

Manchester City Council

Re-inspection of services for children in need of help and protection, children looked after and care leavers

Inspection dates: 9 October to 2 November 2017

Report published: 21 December 2017

Children's services in Manchester require improvement to be good

1. Children who need help and protection		Requires improvement
2. Children looked after and achieving permanence		Requires improvement
	2.1 Adoption performance	Good
	2.2 Experiences and progress of care leavers	Requires improvement
3. Leadership, management and governance		Good



Executive summary

This is a re-inspection of children's services in Manchester, following a judgement of inadequate for overall effectiveness in 2014. Services for children in Manchester are no longer inadequate. They now require improvement to be good. Inspectors saw good evidence of improvement across all services areas. Strong leadership, an ambitious and well-articulated vision, 'Our Manchester, our children' and robust governance arrangements are leading to improved outcomes for children and young people in need of help and protection, for children in care and for care leavers. The pace of change has accelerated in the last 18 months since the appointment of the current director of children's services (DCS) and his senior management team. They, together with the chief executive, have been instrumental in driving the transformation plan.

Corporate leaders and elected members demonstrate a shared responsibility and comprehensive knowledge of their strengths and areas for development. They are realistic about the challenges that they face to embed and sustain the considerable positive changes that they have achieved. They know what good services look like and are clear about what needs to be done to improve outcomes for children and their families. Leaders and managers focus relentlessly on improving practice across all teams. This has made a positive and discernible difference to the help, protection and care experienced by the most vulnerable children.

Senior leaders are energetic, active and visible. They are creating an environment in which good-quality social work is increasingly evident. Successful workforce planning and development have resulted in the recruitment of 40% more frontline social workers to the locality and permanence teams, reducing the average number of cases allocated to each social worker, although some newly qualified social workers had higher caseloads than expected by national guidelines. No cases are unallocated.

However, some first- and second-line managers are not always sufficiently rigorous in challenging, monitoring and driving social work practice to ensure that all services are consistently good. In a small minority of cases, management oversight has not been effective in ensuring progress on children's plans, resulting in drift and delay. Senior leaders recognise that competent managers, with sufficient capacity, are vital to continuous improvement. Successful action to tackle poor performance and the creation of additional posts are making a substantive difference to the quality of the service.

Children and families benefit from access to effective early help when difficulties emerge, protecting them from harm. Improvements have been made to the system for handling notifications from the police regarding children living with domestic abuse. Further work is required with the police to ensure that all relevant children are referred to children's social care services. Strategy meetings and initial child protection conferences are now timely. Pre-proceedings practice is improving, but there is drift in progressing plans for a small number of children. Improvements in



child in need planning are taking place, but at a slower pace. Work to support children living in private fostering arrangements requires improvement.

The vast majority of Manchester's children looked after are kept safe, and the decisions that they should be looked after are mostly timely and appropriate. A multi-agency edge-of-care panel meets weekly to ensure that children receive the right service at the right time. This has had a positive impact on reducing the number of children who become looked after. The quality of care plans and care planning is not consistently good. This means that some children have to wait too long to have a permanent home, if they cannot live with their families. Children looked after are achieving improved educational outcomes, but personal education plans do not consistently measure individual progress.

Corporate parenting arrangements are strong, and purposeful engagement with children ensures that their views are understood well. Elected members receive regular performance information and detailed reports. This enables them to challenge senior leaders effectively about the quality of services provided.

Services for adopted children are good. This is a significant improvement on the last inspection, when adoption services were judged to be inadequate.

Care leavers report that they feel safe and that they are confident that staff are working to keep them safe. Staff work well together with young people to minimise risk. However, the quality of help and support for young people leaving care is not consistently good enough. In too many cases, pathway plans lack sufficient detail and do not contain enough information about how to develop young people's skills to be able to live independently. Not enough care leavers live in suitable accommodation.

Strong partnership work between the local authority and the police, at both strategic and operational levels, is having a positive impact on vulnerable children. This includes children at risk of or experiencing sexual exploitation, those missing from home or care and those at risk of radicalisation. Work with these children and their families is increasingly effective, with examples of good assessments and targeted work to reduce risks.



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Information about the local authority area

Previous Ofsted inspections

- The local authority operates two children's homes. One was judged outstanding at its most recent Ofsted full inspection. The other was inspected while the reinspection of the local authority was taking place and was judged as good.
- The last inspection report for the local authority's children's services was published in September 2014. The judgements for the local authority were:
 - Overall effectiveness: inadequate
 - Children who need help and protection: inadequate
 - Children looked after and achieving permanence: requires improvement
 - Adoption performance: inadequate
 - Experiences and progress of care leavers: requires improvement
 - Leadership, management and governance: inadequate.

