

Inspection of safeguarding and looked after children services Tameside

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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), 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 94 children and young people, parents and carers 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
 - the analysis and evaluation of 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 evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together to Safeguard Children'*, 2010
 - a review of 99 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 February 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Tameside and Glossop.

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. Tameside has a resident population of approximately 53,800 children and young people aged 0-19, representing 24.8% of the total population of the area. Boys (27,500) slightly outnumber girls (26,300). Approximately 9% of the population of children and young people are classified as belonging to an ethnic group other than White British. Bangladeshi (2.2%), Pakistani (2.0%) and Indian (1.4%) are the most commonly recorded minority ethnic groups. Some 60 different languages are spoken by children in schools in Tameside. After English, the most commonly spoken languages are Bengali, Urdu, Polish, Gujarati and Panjabi.
5. Tameside has 97 schools comprising 17 secondary schools, 76 primary schools (of which 64 have nurseries), one 5-14 years special school and one pupil referral service with three centres. There are five academies in Tameside (all secondary).
6. Tameside has had a strategic children and young people's partnership board in place since 2003, which formally became the Tameside Children's Trust Board in 2010. The Board is supported by a range of partners including those in the voluntary, community and faith sector. The Tameside Safeguarding Children Board was established in 2005 and has had an independent chair since 2008. The Boards are supported by structures for children and young people including the Tameside Youth Forum, Tameside Children in Care Council (known as the 'Definite Hopefuls') and the Tameside Children with Disabilities Consultation Group ('Our Kids Eyes').
7. Tameside set up locality teams (youth and family teams) in April 2011, to address the needs of children, young people and families in their home, school and community. These four teams draw together the early years and youth offer, as well as seconded staff from school, youth offending and health services. Provision is delivered through 17 children's centres, 13 youth and community settings and a number of outreach venues.
8. The needs of more complex families are met in a coordinated way through the family intervention project, Cornerstone which is commissioned through a registered social landlord. Tameside has four neighbourhood level area programmes in place piloting new ways of working using the local integrated services approach.
9. In October 2011 the social work service was restructured from four area based teams to specialist functions for referral and assessment, safeguarding and looked after children. Specialist Services and Safeguarding also include the youth offending team, children's resources and the integrated services for children with additional needs.

10. Commissioning and planning of children and young people's health services was undertaken by NHS Tameside and Glossop. From 1 April 2012 the shadow Tameside & Glossop Clinical Commissioning Group will assume responsibility. Universal services such as health visiting, school nursing, maternity and sexual health are delivered by Tameside and Glossop Community Healthcare Business Group, which is part of Stockport NHS Foundation Trust. The acute hospital providing accident and emergency services for children is Tameside and Glossop NHS Foundation Trust. Children and families access primary care services through one of 42 GP practices and walk in centres, including 'Go to Doc' based at Ashton Primary Care Centre. Child and adolescent mental health services (CAMHS) are provided by Pennine Care NHS Foundation Trust.
11. At the time of the inspection, 388 children and young people were looked after by the local authority. They comprised 111 children under five years of age, 227 children of school age (5-16 years old), and 50 young people aged 16-17. Tameside uses a virtual school approach to support the learning of looked after children. Some 247 looked after children were placed with Tameside foster carers, including kinship foster carers, in 150 households. Residential care is provided through four council-run residential accommodation units, currently caring for 17 children and young people, with a further seven children placed in external residential accommodation within Tameside. Another 17 children and young people are placed in residential accommodation outside Tameside. At the time of the inspection there were 227 children subject to child protection plans.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

12. The overall effectiveness of safeguarding services for children and young people in Tameside is adequate. Strategic priorities have been aligned across the partnership and the Children's Trust which ensures a strong focus on monitoring progress against priorities and tackling identified areas of weakness. For example, progress has been made across most areas for development identified in the two unannounced inspections previously undertaken. The quality and timeliness of initial and core assessments have improved and there have been significant increases in the take up of the common assessment framework (CAF). A performance management framework is in place and all team managers and assistant team managers have received specific training on supervision. However, the impact of this is not yet evident and operational management oversight is insufficiently rigorous in some cases. Further work is required to ensure that screening arrangements for domestic violence referrals are robust.

13. There are some good examples of how the local authority and partners have focused on identified priority areas and made a difference. Teenage pregnancy rates which have remained stubbornly high for a number of years are now showing a reduction. Childhood obesity rates have also fallen. The redesign of children's social care, including the establishment of the referral and assessment team, has led to improvements in service delivery and agencies report a more responsive service. Numbers of referrals to social care which have been on an upward trend for some time are now showing a decrease, as the development of early intervention and prevention services are beginning to have an impact. However, protocols are not in place to manage step down arrangements for those children and young people who no longer require statutory intervention but need lower level support services.
14. When children and young people require protection, good, timely action is taken to ensure their safeguarding needs are met. However, once they have been placed on a child protection plan, work to implement this plan is poor. In some cases there were serious gaps in records and cases where risk and analysis was insufficiently recorded and chronologies are not up to date. The quality and monitoring of child protection plans is weak, some core groups do not take place regularly and there are too many failed visits to children and young people without robust follow up to ensure that they continue to be effectively safeguarded.

Capacity for improvement

Grade 2 (Good)

15. The capacity to improve safeguarding services in Tameside is good. Partnerships in Tameside are strong and ambitious and there is a clear vision and commitment to improve safeguarding outcomes for children and young people. The local authority has protected specialist services and safeguarding from financial cuts and has achieved efficiency savings while maintaining a focus on core safeguarding services.
16. The children's services redesign and a re-focus on the delivery of multi-agency early intervention and prevention services to meet the needs of families who require support but not statutory intervention is beginning to have an impact. The lead member pro-actively champions the needs of children and young people and is visible and active across all areas of the partnership. The lead member is the Chair of the Children's Trust and has worked with the Chair of the Local Safeguarding Board to drive improvements in the uptake of CAF's. CAF champions have been appointed across partner agencies and the completion of CAF's has significantly improved.
17. Effective workforce planning has ensured sufficient numbers of qualified social workers are in place to meet statutory requirements and deliver service priorities. The local authority acknowledges that the level of

experience of a high proportion of social workers is relatively limited and senior practitioners have been appointed to provide additional support. A small number of newly qualified social workers have been appointed as assistant team managers and this contravenes the local authority's policy which states that managers should have a minimum of three years post-qualifying experience. As a result, staff have been undertaking a management role that is not commensurate with their experience. The Chief Executive, leader of the council and lead member have taken immediate action to address the weaknesses identified during the inspection in relation to supervision, management decision-making and recruitment. In addition, all child protection plans are to be reviewed.

