

Inspection of safeguarding and looked after children services

Manchester City Council

Inspection dates 8 to 19 November 2010

Reporting inspector Gary Lamb HMI

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), an 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 46 children and young people and 53 parents/carers receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Manchester 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 and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluation of a serious case review undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006;
 - a review of 26 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken;
 - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral arrangements undertaken in December 2009.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets

	minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. There are 115,910 children and young people aged 0-19 years living in Manchester according to the 2009 mid-year population estimate. This accounts for 24% of the city's total population of 483,830. Manchester has been growing at over 1% a year since 2001, twice the average rate of growth in England and Wales. The number of children aged five to 14 years has decreased during this period, but there has been an increase of over 20% in the number of children aged under five. The 2007 Index of Multiple Deprivation ranked Manchester as the fourth most deprived local authority area in England. In 2009, 77% of pupils lived in one of the 20% most deprived areas in England. In 2010, 37% of primary school pupils and 34% of secondary school pupils were eligible for free school meals, significantly more than nationally. In the 2001 census, 31% of children and young people aged 0 to 19 years were from minority ethnic groups compared with 26% for the total population. According to the January 2010 school census, 35% of primary school pupils and 30% of secondary school pupils spoke English as an additional language, well above other areas of the country. Over 170 languages are spoken across Manchester schools.
5. The Manchester's Children's Trust Board is chaired by a Deputy Chief Executive of the council and comprises representatives from the council, health services, the police, schools and the voluntary sector. A Children's Trust Executive (CTE), chaired by the Director of Children's Services, supports the work of the Children's Trust Board. The CTE oversees the transformation work taking place across children's services.
6. The Manchester Safeguarding Children Board (MSCB) has an independent chair and brings together the main organisations working with children and families in the city including the local authority, Greater Manchester Police, NHS partners, schools and the voluntary sector. It gives strategic oversight of safeguarding through quality assurance, partnership performance management and learning from serious case reviews.
7. At the end of October 2010, Manchester had 384 approved fostering households, 10 local authority children's homes, plus six provided in partnership with independent providers. Children's social care services are delivered through six districts and are integrated with the early years and youth services.
8. The corporate parenting and placements service comprises a children's residential service, a fostering and adoption service and a treatment foster

care programme. The latter provides specialist foster care and a treatment programme for three to five year-old looked after children. Support to care leavers is provided by Barnardo's.

9. Initial contacts and referrals are handled by the centralised First Response Team. There are duty, family support and permanence social work services in each district. From January 2011 Manchester is rolling out a Think Family support model to work intensively with families with children at the edge of care to keep more families together where it is safe to do so. The child health and disability service provides a social work service to disabled children and their families. The safeguarding and improvement unit manages the independent reviewing officers, the child in need coordinator service, the children's rights service and the local authority designated officer (LADO) for the city.
10. As in other areas, over the last year there has been a substantial rise in social care and safeguarding activity rates, but the increase is far higher in Manchester. The analysis from the Association of Directors of Children's Services safeguarding pressures project shows an increase in referrals of 54% compared to 17% nationally; the number of children subject to section 47 enquiries has increased by 33% compared to 21% nationally; the number of initial assessments completed has increased by 42% compared to 23% nationally, and the number of children subject to a child protection plan has increased by 17% compared to 33% nationally. The council consistently has approximately 4,000 children or young people receiving some form of support from social care at any one time. At the time of the inspection, 722 children in Manchester were the subject of a child protection plan. The number of care proceedings instigated increased by 63% between 2008 and 2010. This increased demand reflects the extent and complexity of need in the city and continues to place pressure on district social work teams, child protection case conference, looked after children reviewing services, and family placement and residential services.
11. Of the 1,456 children looked after, including 79 unaccompanied asylum seeking children, 881 are of school age (5–16 years). Of those under five years and living in the city, over 50% are attending an early years setting (Sure Start, local authority maintained nursery or independent nursery provision). There are 69% of looked after children living in foster care placements. The number of looked after children, while relatively stable, is high compared to national rates and statistical neighbours.
12. Manchester's 40th Sure Start children's centre is due to open in autumn 2010. There are 174 schools in the city: two nursery schools, 129 primary schools, 17 secondary schools, nine academies and 14 special schools, including the Manchester Hospital School and Home Teaching Service, and three pupil referral units.

13. NHS Manchester commissions all health services for Manchester, including general practitioners, pharmacists, orthoptists and dentists. There are three practice-based commissioning hubs based on the areas covered by the former Primary Care Trusts: North Manchester, Central Manchester and South Manchester. The main health care providers are Central Manchester Foundation Trust (CMFT), South Manchester University Hospitals Foundation Trust, Pennine Acute Trust and Manchester Mental Health and Social Care Trust. CMFT provides secondary paediatric services to its local population and is the tertiary (specialist) paediatric hospital.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 3 (adequate)

14. The overall effectiveness of safeguarding services is adequate. The council, MSCB, Children's Trust Board and other lead agencies give safeguarding the highest priority and provide effective leadership. All partner agencies are increasingly effective at meeting their statutory responsibilities and services across the broad safeguarding agenda are improving. The partnership has well developed systems in place to evaluate value for money. The council and its partners are increasingly effective at working together to find solutions to meet the diverse needs of the people who live in the communities of Manchester.
15. The council has taken swift action to tackle deficits identified in its front line child protection service. All cases are now allocated for assessment promptly. The First Response service is effectively screening contacts and services take swift decisive action to ensure that children who are at risk of significant harm are protected. However, practice to ensure referrers are informed about the outcomes of their referral is insufficiently developed. The Integrated Children's System (ICS) does not effectively support staff and is subject to an improvement plan. Action taken to tackle delays in recording assessments on the ICS has been effective. The quality of assessments has improved and most assessments seen are adequate, although practice is not yet consistent. Overall, performance on the management of child protection cases is good. There is a low rate of re-referral, a low rate of children with a child protection plan for more than two years and timescales for child protection reviews are consistently good. However, a low percentage of initial child protection conferences take place within the required time scale. The private fostering service was judged inadequate in 2009 and the council has taken action to improve these arrangements, but weaknesses in practice remain.
16. There has been recent rapid improvement in the use of the common assessment framework (CAF) which is well understood by statutory agencies and the voluntary and community sector. However, there are

concerns that the level of training provided by the Manchester Mental Health and Social Care Trust and the Central Manchester University Hospitals NHS Foundation Trust is insufficient. Although staff supervision procedures and practice are well established across most agencies, the arrangements for safeguarding supervision for named doctors across Manchester, and for staff at the Manchester Mental Health and Social Care Trust and the South Manchester University Hospitals NHS Foundation Trust are inadequate. There is a good multi-agency response to identify and respond to domestic violence, with better take-up of services by families. There are many examples of positive outcomes for children as a result of good collaborative early intervention. However, multi-agency guidance on safeguarding for children with disability has not yet been finalised and in-patient provision is insufficient at accident and emergency locations for young people who present with self harm, drug and mental health issues.