Local leadership

- The director of children's services has been in post since March 2016.
- The chief executive has been in post since April 2017.
- The chair of the Local Safeguarding Children Board has been in post since July 2016.
- The functions that the local authority has delegated to a third-party provider are:
 - leaving care services
 - children's rights
 - independent return interviews for children missing from care.
- The local authority has commissioned services for 16- to 17-year-old homeless young people, multisystemic therapy, multidimensional treatment foster care, and appropriate adult and family group conferencing services, as well as two children's homes.
- Since 3 July 2017, adoption services have been delivered jointly with four other local authorities and two voluntary adoption agencies through a regional adoption agency known as Adoption Counts.
- The local authority uses the Signs of Safety model of social work.

Children living in this area

Approximately 119,825 children and young people under the age of 18 years live in Manchester. This is 22% of the total population in the area.



- Approximately 36% of the local authority's children aged under 16-years-old are living in low-income families.
- The proportion of children entitled to free school meals:
 - in primary schools is 28% (the national average is 15%)
 - in secondary schools is 26% (the national average is 13%).
- Children and young people from minority ethnic groups account for 49% of all children living in the area, compared with 21% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are Asian or Asian British and Black or Black British.
- The proportion of children and young people with English as an additional language:
 - in primary schools is 41% (the national average is 20%)
 - in secondary schools is 33% (the national average is 16%).
- The local authority reports that Manchester's child population has been growing at around 2% annually over the last decade, reaching 2.7% in 2011. The accelerated growth started with higher birth rates in the middle of the last decade. This has led to around 12,500 more five- to 11-year-olds in 2017 than in 2011 (a 31.4% increase). Secondary schools will see increasingly larger cohorts from 2017 through to 2028.

Child protection in this area

- At 8 October 2017, 3,981 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 3,633 at 31 March 2017.
- At 8 October 2017, 794 children and young people were the subject of a child protection plan (a rate of 66.3 per 10,000 children). This is a decrease from 942 (78.6 per 10,000 children) at 31 March 2017.
- At 8 October 2017, 27 children lived in privately arranged fostering placements. This is a decrease from 35 at 31 March 2017.
- In the two years before the inspection, 28 serious incident notifications were submitted to Ofsted and one serious case review has been completed.
- There were two serious case reviews ongoing at the time of the inspection.



Children looked after in this area

- At 8 October 2017, 1,164 children were being looked after by the local authority (a rate of 97 per 10,000 children). The rate has not changed since 31 March 2017. Of this number:
 - 669 (or 57%) live outside the local authority area, although 86% are placed within Greater Manchester
 - 62 live in residential children's homes, of whom 41 live out of the authority area. However, 58% of the children in residential children's homes are placed within Greater Manchester
 - four live in residential special schools¹, all of whom are out of the authority area, although two are within Greater Manchester
 - 891 live with foster families, of whom 60% live out of the authority area.
 However, 89% are placed within Greater Manchester
 - 100 live with parents, of whom 26% live out of the authority area. However, 94% are placed within Greater Manchester
 - 56 are unaccompanied asylum-seeking children.
- In the last 12 months:
 - there have been 53 adoptions
 - 57 children became the subject of special guardianship orders
 - 514 children ceased to be looked after, of whom 14% have subsequently returned to be looked after
 - 42 children and young people ceased to be looked after and moved on to independent living
 - eight children and young people ceased to be looked after and are now living in houses in multiple occupation.

¹ These are residential special schools that look after children for 295 days or less per year.



Recommendations

- 1. Monitor and improve the frequency and quality of management oversight and supervision in all teams. Ensure that supervision is regular, reflective and challenging, and that managers record the rationale for their decisions.
- 2. Ensure that the work allocated to newly qualified social workers is commensurate with their level of experience and that their caseloads are kept within national guidelines.
- 3. Ensure that children in need cases are regularly reviewed and that progress is measured and recorded in supervision by managers and analysed in updated assessments.
- 4. Improve the quality of assessments so that the lived experiences of children are fully understood and inform plans. Ensure that plans set out clear and measurable outcomes for children based on a comprehensive assessment, and that their effectiveness is regularly reviewed.
- 5. Review practice in triaging domestic abuse notifications and ensure that frontline police staff have clear guidelines on when children at risk from domestic abuse should come to the attention of the local authority.
- 6. Improve the quality of assessments of privately fostered children and ensure that they are rigorously reviewed.
- 7. Identify and then increase the number of children who receive support from an independent visitor or independent advocate at child protection case conferences, or at statutory reviews for children looked after.
- 8. Ensure that plans for permanence progress without unnecessary delay.
- 9. Ensure that high-quality work to help children to understand their life experiences is given priority for all children looked after.
- 10. Improve the quality of pathway plans so that they reflect the individual needs of the young person, including their educational needs, and so that the required actions are measurable.
- 11. Ensure that there are effective arrangements in place to support care leavers with their health needs and to enable them to have an up-to-date summary of their health history when they leave care.
- 12. Expedite plans to improve swifter access to suitable accommodation for all care leavers.