18. Collaborative commissioning arrangements are in place between the local authority and partner agencies to ensure value for money is achieved, with a strong focus on improving safeguarding outcomes for children and young people. The head of the integrated service for children with additional needs (ISCAN) is a jointly funded post between health and social care. ISCAN provides a fully integrated service for children with disabilities and is highly valued by parents and carers. The voluntary, community and faith sector (VCFS) is being funded by the local authority to develop a consortium of local providers to support the continuing development of early intervention and prevention services.

Areas for improvement

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

Immediately:

- ensure that all statutory child protection visits are undertaken and that children and young people are seen and seen alone. Ensure that failed visits are followed up promptly
- improve the quality of child protection plans so that they contain clear, measurable outcomes and timescales for actions
- ensure there is sufficient management oversight of all cases, and in particular, improve the quality assurance of child protection plans and ensure that supervision is regular and recorded appropriately
- ensure that core groups are timely and that all appropriate agency representatives attend, including education.

Within three months:

- improve the planning and support for children and young people who are subject to a children in need plan
- ensure that robust arrangements are in place for screening domestic violence notifications
- implement formal step down arrangements for those children and young people who have been subject to a child protection plan so that they can receive the right level of support services
- improve the capacity of child protection coordinators so that they are able to deliver their quality assurance role effectively to ensure that child protection planning is robust.

Within six months:

- ensure that chronologies are up to date and fit for purpose so that there is a clear overview of progress and activity on all cases, particularly with regards to those children who are suffering neglect and have been on child protection plans for over three months.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

20. Safeguarding outcomes for children and young people are good. Consultation indicates that children feel safe and that almost all know where to access help and advice if they need it. Children and young people seen during the inspection reported positively about steps taken in schools to help them keep safe and feel safe. They are made aware of how to get help if they are being bullied and how to deal with cyber bullying. Regular visits from the fire service and the police provide them with insights into risks and dangers, risky behaviours and how to stay safe, including when they go to local swimming baths. Young people receive advice about how to prepare for and manage situations when they are alone, for example travelling on public transport, encountering large groups of people they don't know and safety in public spaces such as parks.
21. The management of allegations against people who work with children is good. The local authority designated officer (LADO) role is widely understood and referrals are received from a range of agencies, including the VCFS. Allegations are well managed and the outcomes of allegations are reported to registered bodies and restricted lists.
22. The local authority has a well established complaints and representations procedure and many complaints are resolved at an early stage through mediation. However, learning from complaints is not firmly embedded. Action for Children is commissioned to provide an advocacy service for children and young people who wish to complain and after using this service, children and young people are asked to comment on the support they receive and this leads to improvements.
23. Processes to ensure safe recruitment are secure. Staff records contain all relevant information pertaining to recruitment and selection. Arrangements are robust for the renewal of Criminal Record Bureau and General Social Care Council registrations.
24. There are good arrangements in place to identify children missing from home, care and education and to review the risks to them. All young people (including those placed outside the borough) who return from being missing, are seen for a 'safe and well check' by the police, and return interviews are conducted by the social worker for children who are looked after and they are referred to the children's rights service for independent support. Tameside has signed up to a comprehensive Greater Manchester policy to cover children who go missing in all circumstances.

25. The operational arrangements for identifying and supporting parents and children who suffer domestic abuse are effective. There is sufficient refuge provision, including provision for women with disabilities, from minority ethnic communities and single older women but the refuge does not accept mothers with boys over the age of 15. There is a local specialist domestic violence court and successful victimless prosecutions have been made. The plan to revise the Domestic Abuse Strategy 2005-2008 did not take place. Instead an overarching Violent Crime Strategy now includes a section on domestic abuse. However, the lack of a discrete domestic abuse strategy has hindered progress in some areas of the service.
26. There is good attendance by all agencies at multi-agency risk assessment conferences (MARAC) and referrals are received from a wide range of agencies. Actions agreed at MARAC are carried out effectively. Arrangements for managing offenders who have been convicted of violent or sexual offences are effectively overseen by the multi-agency public protection agency (MAPPA). Attendance at all levels is very good, representatives arrive well prepared and diligently carry out agreed actions. There are clear arrangements with the prison service who report to the MAPPA when prisoners are to be released, so that effective risk assessments can be undertaken to safeguard children.
27. Education provision for vulnerable children is good. All special schools and pupil referral centres are good or outstanding. Children with disabilities receive access to a good education. There is excellent, highly valued support for young carers.
28. The local authority has provided a significant number of small grants to the VCFS which has enabled them to offer a wide range of summer and autumn activities to children and young people in the school holidays. The grants were also targeted towards vulnerable groups of young people such as young carers, those with mental health difficulties, and looked after children and care leavers. Older young people were trained as volunteers to deliver the sessions and have gained many skills in the process.
29. Children and young people are seen during assessments and in on-going work, but their views are not consistently gathered and included in written assessments. The council recognises that the involvement of children in child protection conferences is an area that needs further development.
30. The safeguarding and protection of children with disabilities is outstanding. Members of the multi-agency team work closely together to identify, monitor and address any concerns that arise. If child protection enquiries are necessary they are undertaken jointly with the referral and assessment team to combine expertise in child protection, knowledge of the family and disability. There is a very strong and representative parent forum for those families with children and young people with disabilities

and/or learning difficulties. This active and powerful lobby group acts as an effective advocate for children and their carers.

