use a range of methods to enable children and young people to be involved in their reviews and the number of children and young people who participate continues to increase. The council has responded well to feedback from young people about the review process and they are now being sent copies of the outcomes. Young people spoken to confirmed that they are receiving documentation but report that they are not sufficiently child-friendly. Reviews take good account of children's individual needs and, for example, use interpreting services where necessary.

Ambition and prioritisation

Grade 2 (Good)

130. Ambition and prioritisation are good. The Corporate Parenting Partnership effectively enables elected members to discharge their statutory responsibilities and they are well informed about matters of importance to looked after children. They proactively ensure that these issues are prioritised and that ambitions for looked after children remain high.
131. The Children's Trust, as exemplified in its Strategic Plan 2011-2014, clearly prioritises the most vulnerable groups of children and young people, including looked after children and care leavers. The Strategic Plan is underpinned by a range of delivery plans which are regularly monitored by the Trust's specialist sub-groups, ensuring that development issues are being progressed. The progress of looked after children and care leavers is also regularly discussed by the Corporate Accountabilities group, evidencing the priority given to this group at the most senior officer level, supported by elected members.

132. Outcomes for looked after children and care leavers are robustly monitored and reported to the senior management team within children's social care as well as to the relevant sub-group of the Children's Trust, and to the main Trust Board on occasion. There is good multi-agency scrutiny of outcomes and both good and poor performance, such as the high numbers of care leavers who are not in education, employment or training (NEET), and those subject to fixed term exclusions, and ambitious targets are set for improvements in poorly performing areas. Looked after young people at risk of, or already involved in, anti-social behaviour and criminal activity are also prioritised and effective joint working between the YOS, foster carers and residential staff ensures their needs are met well.
133. Senior managers demonstrate a strong commitment to listening to children and young people's views of the services they receive and they participate in a variety of forums which enable communication. Children and young people seen by inspectors during the inspection were clear about their impact and routes of influence.

Leadership and management

Grade 2 (Good)

134. The quality of the leadership and management of looked after children and care leavers is good and reflects a strong commitment to securing high quality services for looked after children and care leavers. There is a good understanding of the profile of the looked after children population and knowledge of trends is used to inform service planning and delivery. Good action has been taken to improve a number of services and the council and partners have identified further areas where improvements are needed, for example proposed changes to the leaving care service.
135. The corporate parenting partnership ensures members are aware of current issues of significance for looked after children, for example on children going missing from care, and assures itself that support services are addressing the needs of these young people.
136. A good range of services is available to support children at risk of entering care. Good quality multi-agency working in children's centres is successfully supporting children and families at times of significant crisis and this is helping to avoid some children entering the care system, for example, the Brinnington Achievement Partnership's close collaboration between agencies has resulted in significant improvements in outcomes for children.
137. Resources are used and adapted appropriately to ensure good value for money. For example, increased provision of in-house short breaks for children with disabilities has improved access to resources and improved the standard of services. High cost services are closely monitored by the multi-agency complex needs panel. The local authority has a range of measures in place to increase the sufficiency and range of placements for

looked after children and care leavers including collaboration with local housing providers and increasing numbers of adopters and foster carers in partnership with neighbouring authorities. Good value for money has been achieved by collaboration with other North West authorities to secure substantial reductions in the cost of residential and other types of placements.

138. There is effective partnership working by the co-located children's disability partnership which also supports disabled looked after children. Multi-disciplinary services for autistic children up to 16 years of age have reduced the numbers of out of area placements for these children.

Performance management and quality assurance

Grade 3 (Adequate)

139. Performance management and quality assurance are adequate. Education performance data is used to monitor the educational attendance and attainment of looked after children, however there remain persistently poor areas of practice such as high fixed term exclusion rates for looked after children, and poor outcomes for young people, such as high levels of care leavers who remain disengaged with education, training or employment opportunities.
140. There is good understanding of the profile of the looked after children population and knowledge of the trends is used to inform service planning and delivery coupled with heightened knowledge of the market. While the performance management framework in children's social care and at the Children's Trust level is detailed and provides a good analysis of outcomes for looked after children and young people, some outcomes remain stubbornly poor or slow to improve; this suggests there is insufficiently robust action being taken in some areas to achieve the target outcomes and that the benefits of the performance management and quality assurance framework is limited.
141. Performance management within social care services for looked after children follows the same model as that for safeguarding services, including regular staff supervision and file auditing. This is yet to be fully embedded with not all team managers undertaking file auditing as required by the council's quality assurance framework. Current audit findings of children's files indicates that direct practice with looked after children and young people is of variable quality, and the recording of work undertaken by social workers also remains variable. The IRO service is improving its ability to positively influence social care and other services by redesigning their monitoring forms to include feedback on the quality of reports provided for reviews. This is a welcome development, but it is too early for its impact to be evident.

Record of main findings:

Safeguarding services	
Overall effectiveness	Adequate
Capacity for improvement	Good
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Adequate
Quality of provision	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Partnership working	Good
Equality and diversity	Good
Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Good
How good are outcomes for looked after children and care leavers?	
Being healthy	Inadequate
Staying safe	Good
Enjoying and achieving	Adequate
Making a positive contribution, including user engagement	Good
Economic well-being	Adequate
Quality of provision	Good
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Equality and diversity	Good