17. The effectiveness of services to ensure that children feel safe is good, with the majority of children surveyed and nearly all those seen by inspectors reporting that they feel safe and know how to access help if they need it. However, the effectiveness of services in taking reasonable steps to ensure that children and young people are safe is only adequate. The statutory requirements for staff recruitment are largely met but it is accepted by the council that more can be done to improve the medical screening process for some staff. Although school attendance is improving, partners recognise that more work is needed to raise attendance in secondary schools, where performance is still lower than the national average. The rate of teenage conceptions is high and has only recently started to reduce. There is insufficient school nursing provision to support children who are home educated. Although school councils are well developed across most schools and students are influencing decisions which affect their school day opportunities for children and young people to have a coordinated voice across the city are under developed. There is a strong drive by the partnership to engage children and families in their assessments, care plans and reviews but it is not always clear from the ICS records how the views of children have helped to shape their plans and the quality of recording is not consistent.

Capacity for improvement

Grade 2 (good)

18. Capacity for improvement in safeguarding services is good. There has been sustained improvement in key areas of child protection performance over the last three years. Overall performance has been consolidated, with further improvements achieved since the unannounced inspection of contact, referral and assessment arrangements in December 2009. This improved performance is based on the successful recruitment and good retention of front line social work staff. Currently there are no social work vacancies, a reduced turnover of staff, and less reliance on agency staff. Some social workers, however, experience high caseloads. The council's

workforce plan has increased capacity and sustainability through stronger working links with the voluntary and community sector. The council has a strong focus on decommissioning and commissioning of services to meet changing needs. Good value for money is achieved through effective joint commissioning of services to provide sharply focused programmes that meet local needs and inspectors found many examples of efficiency savings across the sector to avoid duplication.

19. The council and its partners give safeguarding the highest priority. There is very good cross party commitment to the safeguarding agenda and elected members champion the needs of children and families. The MSCB provides effective leadership on safeguarding with a very significant impact on service improvement through the learning from serious case reviews. However, the child death overview panel reporting arrangements are insufficiently developed. The MSCB has a strong focus on performance management which has led to a good level of improvement and good use is made of independent audits and inspection findings to drive improvement in quality. However, the arrangements for scrutinising the quality audits, which are completed by children social care on its front line child protection service, are insufficiently developed and the consistency of the quality of initial and core assessments remains a challenge. The MSCB and the Children's Trust Board provide effective challenge to agencies to improve the performance of services. Agencies have good access to high quality training that leads to a good level of awareness about safeguarding and child protection among partner agencies.
20. Priorities are effectively actioned by the multi-agency safeguarding practice improvement group and partners are appropriately held to account for their work. Highly competent senior officers across the partnership provide clear strategic direction, respond effectively to the changing demand for services, and prioritise the allocation of resources to support safeguarding. Multi-agency district-wide leadership teams provide good local leadership to promote joint working and better coordinated responses. Partnership working is very good and there has been recent rapid improvement in the use of the CAF by all agencies, underpinned by high volume and high quality training. Agencies have good access to social workers for information and advice through the First Response service and report that they receive good support from this service.
21. Early intervention and prevention services are having a good impact and are improving the life chances of children and families. Support provided by Sure Start family centres and for those children on the edge of care to prevent family breakdown is good. However, there is insufficient health visitor capacity to deliver the Healthy Child programme in full. Parents report a high level of satisfaction with the services they receive but they report delays in receiving written assessments and plans and the use of independent advocates to support families through the child protection process is insufficient. There are many examples of children and families

influencing the shape of services across the partnership and some good opportunities for children and young people to express their views about services. Service users seen by inspectors including parents/carers of some of the most vulnerable young people report that they are generally satisfied with services and that they are treated with sensitivity and respect.

Areas for improvement

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

Immediately:

- Ensure services to support private fostering arrangements are strengthened, to include tackling the practice weaknesses identified through management audits.
- Ensure that there are robust systems within children's social care services to inform referrers about the outcome of referrals.
- Ensure children and families have access to independent advocacy to support them through the child protection process and that they receive written assessments and plans in a timely way.
- Ensure that audits of children's social care front line child protection services are shared with the MSCB.
- Accelerate plans to improve the quality of initial and core assessments.
- Ensure initial child protection conferences are completed in line with statutory requirements.
- Accelerate plans to finalise and disseminate the multi-agency guidance on safeguarding for children with disabilities.
- Accelerate plans to reduce caseloads for social workers and increase capacity to meet the demand for front line child protection services.
- Ensure there are effective arrangements for safeguarding supervision in the Manchester Mental Health and Social Care Trust, South Manchester University Hospitals NHS Foundation Trust and for named doctors across the city.
- Ensure the child death overview panel meets all its statutory duties and that all areas of its service operation are reported annually.

Within three months:

- Accelerate plans to tackle weaknesses in the ICS to reduce the length of time it takes for team managers to close down cases and to secure efficient and accurate management information on performance data.
- Ensure children's views, their ethnicity, whether they were seen or seen alone, and supervision case decisions are consistently recorded on the ICS.
- Ensure that school nurse provision is adequate to support young people who are out of school or home educated, and that health visitor capacity is sufficient to deliver the Healthy Child Programme.
- Ensure there is sufficient acute inpatient provision for young people who have attended A&E for self harm, substance misuse or mental health issues
- Accelerate plans to empower children and young people to have a voice across the city so they can make their views known on safeguarding issues and influence the shape of services.