Quality of provision

Grade 3 (Adequate)

31. The quality of provision for safeguarding services for children and young people is adequate. The development of early intervention and prevention services is beginning to have the desired impact in avoiding the need for statutory intervention. Children's centres and the youth and family teams are effectively leading the implementation of CAF and 'team around the child' (TAC) approaches which respond appropriately to child and family needs at an early stage to prevent potential family crises. Parents said that they had received excellent support from their local children's centres: they all received ongoing help with serious and complex issues, notably domestic abuse, substance misuse, cultural barriers and parenting skills. However, workers from the youth and family team and some social workers expressed concern about the interface between social care and youth and family teams and described some difficulties over a lack of clarity about thresholds between the services.
32. The Family Intervention Project run by Cornerstones, for 'hard to reach' families with complex needs, provides a highly valued and timely service. Feedback from parents demonstrates how much they value this service. Parents report how attending the 'strengthening families, strengthening communities' course has impacted positively upon family life, with 94% of parents who attended the course reporting a positive improvement in their parenting skills. The parenting course has also been delivered to Urdu and Bangla speaking parents.
33. Referrals to the children's social care service are responded to promptly and child protection work is prioritised appropriately. However, the extent of services for children in need of support is variable. While some good work is undertaken by both statutory and voluntary sector services, the very high level of referrals to social care reflects that this is not yet fully effective in preventing children needing statutory intervention. When children no longer require a child protection plan and moved onto a child in need plan, the delivery of some of these plans is poor. There are no formal step down protocols in place and the lack of availability in some support services means that some children in need cases have to be held by social care for longer than required and some cases become re-referrals.
34. Work is allocated promptly to qualified social workers. However, newly qualified social workers are afforded only a slight reduction in statutory work although they receive additional support. At the time of the inspection there was no unallocated work and work is transferred promptly from the referral and assessment team to the relevant longer term teams via the weekly allocation meeting.

35. Child protection enquiries are conducted by qualified social workers in conjunction with the police and partner agencies and decisions are made through strategy discussions and strategy meetings. The quality of the minutes of strategy meetings is satisfactory but, in some cases seen, strategy discussions were led by social workers instead of managers. The practice of providing written feedback to referrers is inconsistent.
36. Outcomes for children generally improve with the intervention of children's social care but in some cases progress is slow, and for some young people the ineffectiveness of previous intervention or sufficiently timely intervention has had a negative impact on their lives.
37. Out of hours arrangements provide an effective, responsive service to children and families. The service is well staffed and has access to contingency workers to call on in emergencies. Staff are co-located with day time services which ensures effective sharing of information. The electronic recording system is used effectively to complete referrals, initial assessments and child protection investigations. There is good access to senior managers and this ensures that timely decisions can be taken at the appropriate level of seniority. Good relationships with the police and health ensure a multi-agency response to concerns.
38. Overall, the quality of assessments is variable but all seen by inspectors were at least adequate and some were good. The timeliness of completing assessments is good. Some assessments were comprehensive and demonstrated use of historical information, the inclusion of the child's and the parents' views, a multi-agency perspective, consideration of diversity and ethnicity, and a clear evidence base and robust analysis to inform the plan. Weaknesses included a lack of consideration of men, insufficient inclusion of children's views; too much optimism, insufficient consideration of historical information and a lack of analysis. Multi-agency working is a strength; a wide variety of partners are consulted during assessments and most agencies respond promptly, although some delays in receiving contributions from adult services were reported. Parents reported that they are included in assessments but that social workers and other agencies do not always share their reports with them.
39. Case planning, case recording and case reviewing is inadequate. In some of the cases seen there were failed home visits which did not appear to have been reported to the line manager or followed up promptly. There were long gaps between visits to children and young people due to a variety of reasons and inspectors saw no evidence to suggest that managers had been aware of these failures. As this had not been addressed and children and young people were not seen, children's welfare and safety could not be fully assured.
40. Initial child protection conferences are held promptly and review conferences are consistently held in time. Conferences are chaired by

experienced staff but they have insufficient capacity to challenge robustly with regards to their quality assurance role. Parents said that conference reports are not shared with them before the child protection conference. This has a detrimental impact on the functioning of the conference and denies parents the opportunity to arrange an advocate or a legal representative.

41. Child protection plans are weak. They do not include the risks identified by the conference Chairs. The plans do not set out clearly what parents and carers need to do to ensure that their children can be removed from the plans, nor is it clear how social workers can know when family functioning is at a level which no longer requires safeguarding. Core groups do not develop the outline child protection plan which is produced by the child protection conference Chair into a fully developed plan with clear timescales and outcomes. The local authority has identified practice regarding core groups as an area for improvement. Core groups are not always held on time and inspectors saw some large gaps between meetings. The timeliness of recording of core groups is also variable. Core group members do not rigorously monitor child protection plans and the plans are not updated, so it is difficult for review conference members to ascertain what progress has been achieved since the last conference. Some parents told inspectors they felt as if their actions in delivering their part of the plan was closely scrutinised, unlike, in their view, that of the professionals.
42. Inspectors saw some serious gaps in records and cases where risk and analysis was insufficiently recorded. Practitioners report that the electronic recording system is very slow and affects their ability to record effectively. It is difficult to gather a holistic view of the child quickly. The quality of chronologies is poor; they contain a mixture of processes and events, some of which are insignificant. They are not maintained appropriately to provide current information and support reflective practice. Records of management decision making are variable. However, some improvements have been noted since the inception of the referral and assessment team where a rationale for manager's decisions and authorisations is recorded on case files and, in some cases, good directions to the worker for the work to be undertaken.

The contribution of health agencies to keeping children and young people safe **Grade 1 (Outstanding)**

43. The contribution of health agencies to keeping children and young people safe is outstanding. There is a strong safeguarding ethos throughout the commissioner, NHS Tameside and Glossop and the provider trusts. This is embedded in front line practice, providing coherence in respect of safeguarding provision across the health economy.