Outcomes for children and young people

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

23. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe is adequate. The MSCB provides effective leadership on safeguarding and there is good awareness about safeguarding and child protection among partner agencies. Front line child protection services take swift decisive action to ensure that children who are at risk of significant harm are protected. There is a good multi-agency response to identify and respond to domestic violence, with increased reporting of cases and better take-up of services by families. The CAF is well understood across the partnership, including the voluntary sector. The number of agencies taking the lead professional role has increased significantly and there are many examples of positive outcomes for children as a result of collaborative early intervention. Improved liaison between health services and children's social care in planning for unborn children where safeguarding concerns have been identified has resulted in a substantial reduction in the number of pre-term babies born without a care plan in place. The children in need service is making a valuable contribution to support children on the edge of care to prevent family breakdown and parents report a high level of satisfaction with this service. Sure Start family centres, organised in clusters across the city, provide a good range of preventative services to meet the needs of local people. Parents who spoke with inspectors found the support and advice provided

valuable, for example in their contact with health visitors. Good arrangements are in place in the accident and emergency departments across the city to safeguard children and young people and clear processes ensure the referral of concerns to children's social care.

24. Schools are making a good contribution to the broad safeguarding agenda. Early education and resilience building in primary schools through the social and emotional aspects of learning programmes are good. Although school attendance is improving, the partnership recognises that more work is needed to raise attendance in secondary schools, where performance is still lower than the national average. Ofsted judgements in secondary schools for staying safe show an improving trend. The rate of teenage conceptions is high but is now starting to reduce. The school nursing service offers the extended role which includes delivering sex and relationship education and advice but this is not consistent across the city. Staff vacancies are having an impact on the team's ability to deliver public health teaching and on the capacity to work with young people who are out of school through exclusion or are home educated. The inspection of the private fostering service by Ofsted was judged inadequate in 2009. The council has taken action to improve these arrangements and this has led to increased identification of cases in the city. Robust audit of work undertaken has identified continued practice weaknesses which are known and understood.
25. Statutory requirements for staff recruitment within children's social care services are largely met, but it is accepted by the council that more can be done to improve the process for the medical screening of some staff.

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

26. The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe is good. The majority of children report that they feel safe and most know where and how to access help if they need it. Only 27% of children who completed the local authority survey said they had experienced bullying, which is lower than in similar councils, and significantly fewer pupils said they had been bullied at school. There is good work in schools to counter bullying for example, peer mentoring schemes. School council representatives told inspectors that they feel safe in their schools and local communities. There are some highly effective targeted programmes such as 8-till-late and the Reclaim Project, which divert children and young people into positive activities. The partnership response to gun and gang crime is effective with good examples from the police and schools on impact. Manchester has received national recognition for its innovative approach to this area of work.
27. There is a strong drive by the MSCB and schools to educate children and young people about the dangers that exist in their communities. The Keep

Safe project patrols streets and parks during the evening and vulnerable children are escorted home or to safe venues. Specialist work with children subject to sexual exploitation by the multi-agency Protect Team has helped children and young people to recognise the risks from their behaviour and learn strategies to keep themselves safe. Practice that ensures children and young people are involved in their assessments in children social care is well developed. Their views are increasingly recorded taking account of their age and stage of development, but it is not always clear how this influences decision making.

The quality of provision

Grade 3 (adequate)

28. The quality of provision overall in safeguarding services is adequate.
29. Service responsiveness, including complaints, is adequate. Thresholds for access to children's social care are generally understood by partner agencies and, as a result of work by the safeguarding practice improvement group, this is improving. The high rate of referrals which go on to an initial assessment demonstrates that referrals are being made appropriately and that children's needs are considered well. However, some partner agencies report inconsistent application of thresholds and that it was not always clear to agencies why some referrals have not been taken up. Good progress has been made to tackle the area for priority action and areas for development identified at the unannounced inspection. Guidance to improve the quality of contact information has been refreshed. The First Response service is effectively screening contacts and identifying when a referral should be passed to the district teams. Although referring agencies report that child protection concerns are taken-up by children's social care, referrers are not routinely informed of the outcome of their referral.
30. Child protection responses have improved. All cases are screened, prioritised and allocated to a qualified social worker. The timescale for the completion of initial assessments has improved and is now good. Timescales for the completion of core assessments has improved from a low base and is now adequate. However, the demand for child protection services has grown. This is reflected in the number of children subject to a child protection plan, which increased from 596 in September 2009 to 687 by the end of August 2010. The capacity of the social work workforce is insufficient to meet the rising demand for service and the deployment of social workers across the city does not currently match the variation in demand between districts. As a result some social workers experience high caseloads. Although there is clear multi-agency guidance on safeguarding to promote the health and welfare of disabled children and young people, this has not been effectively disseminated and the response of the disabled children and young people's team and the district teams is not consistent.

31. Although schools and children's social care staff report that there are good joint working arrangements, health visitor capacity is insufficient to deliver the healthy child programme in full. Good child and adolescent mental health service (CAMHS) provision at levels two, three and four promotes the emotional health and wellbeing of children and young people effectively. However, there is a poor level of in-patient provision for young people aged 16 and 17 who present at accident and emergency units with self harm, substance misuse and/or mental health issues. An effective out of hours duty team is staffed by experienced, qualified social workers and ensures good communication with district teams to enable continuity of service. The work carried out by the LADO is in line with statutory guidance. Good systems are in place for tracking children missing from home and education and are supported by the missing from education team and the work of the police who have developed an effective pan-Manchester missing from care protocol.
32. Assessment and direct work with children and families are adequate. Action taken to tackle delays for recording assessments on the ICS is effective. Performance has improved and a new streamlined process for conducting assessments has recently been introduced. Social workers report that these formats are easier to use. Child protection section 47 enquiries are conducted by qualified social workers. Strategy meetings are chaired by experienced staff and routinely involve appropriate agencies. Assessments are being checked by managers and the quality of assessments has improved. Most assessments examined by inspectors are at least adequate. Some assessments are particularly thorough and include a clear analysis of risk and protective factors. Overall the management of the child protection service is good. A comparatively low proportion of children enter the child protection system for a second time and the percentage of children who have had a plan for more than two years is low. Multi-agency district-wide leadership teams provide good local leadership to promote joint working and better coordinated responses. Good use is made of local offices so service users have easy access to social workers in their communities. The council has a strong commitment to listen to and resolve disputes through the complaints process. However, few children subject to safeguarding procedures are referred to the advocacy service.
33. Case planning, review and recording are inadequate. Social work staff benefit from regular supervision, which aids case planning. Delays in recording work and in closing cases on the ICS lead to difficulties in the management of social work caseloads. Case records do not always clearly state whether children were seen and management oversight and supervision decisions are not consistently recorded on case files. Children and families are increasingly involved in their assessments but there is insufficient evidence to show how their views, wishes and feelings have been taken into account in their plans and in decision making. Also there are no records of when children and families receive minutes of meetings,

written assessments and copies of child protection plans. The involvement of parents in the CAF and Team Around the Child meetings is good. Most parents who met with inspectors reported satisfaction with the children in need planning process and reported good engagement with the chair person and some of the partner agencies. They felt listened to, supported and empowered by the process and that their children had also been encouraged to attend and participate. Independent reviewing officers who manage child protection conferences provide a good level of challenge to ensure that children are not removed from a child protection plan unless it is safe to do so. All child protection reviews are completed on time. However, a low percentage of initial child protection conferences take place within the required timescale. In most cases, core groups meet regularly and are well attended by agencies, and plans are progressed effectively, but there are some examples where attendance is poor and insufficient progress is made by some children on their child protection plan.