44. A well established children's commissioning framework is in place, with some joint funded commissioning for key areas, such as early attachment and early intervention. Strong and effective leadership from the designated and named professionals is evident. This is supported by well established safeguarding assurance groups across health.
45. There is strong membership from both the commissioning and provider health organisations on the Tameside Safeguarding Children Board with good representation and participation on its sub groups. It is clear that the dissemination of learning from serious case reviews and serious untoward incidents across health has resulted in improvements to safeguarding children and young people.
46. Training strategies are in place for safeguarding in both commissioning and provider organisations. Robust performance monitoring of attendance at safeguarding training is undertaken. Staff in NHS Tameside and Glossop, the Community Trust and Pennine Care NHS Foundation Trust (mental health provider) have good access to supervision through a variety of forums, both individual, peer and group supervisions. The supervision policy has recently been reviewed and agreed within Tameside and Glossop NHS Foundation Trust, to ensure a more formalised framework for supervision.
47. There is a well established safeguarding forum within the acute provider trust and safeguarding training is seen as priority. Safeguarding trainers are in post, along with safeguarding champions across directorates including accident and emergency (A & E), midwifery, radiology and neonatal services. This ensures comprehensive links with adult services. Named professionals ensure that safeguarding is embedded into daily practice.
48. Health visiting corporate caseloads are red, amber green (RAG) assessed according to areas of deprivation and vulnerability of families. Teams are locality based and linked to GP practices. Health visitors confirmed that caseloads are high and that capacity is frequently an issue. Health visitors generate CAFs and are lead professionals when appropriate. The implementation of CAFs is now monitored as part of key performance indicators. Referral thresholds are well understood and health visitors report strong multi-agency and partnership work. The Tameside agreement, which reflects the principles of the Lewisham agreement, has been implemented and has seen improved liaison with GPs and other key agencies to target early intervention and raise awareness of risks.
49. There is excellent comprehensive CAMHS provision. A range of specialist teams is commissioned which comprises core CAMHS, early intervention, looked after children and the 16-19 team. CAMHS outreach services are provided when a young person presents at A&E with substance misuse or self harm. Any 'did not attend' report for CAMHS after discharge is

followed up quickly, with liaison with social care services and, if applicable, the looked after children health team. Transition is managed well by the 16-19 team, with effective interagency work ongoing with the local authority, housing, Connexions and other voluntary groups, such as Branching Out, the substance misuse service, and the 42nd Street counselling service.

50. Emergency care for children and young people is delivered through a safe and dedicated children's accident and emergency department within Tameside General Hospital. An effective tracking system is in place that alerts staff to any child protection or safeguarding issue. Additional emergency care is provided by 'Go to Doc' within a primary care centre. There are appropriate safeguarding procedures throughout the centre.
51. Within the midwifery service the named midwife is also the lead for vulnerable women, substance misuse and domestic violence. A comprehensive parent and infant mental health care pathway has been implemented which is ensuring effective multi-professional involvement and early intervention to reduce risks. Safeguarding is an integral part of all antenatal care, right from the booking stage, with good recording of social assessments that include any mental health needs and domestic violence risks. Hand held notes contain contact details for health, social and voluntary agencies. Three children's centre midwives work in areas of highest deprivation in the borough. This has resulted in positive early intervention with women who could have been at risk of not engaging in timely manner with health services. Flexible contact with the midwives has greatly reduced risks within vulnerable groups of women.
52. Children and young people benefit from being able to gain advice and support from a fully integrated sexual health service. The team works closely with the Greater Manchester Sexual Health team to reduce the rate of second conceptions in young people. There is a robust referral pathway that provides links with the teenage pregnancy midwife starting in the antenatal period. The current rate of second conceptions has reduced to less than 1%. In cases where sexual abuse is suspected, all children and young people are referred to the sexual abuse referral centre (SARC) at St Mary's Hospital, Manchester. The unit is a short distance away and has all the required equipment and expertise to deal with these cases.

Ambition and prioritisation

Grade 2 (Good)

53. Ambition and prioritisation are good. The Local Authority and partners demonstrate good ambition and continue to prioritise the safeguarding needs of children and young people while they respond to new and changing demands to services. A review of Children's Trust arrangements has led to a change in the structure and enabled partners to re-focus on key priorities, including the development of early intervention and prevention services. The commissioning and delivery board of the

Children's Trust is ideally placed to further progress and build upon joint commissioning arrangements, including the meaningful involvement of the VCFS, whose members speak positively about the changes.

54. The redesign and restructure of children's social care services is a good example of taking effective action to ensure that services are responsive to needs. The Chief Executive and lead member of the council are a driving force for change with a clear vision and ambition to improve outcomes for children and families in Tameside. Governance arrangements between the Children's Trust and the Tameside Safeguarding Children Board (TSCB) are secure. Strong collaboration between the Chairs of the Children's Trust and the TSCB has resulted in an increased focus on the uptake of CAF across partner agencies.

Leadership and management

Grade 3 (Adequate)

55. Leadership and management are good. Strategic and political leadership of the Council gives a high priority to safeguarding and governance arrangements are secure. However, there has been insufficient management oversight regarding the weaknesses identified in the delivery of some core safeguarding services relating to the quality of child protection plans, core group oversight and a failure to robustly follow up failed statutory visits. This means that risks to children and young people are not always monitored sufficiently.
56. Workforce planning has ensured that there are sufficient numbers of qualified social workers in place to meet statutory requirements and deliver service priorities. However, a small number of newly qualified social workers have been appointed as assistant team managers and this contravenes the local authority's policy which states that managers should have a minimum of three years post qualifying experience. Immediate action has been taken to rectify this situation, although this has left a gap in the management structure. A single agency social care workforce plan comprehensively covers the training and development needs of social workers. However, a children and young peoples' multi-agency workforce strategy is not yet in place and a multi-agency strategic training needs analysis has not been undertaken to understand the training needs of the children and young people's workforce.
57. There is an effective youth forum which meets with elected members regularly and they are able to influence services and policies for young people. For example they have recently been involved in consultation about the delivery of youth provision in local areas. User engagement is excellent in CAMHS. The implementation of the young person's mental health team was completed after consultation with young people who were already receiving a service from CAMHS.