Leadership and management

Grade 2 (good)

34. The leadership and management of safeguarding services are good.
35. Ambition and prioritisation are good. The council and its partners give safeguarding the highest priority. There is very good cross party commitment to the safeguarding agenda, and elected members champion the needs of children and families. Safeguarding priorities are clearly identified in the Children and Young People's Plan and other strategic documents and priorities are effectively actioned by the multi-agency safeguarding practice improvement group. Highly competent senior officers across the partnership provide clear strategic direction, respond effectively to the changing demand for service and prioritise the allocation of resources to support safeguarding, including joint commissioning of services by health and children's social care. Good arrangements are in place to support effective challenge across the partnership by the MSCB and the Children's Trust Board to ensure services are sharply focused on meeting local needs. The council has taken swift action to tackle deficits identified in the unannounced inspection of its front line child protection service. All cases are allocated for assessment promptly and although progress to address the areas for development is good, the overall consistency in the quality of initial and core assessments remains a challenge. The MSCB has effectively supported the improvement of the front line child protection services through its business plan and has had a very significant impact on service improvement through the learning from serious case reviews.
36. Evaluation, including performance management, quality assurance and workforce development, is adequate. The MSCB is delivering its core business effectively across the broad safeguarding agenda and there is evidence of outstanding learning from serious case reviews across all

agencies, including the voluntary and community sector. The MSCB maintains a strong focus on performance management and makes good use of independent audits on the quality of assessments. However, routine case file audits completed by children's social care managers are not reported to the MSCB. The MSCB has developed a comprehensive training programme which is closely aligned to its business plan and staff across all agencies, including the voluntary and community sector, report that they have good access to high quality training. However, the level of training provided by Manchester Mental Health & Social Care and the Central Manchester University Hospitals NHS Foundation Trust is insufficient. This is acknowledged by both organisations and robust plans are in place to address this.

37. There has been significant investment in the social work service through the 'Great Social Workers are Made in Manchester' initiative. The council currently does not have any social work vacancies; the turn over of staff has been reduced and there is less reliance on agency staff. The recruitment and retention strategy is very good. There is a new career pathway and grading structure with continual development portfolios from newly qualified social workers to advanced practitioner level. The council's workforce planning shows a strong drive to increase capacity and sustainability through stronger working links with the voluntary and community sector. The council has effectively prioritised the arrangements for the recruitment and retention of social work staff to ensure all existing posts are filled. However, the current social worker capacity is insufficient to meet the increasing demand for service, with some social workers experiencing high caseloads and workload management systems do not ensure that social workers have equitable caseloads. In some districts, the increasing demand for service has eroded the level of protection which some newly qualified social workers receive, and some advanced professionals have high caseloads, which is having an impact on their ability to support social worker staff. Social work staff report positively that senior managers are accessible and their leadership is valued and respected. Named doctors and nurses within the Central Manchester University Hospitals NHS Foundation Trust, community services provided by NHS Manchester and the South Manchester University Hospitals NHS Foundation Trust are well supported and fulfil their responsibilities under "Working Together. However, the link nurse role is ineffective and, as a result, the arrangements within the Manchester Mental Health and Social Care Trust are insufficient. The supervision arrangements for staff involved in child protection and child in need cases within the health visiting and school nursing service are outstanding. However, there is a need to strengthen and formalise the safeguarding supervision in the Manchester Mental Health and Social Care Trust and the South Manchester University Hospitals NHS Foundation Trust. In addition, capacity in the designated doctor role is insufficient to provide one to one safeguarding supervision with the named doctors across Manchester.

38. Service engagement with users is adequate. Children and young people were actively involved in influencing the shape of the Children and Young People's Plan but the user engagement and participation strategy has not been updated since 2005 to reflect the current needs and wants of children and young people across the city. Although the children and young people overview and scrutiny committee event programme provides many opportunities for children and young people to influence the shape of individual areas of work, arrangements to empower children and young people to have a voice across the city are insufficiently coordinated and opportunities for them to make their views known on safeguarding issues are underdeveloped. In addition, the MSCB does not effectively promote the representation of children and young people. Schools perform very well in this respect. Over 90% of schools have an active school council which enables children and young people to have a voice on important issues such as anti-bullying. Young people report that headteachers listen to them and act on their views and they gave many examples of how they had helped to shape services in their schools. However, they said that school council representatives are not always chosen by other pupils and there is no opportunity for them to link with the various youth forums that exist in the districts. There are some good examples of children and young people influencing the strategic planning and delivery of health services such as the "You're Welcome" principles in the commissioning of sexual health and teenage pregnancy provision across the city. The CAMHS is providing opportunities for young people to express their views about services and children with disability have influenced the shape of services through the Aiming High programme. Service users seen by inspectors, including parents/carers of some of the most vulnerable young people, report that they are generally satisfied with services and that they are treated with sensitivity and respect. The council has a strong commitment to resolve issues for service users at an early stage through the effective complaints service.
39. Partnership working is outstanding. The Children's Trust Board has a very good level of agency representation, including the voluntary sector. The Children's Trust demonstrates strong drive and determination to deliver the best possible service for children and families in Manchester and there are effective links with the MSCB. The MSCB is well attended and the responsibilities of partner agencies are clearly identified. Agencies are engaging very well and are helping to influence and shape policy, procedure and practice. Strategies are effectively disseminated across the partnership by the highly effective safeguarding practice improvement group. Ofsted has judged most of the MSCB's serious case reviews as good or better and all agencies involved can demonstrate a very good level of impact as a result of learning from these reviews. There has been recent rapid improvement in the use of the CAF by all agencies, supported by high volume and high quality training. Agencies have good access to social workers for information and advice through the First Response service. A clear approach to commissioning of services ensures resources

are closely aligned to meet local need and partners have a strong commitment to deliver the Greater Manchester Strategy through three work streams: pregnancy to five years, worklessness, and neighbourhood management. Some innovative and highly responsive services tackle city-wide and local needs, such as truancy sweeps and increased support through schools which have led to improved school attendance, and specific projects which are effective at diverting young children away from involvement with gangs. Multi agency work by the police, children's social care and the voluntary and community sector services is highly effective in tackling child sexual exploitation, and targeted work has led to a reduction in anti-social behaviour. However, the child death overview panel is not yet working to its full capacity and the most recent child death overview panel annual report does not evaluate all the areas of the panel's statutory duties.