58. Collaborative commissioning arrangements are in place between the local authority and partner agencies to ensure value for money is achieved, with a good focus on improving safeguarding outcomes for children and young people.

Performance management and quality assurance

Grade 2 (Good)

59. Performance management and quality assurance arrangements are good. A coherent performance management framework is in place across the partnership and within children's services. There is also good oversight from the Corporate Performance Group, through to the Children's Trust, the Safeguarding Board and the Children's Panel which is led by the lead member for children's services. Quarterly performance data and reports on social care activity are presented to a number of boards. The commissioning and delivery board of the Children's Trust and the TSCB and members all receive these reports which are supported by a good précis of performance and provide a platform for members and partners to scrutinise and challenge data and performance. A clear focus on a number of performance indicators has led to improvements in the quality of initial and core assessments, a reduction in referrals and improved take up of the CAF. The Director of Children's Services meets regularly with his senior management team where they scrutinise performance indicators with managers holding responsibility for developing and implementing improvement action plans for those indicators that remain stubbornly high.
60. The local authority introduced a new audit tool in 2011 and audits undertaken have identified several areas of weak practice which have been reported to senior managers and appropriate action has been taken. The template for individual case file audits has been revised to encourage more reflective practice, and inspectors saw some evidence of this on supervision files, although this is not yet fully embedded in practice. The TSCB has undertaken multi-agency case practice audits and action plans are in place to improve practice. Senior managers from children's services undertake case mapping exercises where they identify themes, for example, the need for better engagement of children and young people in their child protection and child in need plans and that core assessments need to include more information on men living in households.
61. A monthly reporting system for front line and middle managers has effectively improved performance in some aspects of safeguarding. Front line managers have access to Infoview, a performance management system aligned to the integrated children's system (ICS). They can access case load activity and receive prompts when work is overdue. However, there is a lack of evidence of quality assurance and coherent management oversight on some cases seen and some supervision records are not sufficiently detailed, with a lack of identified actions and timescales for completion of work. Due to a lack of capacity, child protection

coordinators are unable to deliver their quality assurance role effectively to ensure that child protection planning is robust.

62. Robust supervision arrangements are in place for staff in NHS Tameside and Glossop, the Community Trust and Pennine Care NHS Foundation Trust (mental health provider). Attendance at safeguarding training is monitored closely to ensure that staff are able to continue to develop their safeguarding knowledge and skills.
63. The ICS user group provides support to social care staff on the use of the recording system. Each team has a designated support worker to assist in ensuring that staff have a full understanding of how to get the best from the system. They are on hand to sort out technical problems. Managers and workers meet with the support group monthly to discuss issues. It has been recognised that the child protection plans on the ICS are not user friendly and plans are in place to change the format.

Partnership working

Grade 2 (Good)

64. Partnership working to safeguard children and young people in Tameside is good. Children's Trust arrangements are well established with good involvement from the VCFS. The Lead Member for Children is the Chair of the Trust Board and effectively champions the needs of children and young people. Good links have been established between the shadow Health and Well-Being Board and the Children's Trust with members placed on both boards to ensure good communication and consistency.
65. The TSCB is effectively led by a highly respected independent Chair who challenges and holds to account the Children's Trust and its member agencies. Members are clear about their roles, are highly committed and have delivered some improvements to the safeguarding of children. The TSCB sub committees demonstrate effective partnership working. The board has made good use of Section 11 audits and delivers highly valued training to statutory agencies, the VCFS and local Madrassas. However, there is no representative of faith and minority ethnic communities on the TSCB and, as yet, there has been no consideration of the safeguarding needs of looked after children.
66. Good partnership arrangements are in place between the local authority and the VCFS. Effective communication ensures that partners in the VCFS feel well engaged and part of the continuing development of services for children and young people in Tameside. There is a strong commitment to the development and delivery of early intervention and prevention services and the VCFS feel that they are an integral part of this plan. Continuation of early intervention funding to some groups has enabled services to continue which has been valued. Good representation of the VCFS on strategic boards and task and finish groups means that information can be effectively cascaded from the Tameside Third Sector Coalition group to all members of the sector through regular bulletins.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

67. The overall effectiveness of services for looked after children and young people in Tameside is good. Statutory requirements are met and no services are deteriorating. Outcomes for looked after children are at least good in most areas. Children and young people who need to be in the care of the local authority are appropriately identified.
68. Strategic and political leadership of the local authority give high priority to looked after children and young people. Corporate parenting arrangements are effective and demonstrate a strong commitment and drive in meeting the needs of looked after children. Health outcomes are good and long term placement stability has improved and performance on this measure is now above that of statistical neighbours. A sustained focus on improving the numbers of looked after young people in education, employment and training has led to a significant improvement in the past year. Improvements have also taken place in the numbers of care leavers in suitable accommodation from 87% in 2011 to 100% in 2012.
69. The Lead Member for Children effectively champions the needs of looked after children and young people and care leavers. A clear Care Pledge has ensured that members and officers are focusing on the wishes of looked after children and the Lead Member is highly committed to this group. In response to concerns expressed through the Children in Care Council about preparing for independence, young people can now benefit from moving on to training flats where they can experience what it is like to live on their own, and they can now also access an independent living course.

Capacity for improvement

Grade 2 (Good)

70. Capacity to improve services for looked after children and young people is good. The redesign of children's social care including the implementation of a discrete looked after children team has contributed to a more responsive service that better meets their needs. There is a track record of improvement across a number of outcomes including the timeliness of adoption, a significant increase in the recruitment of foster carers, increases in special guardianship orders, and the numbers of young people involved in education, employment and training. The council has also increased the range of minority ethnic carers to support the needs of children and young people from minority groups within the community. There have been no adoption placement disruptions within the past year, demonstrating good matching arrangements. Long term placement stability has been improving over the past three years.

71. The adoption services inspected in December 2009 were judged to be good, including staying safe. The fostering service's overall quality rating was assessed as satisfactory, including staying safe at the last Ofsted inspection in December 2009. However, there were some good and outstanding elements of practice identified in the fostering inspection, including positive contribution and economic well being outcomes.
72. Commissioning arrangements are good and effective progress has been made in implementing outcome focused, cost effective contracting and procurement. Senior managers have a thorough knowledge of the profile of the looked after children population. Service users are mostly satisfied with the services they receive and complaints by looked after children are subject to effective and routine scrutiny.
73. The looked after children service is fully staffed and social work caseloads are manageable. However, management oversight of case work was limited in some cases and there was a lack of evidence of reflective practice within supervision records. While much work has been done to recruit and retain sufficient numbers of permanent social workers, managers acknowledge that the workforce remains unrepresentative of the community in terms of gender and ethnicity. The capacity of the independent reviewing team is limited and this means that they are unable to spend enough time with children and young people prior to conferences and there are delays in writing and circulating minutes of meetings.

Areas for improvement

74. In order to improve the quality of provision and services for looked after children and young people in Tameside, the local authority and its partners should take the following action.

Immediately:

- ensure that decisions taken in supervision are reflected on the case record and managers' sign-off of decisions made is evident
- ensure that recommendations made in looked after children statutory reviews are specific, measurable and outcome focused and follow up is evident.

Within three months:

- evaluate the effectiveness of the implementation of learning from complaints
- improve the capacity of the independent reviewing officers so that they can undertake all aspects of their roles and responsibilities

- undertake a review of the health files of looked after children so that they clearly identify their current health status and any risk factors associated with children and young people
- ensure there is sufficient capacity within the looked after children's health team so that staff can fully undertake their role and responsibilities
- ensure that all social care staff have up to date annual appraisals and supervision is regular and underpinned by reflective practice.

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

Being healthy

Grade 2 (Good)

75. Health outcomes for looked after children and young people are good. Initial health assessments are comprehensive, have been undertaken within statutory timescales and are completed by a paediatrician. Review health assessments are robust and completed as required and health action plans are always implemented. There is evidence that actions from previous plans have been completed and when children and young people do not attend appointments these are followed up effectively. However, health case files are not appropriately maintained and electronic records are not in use. This makes it very hard to ascertain the current health status and any risk factors associated with children and young people. Of the 12 case files reviewed only four had a completed chronology of events. Significant improvements have been achieved in immunisation rates from a low base and these are now at 98%. All looked after children and care leavers are registered with GPs and dentists and they have fast track access to CAMHS, with designated looked after children CAMHS workers.
76. Following a service redesign the looked after children health team is now part of the young people's health team, along with the leaving care team and the youth offending team. The young people's health team managed by the community provider trust provides weekly health drop in services, immunisation sessions and personal health advice and support, including sexual health advice. Health assessments are always completed when a young person leaves care to ensure that their assessments and health needs are up to date.
77. There is excellent tracking of looked after children placed out of the borough. A comprehensive data base is maintained and the team has been particularly tenacious in tracking those young people placed out of borough which ensures that their location and health status is current. A funding agreement with other Greater Manchester authorities ensures that when young people are placed out of the borough in Greater Manchester they receive appropriate and timely health services.
78. The looked after children lead nurse is co-located one day per week within the local authority referral and assessment team. This has improved communication and partnership working. The looked after children lead nurse has been influential in developing good partnership working with social care and this is recognised and valued by social care staff.

79. The looked after children health team works well with foster carers. Support and advice is available with regards to all the health needs of looked after children. Work is ongoing with residential care homes in Tameside to promote healthier life styles. Contact has been made with managers and children and young people have been invited to participate in work to ascertain future needs and continued links with the looked after children health team.
80. The lead nurse is currently covering the looked after children nurses caseload and while this provides continuity there is an issue with sustainability and the impact on the capacity within the team.

Staying safe

Grade 2 (Good)

81. The arrangements for ensuring that looked after children and young people are safe are good. The local authority has clear processes in place to determine whether a child needs to be looked after or returned home. In most cases there was evidence of good multi-agency working. For example, the effective joint working arrangements between children's services and housing ensure that young people who are homeless are accommodated appropriately while a full assessment of their needs is undertaken, ensuring that only those young people who should be looked after are.
82. The majority of looked after children and care leavers who took part in the recent Care4Me and the aftercare survey reported feeling either very safe or fairly safe and said there is at least one person they would tell if they were being harmed. The majority said they were in the right placement. However, some care leavers reported that as looked after children they had a high number of changes of placement and social workers. The re-design of the social work service in October 2011 had already led to improvements in this issue
83. The arrangements for the placements of children with independent providers are robust and the local authority has a dedicated officer responsible for contract and commissioning arrangements. The local authority is part of the Association for Greater Manchester Authorities (AGMA) and Placement Northwest which ensure that safe placements meet the needs of children and young people. All placements are monitored fortnightly through a multi-agency meeting chaired by the head of service for looked after children and this provides for a coordinated response to the placement needs of children and young people.
84. Placement stability is good and provides continuity of care and security for children. Most children are placed in foster care within the borough and the majority of those out of area are close by. Children and young people are seen and seen alone regularly by social workers and benefit from established relationships with their independent reviewing officers.

85. The adoption service inspected in December 2009 was rated good, including staying safe. The fostering service's overall quality rating was rated satisfactory, including staying safe, at the last inspection in December 2009. These inspections were both conducted following the local authorities offer to volunteer to pilot new inspection methods in fostering and adoption.
86. The arrangements to find children who go missing from care are robust. Children and young people have access to advocates and know how to complain and the recent Care4me survey indicated that children reported that outcomes to their complaints were fair.
87. Inspectors identified one case where regulations in relation to the placement of children were not complied with and potential risk was not identified or assessed. The local authority, on identifying the issue, took immediate action to address this.