40. The promotion of equality and diversity is good. The Children and Young People's Plan sets out the local authority's commitment to reduce inequalities and there is a strong focus on narrowing the gap between all Manchester children and vulnerable groups by tackling poverty through economic regeneration. Equality impact assessments are embedded across the service and individual services are held to account effectively. The workforce analysis is thorough. Women are well represented at all levels of the grading structure and minority ethnic representation compares well organisationally with the total minority ethnic population in Manchester. However, the analysis identifies that minority ethnic representation reduces in the higher levels of the grading structure and that disabled staff are under-represented in the workforce; this is currently being considered by the council. A range of projects and initiatives support children and young people who are become vulnerable due to particularly challenging circumstances; this includes joint work with health and the police to tackle racism, domestic violence and the impact of drugs and alcohol abuse. Projects are in place to identify and support young people with disabilities to enter into employment. The Aiming High strategy is increasingly effective in providing a large number of accessible facilities for disabled children. The equality impact assessments for complex projects, such as Building Schools for the Future, are used effectively to shape improvements such as the redesign of services for children on the autistic spectrum. Ofsted inspection of schools show that the large majority promote community cohesion well and that they have been successful in reducing overall absence from school. The analysis of achievement of different groups of children and young people is thorough and demonstrates that most outcomes for vulnerable young people are improving, with positive impact on their life chances. An increasing number of young people in receipt of free school meals achieve good GCSEs and the achievement of children from minority ethnic groups is also improving, for example Black Caribbean and Somali young people. White European groups, many newly arrived from Eastern Europe, are also doing well. However, some groups of young people, in particular Gypsy Roma

Travellers and Arabic children, still achieve well below their peers. Children spoken to by inspectors were very positive about how they were treated by adults who support them, especially school staff and social workers. However, the ICS recording does not reflect the ethnicity of the child in a large proportion of cases seen.

41. Value for money is good and the council and its partners demonstrate a strong focus on financial management. For example, the activities of the MSCB are closely aligned to the statutory framework to ensure that work is targeted most appropriately. There are effective systems across the partnership to evaluate value for money and the council and its partners are increasingly effective at working together to find solutions to meet local need. The council has a strong focus on the decommissioning and commissioning of services to meet changing needs; joint commissioning of services is used well to reduce cost. There are examples of efficiency savings across the sector to avoid duplication and the Ardwick Pilot project, which provides targeted early intervention in a local area, demonstrates that the services that families need and want can be provided at considerable cost savings. This is a model of good practice. The council has effectively identified resources to meet the increased demand for front line child protection services. Although there is evidence of efficiency savings in many areas of service operation such as First Response to avoid waste work to tackle the high and increasing number of looked after children who are also subject to a child protection plan has not yet had an impact. The ICS continues to present challenges to children's social care services, but system fixes are making it increasingly effective.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (adequate)

42. The effectiveness of services for looked after children is adequate overall. Although the outcomes for staying safe and enjoying and achieving are good, outcomes for being healthy, making a positive contribution and achieving economic well being are only adequate. Although looked after children and young people enjoy good stability in high quality placements which has had a profound impact on their educational attainment, the provision is not based on a comprehensive needs assessment and the looked after children pledge of the Director of Children's service has not yet been finalised. The delivery of service to reduce teenage conceptions is not based on a needs assessment. The improvement in performance on health assessments and key health measures has only recently improved from a low base and information for care leavers on their health histories is not subject to an improvement plan. The 2010 educational attainment for looked after children was disappointing. This was attributed to the transient nature of the cohort. Attainment in 2008 and 2009 was good at Key Stage 2 and Key Stage 4 in English and mathematics, and the proportion of 16 year olds attaining five GCSEs grades A*-C rose by ten percentage points between 2008 and 2009. An increasing number of young people continue their education or training post-16. However, opportunities for young people to shape services are only recent and feedback to the whole of the looked after population is underdeveloped. The complaints process and where to get support to make a complaint has not been disseminated effectively to all looked after children. Although a good number of looked after children enter further and higher education, not all care leavers have a designated support worker and there are weaknesses in planning the transition to adult services for care leavers with a disability. Although the number of children entering the criminal justice system is reducing, the rate is too high.
43. The council demonstrates a good commitment to corporate parenting and raising the aspirations and ambitions of looked after children and young people is an important priority for partners. Performance monitoring and quality assurance work have been strengthened and the looked after improvement group is using some data to target service improvements effectively. Contracting and monitoring arrangements for commissioned services are good with a strong focus on good quality placements which represent good value for money. Although the council has an effective workforce strategy, there are some areas where capacity is having an impact on outcomes for children. Some social workers do not conduct statutory visits; independent reviewing officers do not always provide effective support for looked after children through the review process; and some care leavers do not have an after care support worker. Although the

looked after population is high, action to tackle this has been effective, the rate has stabilised, and there has been good joint investment in preventative services which are helping to prevent children becoming or remaining looked after unnecessarily.

Capacity for improvement

Grade 2 (good)

44. Capacity to improve is good. The quality of provision is good overall. Rigorous plans are in place to improve the impact of services and many are already having an impact. There is a strong link between care planning, choice of placements and quality of provision, which is leading to improved outcomes, such as in the stability of placements and educational attainment. The trend of improvement, such as improved attendance at school, reduction in exclusions, good outcomes in keeping children safe and better rates of immunisation in health, demonstrates good prospects for the future. Manchester is making a positive difference to the life chances of children who enter care and action is taken to ensure that children do not enter care unnecessarily. This means that services are increasing further their capacity to respond to future needs. Evaluation, including performance management, quality assurance and workforce development, is good but this is not based on a comprehensive health needs analysis. The political leadership and those responsible for the management of services consistently strive to improve the quality of services they commission and provide. The Children's Trust Board has a shared vision and agreed priorities for improvement based on ambitious targets and there is a good level of challenge across the partnership to effect change.