Enjoying and achieving

Grade 2 (Good)

88. Educational outcomes for looked after children, young people and care leavers are good. The redesign of services and the co-location of the virtual school team with the looked after children team has been positive. This has increased the opportunities for joined up working between education and social care colleagues. The virtual school service is regarded highly by schools and other professional services. There is a shared commitment to improve outcomes and reduce the achievement gap between looked after children's performance and that of other children and young people. Progress has been slow however, and attainment in 2011 at Key Stages within education was well below that of similar authorities and nationally. Signs for this academic year are more promising and projected grades for 2012 indicate much stronger performance, particularly at Key Stage 4. Currently nine young people who are looked after attend university. Nearly all looked after children have a completed personal education plan and these are generally up to date, contain good progress and attainment data and are discussed with children. The recent decision to move the responsibility for their completion to social workers has been met with some concern by designated teachers in schools as it is not known how well the educational needs will be understood and addressed.
89. The gap in attainment between children who are looked after and their peers of the same age in Tameside continues to widen. Strategies are in place to address this and to support improvements in achievement and attainment, for example the work of the reading recovery teacher and raising aspirations through focused learning activities within the residential settings to increase motivation and raise levels of self esteem and confidence.

90. Robust monitoring and tracking systems are in place and the attainment and progress of every looked after child is recorded regularly and systematically. Attendance is also monitored and reports are issued on a monthly basis for both in and out of borough placements; an increase in absence in 2010-2011 compared with previous years is attributed to various reasons such as ill health, placement changes resulting in protracted periods of time out of school, school exclusion and refusal to attend. In response, increased time has been allocated from the education welfare service to monitor attendance of children more closely and to provide targeted work to identified families where absence is a more regular occurrence. This is having a positive impact on attendance figures.
91. There are currently two permanent exclusions of looked after children which is an increase on the previous three years when no looked after child was excluded. Alternative education programmes have been provided in these instances. Very good support is given to those children who are placed out of borough and progress, attainment and attendance is closely monitored and recorded, and this is supported by good feedback from the host local authorities who report that the level of support provided by the virtual school team is of a high standard.
92. Access to leisure, cultural and recreational activities is good. All looked after children up to the age of 16 can attend free swimming and gym activities, library services and museum entries. A broad range of holiday schemes and countryside activities take place to which foster carers and residential staffs are encouraged to bring children. Arrangements to increase access to all 16-18 year olds within the care system is currently in discussion within the council and some already receive concessionary rates to swimming and gym facilities. Activities for children with learning difficulties and/or disabilities are widely available across Tameside and very well supported.

Making a positive contribution, including user engagement Grade 1 (Outstanding)

93. Outcomes for looked after children and young people in making a positive contribution are outstanding. There is a clear strategic approach and commitment to ensuring they have a strong voice in decision making and that their social and emotional needs are met. Children and young people have regular access to senior officers and elected members and feel their views are taken seriously and acted upon.
94. The Children in Care Council renamed the 'Definite Hopefuls' is well established and embedded within the council's democratic structure. Membership is relatively low but consistent and regular activities are undertaken with them to encourage increased participation. The size of the group does not diminish its effectiveness. Members contribute effectively to the corporate parenting sub groups and have actively

influenced policy and practice. They have been instrumental in developing and reviewing the councils Pledge with elected members; they regularly deliver presentations to professional workers, senior officers and council members about key issues such as effective consultation with young people, access to services, and housing needs; they deliver on going 'Total Respect' training about their experiences within the care system, and they take part in the recruitment and selection of staff. The Children in Care Council is well supported by the participation team and currently one young care leaver is working as a trainee apprentice.

95. Care leavers report that leaving care workers are very supportive and provide on going help and support, often over and above expectations. For example, support is always available via text messaging. Some looked after children said they had too many changes of social worker and this meant they did not develop very good relationships with key workers over time. Access to children's rights workers is good particularly at the point of entry and as young people prepare for leaving care; they know how to complain and this has been effective.
96. First time offending rates for looked after children are relatively low. Rates have reduced as a result of good restorative justice interventions through Greater Manchester Police. However, a small cohort of young offenders, including some who are looked after, involved in re-offending has prompted the development within the youth offending team of a range of more intensive and focused interventions with partners designed to meet the specific and complex needs of this group.

Economic well-being

Grade 2 (Good)

97. Outcomes for looked after children and young people to achieve economic well-being are good. Clear strategies are in place to improve services and support for those young people approaching the point of leaving care and care leavers. Good systems are in place to monitor the number of young people in care who are accessing education, training and employment. In 2010/11 very low numbers of 16-19 year olds were in training or employment, at 48% well below the national average, but this has increased recently to over 70% as incentives and strategies have been effectively implemented to encourage better participation. Further education colleges and training providers are working collaboratively with the leaving care team and the virtual school to enhance provision and ensure looked after children and those leaving care receive good support and opportunities to achieve to at least their potential. A range of training and work placements is available across the borough; the local authority provides 10 internships for young people in care which are to be increased in the near future.

98. Nearly all care leavers have comprehensive pathway plans and the timeliness and completion rate is good. They reflect the young person well, addressing specific learning, cultural, social and emotional needs. The relevance of these plans is not always understood by some young people but care leavers who inspectors met described the support they received from their key workers and personal advisers as 'invaluable'. Transition planning to independence has improved although some still felt unprepared for independence and were particularly concerned about falling into 'the benefit trap'. A new independent living course began in January 2012 to good reviews and will roll out four times over the year. In addition six bedsits are available as starter homes, two of which are used as training flats to help those young people who wish to phase their entry to independence.
99. There are well established and effective working relationships and joint protocols between Tameside housing, private housing providers and the leaving care team which ensure that all care leavers are well supported to access good quality and permanent accommodation. No bed and breakfast accommodation is used and placements are decommissioned if they do not meet the required standards. Effective support and training is available for foster carers and residential staff in helping with the resettlement of young people in care who are returning from custody.