Areas for improvement

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

Immediately:

- Ensure all looked after children are provided with information on how to make a complaint, and that they know and understand who will help them to make their representations.
- Strengthen programmes to divert looked after children from entering the criminal justice system and for those in the system to re-engage in employment, education and training.
- Ensure there is sufficient capacity so that social workers are able to complete statutory visits within expected timescales, to enable independent reviewing officers to provide effective support to looked after children through the review and planning process, and that all care leavers have access to a designated after care worker.

Within three months:

- Conduct a thorough analysis of the health profile of the looked after population to prioritise and target resources, and improve communication between children's social care and the health service to ensure annual health assessments are completed in a timely way.
- Improve the quality of health assessments for all looked after children and ensure care leavers are informed about their health histories and that records are comprehensive.
- Improve data collection and intelligence gathering on looked after teenage conceptions in order to prioritise and target resources, and accelerate plans to introduce a care pathway of support for looked after children who become pregnant.
- Ensure records of planning meetings and reviews clearly record the views of looked after children, and if their views have not been actioned, the reasons for this, together with confirmation that this has been explained to the young person.
- Ensure practice supports looked after children's agreement about where their reviews take place, their knowledge and understanding of their care plan, and that the care plan is kept in a safe place where they have easy access to it.
- Ensure all care leavers including those looked after children with disabilities have a pathway plan which is drawn up and agreed at an early stage to provide reassurance and direction.
- Accelerate plans to publish the looked after children pledge of the Director of Children's Service and consolidate the good work of the Care2Change council by extending its representation and reach to all looked after children and its connections to other youth forums.

Outcomes for children and young people

46. Health outcomes for looked after children have only recently improved from a low base and are adequate. Services to promote health outcomes among children in care are adequate. The recently reviewed looked after children improvement group coordinates responses to improve service delivery. The looked after children health team has recently audited the quality of initial health assessments and is using findings well to improve quality and timeliness. The quality of health assessments is variable and this is being tackled by a combination of audits and training. The council and health partners have not yet conducted a thorough analysis of the health profile of the looked after population. However, the 'Be Healthy' sub group has appropriately prioritised areas for action around immunisation and dental health and the rate of take up of service has

improved. Many children and young people placed within Manchester have contact with a dentist, but arrangements are insufficiently developed for those placed out of the area. Children are encouraged to attend their annual health assessments but the poor level of communication between children's social care and the health service is having a detrimental impact on the timely completion of assessments. However, the arrangements for health assessments for children and young people placed out of the area are effective.

47. A good level of provision of specialist services is coordinated through the consultation and therapeutic looked after children team, which offers dedicated assessment and treatment for children and young people who may require CAMHS. This work is highly valued by social workers and carers and helps to maintain children and young people in their placements. Transition into adult mental health services is reported to be adequate by the looked after children health team. Social workers have started to use questionnaires to assess the young person's emotional health and well-being and a recently introduced pathway planning process is used to target services effectively. Good arrangements are in place to give young people advice to prevent teenage conceptions. The introduction of a care pathway of support is planned for looked after children who become pregnant, but this has not yet been agreed and management information to support this work is underdeveloped. The looked after children health team provides a good level of training for foster carers and briefings to social workers and team managers. Young people living in residential care have benefitted from good awareness raising of sexual exploitation issues, and the diverse needs of unaccompanied asylum seeking children are met very well by the looked after children nurses. However, care leavers do not currently have sufficient information about their health history.
48. Safeguarding arrangements for looked after children and young people are good. Children who become looked after are subject to the child protection system as part of an escalating process of support to maintain children safely in their own families where this is possible. All looked after children are allocated to an appropriately trained social worker. These arrangements provide a sound basis for referral and assessment of need and prevent children entering the system unnecessarily. However, some initial and core assessments lack rigour and some files examined by inspectors do not demonstrate that managers have signed off work. Asylum seeking young people receive good support and they are given looked after status to ensure that they are protected. Special Guardianship or Residence Orders are being used effectively with the result that more children are placed with people whom they know and where they feel secure. Ofsted inspections show that the very large majority of the local authority and commissioned children's homes where Manchester looked after children are placed keep children and young people safe. The missing from care policy is implemented well by the police who ensure

children are seen alone when they return to discuss why they went missing and prevent a reoccurrence.

49. Children and care leavers report that they feel safe in their placements and immediate environment, but support for some care leavers in the transition to independence is insufficient. Young offenders in secure units or other institutions receive good multi-agency support when returning to Manchester. Performance on the timely completion of looked after children reviews is very good. There is good early intervention to ensure any necessary changes to placements are planned effectively with children and young people. As a result, short term placement stability is consistently very good and long term placement stability has improved and is now satisfactory. Although most looked after children who responded to the local authority survey reported that their placement is right for them and that the standard of their care is good or very good, some looked after children who met with inspectors had experienced five or more changes to their social worker in the past two years. The local authority adoption service was judged adequate by Ofsted in February 2009 but some delays were reported in processing cases which social work staff attributed to the courts.
50. The impact of services enabling looked after children and young people to enjoy and achieve is good. School staff report that there is a clear and consistent message from the local authority of 'raising the bar' for looked after children. The commitment of keeping young people in the same school to maximise their chances of achieving well is having a positive impact. The gap in attainment between looked after children and all children who attend Manchester schools is narrowing. In some areas there have been notable successes. For example, in 2008 and 2009 the proportion of 11 year old looked after children attaining average levels in the Key Stage 2 tests in English and mathematics rose and results were well above those in similar areas and the national average. Similarly, at Key Stage 4 the proportion of 16 year olds attaining five GCSEs grade A*-C rose by ten percentage points between 2008 and 2009 and results, at 20%, were above similar areas and the national average for looked after children. In 2009 the proportion of looked after young people who sat and achieving at least one GCSE was well above the figure for similar areas. The local authority has conducted a thorough analysis of the 2010 unvalidated results because they are lower than in previous years. The 2010 GCSE cohort of 153 young people faced significant personal challenges. A high proportion of these young people had been in care for less than twelve months and over a third had severe emotional and special educational needs. Despite this these young people made at least satisfactory progress against their starting point. The council recognises that the gap in results between all Manchester pupils and children who are looked after must reduce further and has set ambitious targets for improvement. A wide range of direct work with children, including one-to-one tuition, excellent use of the library service and effective projects such

as Every Child A Reader and Letter Box to improve literacy skills and enjoyment, has resulted in better early engagement with looked after children.

51. The number of looked after children permanently excluded from secondary school is low with numbers decreasing from seven to five in 2010. Schools report that they are relentlessly challenged by the local authority and do not exclude a looked after child if at all possible. School attendance is improving. Significantly, the attendance of looked after children in primary schools is better than that of all other children in Manchester. The attendance of secondary-aged looked after young people is adequate and partners acknowledge that the good trend of improvement was not maintained in 2010. The council has introduced rigorous monitoring systems for attendance, especially for looked after children who are educated out of the area. Children who spoke to inspectors during the inspection said that 'attendance was most important' and that they were 'helped to work hard at school'. Social workers and designated teachers report that they have had access to very good training. Plans are in place to increase the level of support and training for foster carers and staff in residential homes so that they have more confidence in supporting young people and emphasising the importance of education. The quality of personal education plans is much improved. Most are completed within timescales and early on in the academic year, so that young people are clear about what to do to achieve their goals. Much is being done to ensure that a 'leisure offer' is available to all looked after children residing in Manchester. Looked after children and care leavers report that they have good access to leisure activities and those who spoke with inspectors said they enjoy their leisure time and particularly events which celebrate their achievements.
52. Opportunities for looked after children and young people to make a positive contribution are adequate. Young people who met inspectors reported that their needs are well understood. All said that they were receiving good support to develop their confidence and self esteem, aim high and reach their goals. Children and young people seen are confident that their wishes and feelings are considered by the adults who care for them and that this makes a difference to their individual care plans. However, from the cases sampled by inspectors, it is not always possible to see from the records how their views have influenced care planning. Although the children in care council, called Care2Change, has only been recently set up, some very important decisions have already been taken and are making a significant difference, such as improved contact arrangements with social workers. However, outcomes of decisions made by the children in care council are not reaching all looked after children and more needs to be done to improve the representation of all young people so that they can influence the shape of services. The links with youth forums that exist across the city to enable looked after children and

young people and care leavers to make a difference, are insufficiently developed.

53. Although there is a good complaints, children's rights and advocacy service, half the children surveyed and a number of those who met inspectors did not know how to make a complaint to the council. The independent visitor scheme is increasingly effective. Volunteers are well trained and supported but there is insufficient capacity and, despite a recent successful recruitment campaign, there is a high level of unmet need. Although care leavers have contributed to selecting prospective social work students at a local university, their role in recruiting staff for the partnership is under-developed. Joint work to prevent offending and re-offending is yet to have a sustained impact. The number of looked after children who are cautioned or convicted is reducing slowly. However, it is still above similar areas and programmes to promote education and training opportunities for this group of young people are having limited impact. Corporate parenting is strong. Members are well informed, champion the needs of looked after children and have effectively promoted change as a result of what the children have said. Elected members and senior managers undertake regular visits to young people in children's homes where their work has resulted in good or better provision for children, and effective scrutiny is driving improvement.
54. The impact of services to enable looked after children and young people and care leavers to achieve economic well-being is adequate. The support for care leavers, including unaccompanied asylum seekers, at school and in college is good. The local authority and its partners have been successful in ensuring that more young people remain engaged in education, employment or training and a wide range of courses is available to meet care leavers' aspirations. Recent local data for 2010 show that over 70% of care leavers are in employment, education or training. This is above the average for similar areas and nationally for looked after young people. There has been some success in take-up of further education and in September 2010 over 60 care leavers were successfully supported to start at university. Schools and colleges praise the work of the Connexions service. Connexions personal assistants and other support workers, such as staff from the Manchester Youth Service or Manchester Young Lives, provide very effective information, advice and guidance on academic, financial, behavioural and emotional needs.
55. All looked after young people who are not in education, employment or training have an allocated personal adviser. This is also the case for all looked after young women who are mothers. National and local employers provide more apprenticeship opportunities but some looked after young people are not yet prioritised for these opportunities. Although young people are involved in their pathway plans, this work is not always completed early enough. Some care leavers are worried about their future and there are instances when transition workers are allocated to young

people too late. This is also the case in planning transition for care leavers who have a disability. Manchester's policy of sustaining social work input until the age of 18 is good but this results in additional pressure on social workers to maintain the level of support required for these young people and some asylum seeking children report that they do not get enough support from their social worker. Projects and initiatives such as Aiming High, peer mentoring, achievement awards and work with Manchester University, successfully raise aspirations, particularly for young people who have emotional and learning needs or a disability. Access to suitable accommodation was below the national average in 2009. However, recent local data show that performance has improved significantly and access to suitable housing now matches the national average.

The quality of provision

Grade 2 (good)

56. The quality of provision overall in services for looked after children is good.
57. Service responsiveness is good. The council has a strong commitment to making sure children are safe. Although the number of looked after children is high, there is no evidence that children are entering the care system inappropriately. The placement panel monitors admissions to verify appropriateness, and decisions for expensive out of area placements are taken at senior management level. Basic performance management information on looked after children is robust and is used well to identify trends. Rates of new approvals for foster carers are steady but this has yet to impact on the use of placements with independent providers. Social workers have high caseloads and this can adversely impact on their ability to work directly with children. However, this is offset by the positive relationships many children form with their foster carers, who report that their contribution to assessment and care planning is sought and valued. Permanency planning for children is good and this is reflected in the good short and long term placement performance indicators. Looked after children are mainly placed in good or better service provision and stability is a strong feature for children who are fostered or adopted. The adoption psychology service is providing very good support to children and families. Although there is a good complaints system and the council demonstrates a strong commitment to learn and resolve issues at an early stage, the views of young people were variable. Children surveyed and some of those who spoke with inspectors said they are not aware of the complaints process, while others could give positive examples of how things had changed as a result of a complaint. Foster carers are well informed about children's rights and advocacy, and support for children through the use of independent visitors is increasingly effective.
58. Assessment and direct work with children and families is good and young people who spoke with inspectors reported that their needs are well understood and that their views are heard, taken seriously and their

concerns are addressed. Looked after children and young people experience good engagement with their carers and social workers and they felt fully included in drawing up their care plans. Care leavers welcome the recent changes to improve social work capacity which has resulted in them experiencing fewer changes of worker. All stated that they had up to date pathway plans and had contributed to these. The post adoption service is managed well. Good co-ordination of activities ensures that relationships between carers and children remain positive. The assessments of children who are in or on the edge of care are usually timely but the recording of the child's wishes and feelings and how they have influenced assessments is not always clear. Placements for looked after children are supported by good clear care plans that are reviewed regularly. However, the timeliness and quality of core assessments are inconsistent and it is not always clear if needs have been identified early, due to the lack of detail in some assessments; not all assessments demonstrate that managers have signed work off. Assessments for children who have been the subjects of care proceedings are comprehensive. Workers report that legal services provide good advice.