Quality of provision

Grade 2 (Good)

100. The quality of provision for looked after children is good. Robust arrangements are in place for the identification of children and young people at risk of being accommodated and this is supported by effective joint working arrangements with key partners. The family first team has successfully worked with a high number of vulnerable families and this has resulted in a significant number of children and young people referred to the service being supported to remain at home.
101. Tameside has consistently had above average rates of looked after children when compared to statistical neighbours, and safely reducing the number of children in care remains a key priority. However, numbers have increased markedly since 2009 from 329 to 406, which is higher than the local authority's target, and an evaluation of the reasons has not yet been undertaken. Therefore, the priority to safely reduce numbers has been unsuccessful to date. The council has a high number of children and young people subject to full care orders placed at home, a number of which have been there for several years, without full consideration being given to discharging the care order. However, in recognition of the increased number of children in care, and in order to strengthen the provision to those families on the edge of care, the local authority plans to further increase the use of the established family group conference provision. In addition, the short breaks provision provides support to some

of the most vulnerable families including those families who have children and young people with a disability.

102. A strength of the local authority is that the majority of looked after children and young people are placed in foster care and within Tameside, and very few children are placed in residential provision, which reflects good commissioning and matching. A successful foster carer recruitment drive over the past 12 months has resulted in 50 additional foster care placements. Significantly, the local authority has increased the range of minority ethnic carers to support the needs of children and young people within the community.
103. Overall, the quality of assessments for looked after children is good although some assessments seen were only of an adequate standard. In most assessments there was evidence of good partnership involvement, in particular from health and education services. The analysis of risk and protective factors in the assessment process is good and effectively addresses the parent's or carer's capacity to meet children's needs. Most assessments demonstrated a child centred approach in assessing need and considered the situation from the child and young person's perspective, taking into account equality and diversity issues including social inclusion and the perspective of families where disability featured in their life. This informed robust decision making and service planning. Management oversight or sign off of assessments was not always clear. Inspectors saw some good assessments within the leaving care service, which reflected active engagement and participation by young people in the assessment process.
104. All cases seen were supported by care plans and in most cases these were detailed, taking account of the wishes and views of young people, parents and carers, and arrangements for contact were clear. Actions in plans were not always clear or measurable, or supported by specified timescales and it was not always evident whether some plans had been discussed with the young person or carer. Plans seen included consideration of permanency and reunification where appropriate. In some cases, there was an absence of challenge by the independent reviewing officers in following up the progress of recommendations from previous reviews or when there was a significant change in the care plan or the child's circumstances. The capacity of the independent reviewing team limits the level of contact the reviewing officers can spend with some children and young people prior to the review and has resulted in significant delay in the writing up and circulation of review minutes.
105. The majority of case recording is up to date and since the redesign of the service, there is evidence that the quality of recording has shown a marked improvement, particularly the records of statutory visits, and this is the result of robust tracking by team managers. Most case records seen did not have an up to date chronology, and of the chronologies seen,

most were not current and their usefulness in understanding the key aspects of a child's journey through the looked after care system was limited.

Ambition and prioritisation

Grade 2 (Good)

106. Ambition and prioritisation are good. The local authority, elected members and partners have good ambition and effectively prioritise services for looked after children. They are committed to improving outcomes for looked after children and care leavers. The local authority has increased resources to the adoption service to improve capacity within the team, and overall the service has been protected from financial cuts. A strategic corporate parenting group has been in place since 2008. This group is well represented and supported by senior officers across the partnership. Partners are notable in their commitment to supporting looked after children and care leavers, with particularly strong relationships with health and the VCFS. The well established Children in Care Council has been in place since 2008 and remains at the heart of the local authority's priorities with good evidence that children and young people influence service design, policy and procedures. The voice of young people is effectively supported by the participation team.

Leadership and management

Grade 2 (Good)

107. Leadership and management of services for looked after children and young people are good. The recent redesign of children's services led to the establishment of the looked after children service in October 2011. While it is too early to measure the full impact of the changes on improving outcomes for looked after children, early indications are that the new arrangements provide for a cohesive approach to the management, planning and delivery of services. The service is well managed by the head of service who provides good leadership in driving up standards and promoting good outcomes. Partnership working is strong particularly with health, housing and education services.

108. While much work has been done to recruit and retain sufficient numbers of permanent social workers, managers acknowledge that the workforce remains unrepresentative of the community in terms of gender and ethnicity. The looked after children service is fully staffed and social work caseloads are manageable. Management oversight is adequate. Inspectors saw limited evidence of effective decision making processes in some cases. Social workers case supervision records in some cases were weak and not all social workers had annual appraisals. However, in the leaving care service inspectors saw some very good examples of management oversight of practice and assessments which informed decision making.

109. Service users are mostly satisfied with the services they receive and complaints by looked after children are subject to effective and routine

scrutiny. The outcomes of complaints are used to inform learning. For instance, a complaint about the number of changes of social workers in one case led to a review of structures. However, the local authority does not evaluate the effectiveness of the implementation of learning from complaints and this is an omission. The provision of an advocacy and independent visiting services is commissioned through Action for Children. The effectiveness of the service is regularly monitored via quarterly meetings and performance is analysed to determine take up and its impact on supporting children and young people. Feedback on the advocacy provision is actively sought from young people.

110. Senior managers have a thorough knowledge of the profile of the looked after children population. Commissioning is good and effective progress has been made in implementing outcome focused, cost effective contracting and procurement.

Performance management and quality assurance

Grade 2 (Good)

111. Performance management arrangements are good. A coherent performance management framework is in place across the partnership and within children's services. The lead member meets with the Director of Children's Services and senior officers on a weekly basis when performance indicators are scrutinised. In addition, performance indicators are scrutinised within the Children's Trust on a multi-agency basis and the lead member holds quarterly children's panel meetings with members and officers present where they focus on the Every Child Matters outcomes. A clear focus on a number of performance indicators has led to discernable improvements, for example in health outcomes, the number of looked after children and young people in education, employment and training and the development of apprenticeships.
112. The local authority's analysis of its own audited cases highlighted a number of challenges, including the robustness of the audits and the management sign off. The local authority accepts that its new audit tool is still in the early stages of implementation, and that learning and compliance with the principles of the audit tool need to be reinforced. The case audits completed in preparation for the inspection were detailed and provided a good overview of the cases. However, they did not always tackle the quality of practice or compliance with statutory requirements. The learning identified from the audits was not always translated into a suitable action plan for improvement.

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