59. Case planning, reviews and recording are adequate. Although young people who met inspectors were clear about their plans, they do not all have copies of plans and half of those surveyed reported that they did not know what was in their care plan. All looked after children have a named qualified social worker until they are 18 years old, but social workers with high caseloads do not always complete statutory visits within expected timescales. Social workers report that they are well supported and have good understanding of the children for whom they are responsible. There is evidence that supervision is occurring, although this is not always recorded on the case records. There is little evidence that audits of case files are of sufficient depth or frequency to inform managers on areas of strength or deficits in practice. Most children surveyed report that their social worker always or nearly always speaks with them alone. Although performance on the timely completion of statutory reviews is very good, the quality of service experienced by looked after children is variable. Independent reviewing officers provide a good level of challenge to ensure that the needs of looked after children are met and careful consideration is given to whether children can return safely to birth families. Inappropriate placements are not occurring but there is a lack of capacity in the service to ensure all children are seen by an independent reviewing officer before and after their review. Most children surveyed report that they do not know or are not sure how to get in touch with their independent reviewing officer, and that the venues chosen for children's reviews are not always appropriate. Reviews often take place in schools and carers report that this is uncomfortable for the children as it compromises their privacy and confidentiality. The minutes of children's reviews are not all produced in a timely way, with the result that children, carers and other officers are unclear about who is responsible for progressing care plans.

Leadership and management

Grade 2 (good)

60. The leadership and management of services for looked after children are good.
61. Ambition and prioritisation are good and are clearly articulated politically and locally in the districts. The partnership's vision, its commitment to deliver high quality services and its high expectations for looked after children to succeed are set out in the 2010-2012 Children and Young People's Plan. There is a good level of challenge across the partnership provided by members of the scrutiny committee and the MSCB, who are passionate about their work. Key partners are engaged very well and are focused on improving outcomes for looked after children and care leavers, although the contribution made by health partners is only recent. An effective network and an agreed protocol across the ten Greater Manchester areas focuses on improving outcomes for the transient looked after children population. This is leading to increased cooperation to improve outcomes, although challenges still remain, such as in the reciprocal arrangements for conducting health assessments. Although the looked after children population is high, robust systems ensure that children do not enter or remain in the system unnecessarily and the population has stabilised in contrast to the national trend. There is highly competent and determined leadership by senior officers and elected members respond proactively to meet the needs of looked after children. Front line staff and managers are supportive of the council's challenge to safeguard looked after children and care leavers and to improve further their educational progress and participation. Middle managers and staff report that they are confident that senior staff are well informed and provide clear leadership.
62. Evaluation, including performance management, quality assurance and workforce development, is adequate. The council has ensured a good level of scrutiny of its performance through internal scrutiny and learning from Ofsted inspections and serious case reviews. Evaluation of front line practice is used well to secure improvement. The council has recognised that in some areas insufficient attention was paid to monitoring key practice activities such as meeting statutory visit targets. Although there are comprehensive strategic plans in health, there is no specific needs assessment of the looked after population to inform commissioning and to prioritise this group of children and young people. For example, there is insufficient knowledge of the proportion of teenage conceptions in the looked after population. The being healthy sub-group is beginning to address this issue. Health records of care leavers require improvement. Processes to ensure the safe recruitment of staff in local authority and commissioned services meet statutory requirements. An effective workforce strategy is in place to maintain a stable workforce which is not reliant on agency staff. Staff enjoy good access to high quality training to support their work. However, the workforce capacity does not ensure that

there are sufficient independent reviewing officers to meet all looked after children before their reviews, to enable all social workers to conduct statutory visits, and to ensure that after care support workers are matched to all care leavers.

63. User engagement is adequate and the council and partners are committed to listening to young people and ensuring that their views are heard. However, systems for involving children at a strategic level are at an early stage of development. The Care2Change council is a good example of positive involvement to ensure looked after children have opportunities to influence and shape services. However, Care2Change is at an early stage of development and despite much activity, the full impact is yet to benefit all children and there are weaknesses in communications with out of area children. Opportunities are missed, for example, in ensuring that the SHOUT magazines reach all children in the care of Manchester City Council. There are many specific examples where the involvement of young people is embedded in practice and results in improvements that have had significant positive impact on their daily lives, such as benchmarking standards for the social work service. Although the development of the looked after children pledge of the Director of Children's Service has been thorough, this has not yet been launched. Some children said they do not know what the pledge is and what it means for them. Ofsted inspections show that a very large majority of local authority and other children's homes where Manchester looked after children are placed are good or outstanding at engaging young people and ensuring that they make a positive contribution.
64. Partnership working is good and there is a strong culture of engagement with partners in corporate parenting and in the commissioning of services. The multi-agency looked after children improvement group is increasingly effective at driving work streams and delivering change. Partnerships for front line work in local clusters are strong, for example between schools, health, the police and the Connexions service in providing advice about further education and training. Partnership working with the youth offending service requires improvement, particularly in promoting education and training opportunities, to ensure that all looked after children and young people achieve their full potential. Accommodation for care leavers is adequate, links with housing are effective, and determined efforts have been made to improve housing options.
65. Good attention is paid to equality and diversity. The profile of the looked after children population and parents and carers is known and understood. The social care workforce broadly reflects a diverse population and an active approach is taken to the recruitment of carers to match the diverse identities of children and young people in care. Officers and carers recognise that a high level of expertise is required to meet specific needs of children with disabilities and more needs to be done to ensure that they contribute as fully as all looked after children in Manchester. There is very

good practice in using translators to support work with families. However, staff report the need to improve service responses to meet the mental health needs of asylum seekers when preparing for decisions on immigration status. Overall there is a high level of awareness that children placed out of the area should have the same access to quality services and should achieve better outcomes and work is in progress to achieve this.

66. Value for money is good and the council and its partners demonstrate a strong commitment to ensure that looked after children are safe and protected, balanced against the need for value for money. Only a small proportion of looked after children are placed more than 20 miles from where they live. Action taken to stabilise the looked after population has been successful and there is strong performance in ensuring placement stability, which is leading to improved outcomes. Costly out of city placements are reducing. However, although there is a strong focus on placing children in good quality out of city provision when local placements are not appropriate or available, outcomes for these children are not as good as those placed locally.

Record of main findings: Manchester

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

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