Summary for children and young people

- Services to support children and their families and to protect them from harm have greatly improved since the last inspection in 2014. Managers and social workers know that there is more to do so that all children and young people in Manchester receive good services whenever they need them.
- The number of children and families receiving help at an early stage is increasing, which means that more children can continue to live safely at home.
- Professionals work well together to protect children and young people who are most at risk. Some social work assessments and plans are not good enough. This makes it harder for families to understand what needs to change to make things better.
- Social workers spend time with children, listening to their views and any worries that they may have. However, some children have had too many changes of social worker, making it hard for them to build a trusting relationship. This is gradually improving as more social workers are choosing to work permanently in Manchester.
- When children go missing from home or care, and when they are at risk from dangerous people in the community, social workers and police officers work hard together to find them and to make them safe.
- Children and young people only come into care if they cannot live safely at home with their families. Social workers listen to children's views carefully and help them to be involved in plans for their future. For children who cannot live with their families, social workers try hard to find the right permanent families for them and their brothers and sisters, where they can feel safe.
- Foster carers provide good support and care, and more young people are able to live with their foster families after they are 18-years-old.
- When adoption is the best plan for children, social workers find the right family for them quickly, where they will be loved and well cared for.
- Care leavers get on well with their personal advisers. As a result of the help and support that they receive, a high number of care leavers are in education, employment or training.
- Some care leavers do not live in good-quality accommodation. Although senior managers are working hard to make sure that care leavers have more choice, it is taking time to make this happen. However, leaders are listening to young people and they take their views seriously. They take action in response to these views and are improving the services that they provide.



The experiences and progress of children who need help and protection

Requires improvement to be good

Services to children in need of help and protection have improved significantly since the last inspection in 2014, but their quality remains inconsistent. Inspectors did not find serious or widespread concerns. For the vast majority of children who need protection, action is immediate and risks are reduced.

Children and families benefit from access to effective early help when difficulties emerge, protecting them from harm. Step-up and step-down arrangements are well coordinated. Contacts are promptly processed within a multi-agency safeguarding hub (MASH), and the application of thresholds is appropriate and timely. Immediate child protection concerns are swiftly passed on to duty teams. Partner agencies report an improved understanding of thresholds, helped by the recent addition of a headteacher based in the MASH, although further work with the police is required regarding thresholds for domestic abuse notifications.

Social work assessments are now timely and include delivery of support for families, although some lack effective analysis of ongoing risks. Assessments of children exposed to neglectful parenting and domestic abuse are variable, some being over-optimistic in assessing risk. Children's views are routinely gathered by social workers, but their views are not always captured in their plans.

Strategy meetings and initial child protection conferences are timely, with improved attendance by partners. Children on child protection plans benefit from robust oversight by conference chairs, but not enough children have the support of an independent advocate. Pre-proceedings practice is improving, but a small number of children experience drift in the progression of their plans.

Improvements in child in need planning have been slower, and some cases are not being well managed. Assessments and planning for privately fostered children are variable in quality. Disabled children now receive a specialised children's social work service. The planning for the needs of children requiring services into adulthood has improved.

Multi-agency work with children at risk from sexual exploitation, radicalisation or female genital mutilation is effective. Children missing from home receive in-depth return interviews. A monthly 'missing' panel tracks the level of risk to children.

There is a range of provision for 16- and 17-year-olds at risk of homelessness, including supported accommodation. Assessments are prompt and immediate accommodation needs are met.



- 13. As a result of significantly strengthened and accessible early help services, children are able to access timely support when difficulties emerge. Partner agencies work well together in locality-based hubs, undertaking an increasing number of early help assessments. A weekly multi-agency panel of professionals, including schools and local charities, considers requests for early help and provides timely support. The local authority's data shows that early help support to families has contributed to a reduction in referrals to social care, including a marked reduction in children being subject to a repeat social work assessment. Measuring the impact of early help for individual families requires further development to enable the local authority to understand the impact of services on children's outcomes over time.
- 14. Local authority multi-agency audits have identified that some early help plans are of variable quality, and managers are now taking action to improve quality. Arrangements are well coordinated when children are stepped down to early help from social care. Early help social workers facilitate a smooth transfer when cases of children at risk are stepped up to social care.
- 15. Children are protected effectively when concerns first arise about their welfare. Contacts are promptly processed within the MASH, and the application of thresholds at the 'front door' is appropriate and timely. The new 'professional consultation line' has improved the understanding of thresholds, helped by the recent addition of a headteacher based in the MASH. Immediate child protection concerns are swiftly passed to duty teams. Feedback to referrers has improved, with the use of a mapping tool to explore their concerns. Few contacts now result in 'no further action', compared with previous years.
- 16. Experienced managers oversee all decision-making in the MASH, and information sharing between partners is mostly timely, with clear evidence of consent being obtained. Since the last inspection, a protocol has been implemented with the police to triage notifications of domestic abuse. A pilot project is ensuring that schools are made aware when there has been a domestic incident at the home of a pupil. Further work is needed to ensure that all children at risk as a result of domestic abuse are referred by frontline police officers to social care, including, out of hours, the emergency duty service.
- 17. Children needing an assessment are now allocated within one day and visited promptly by social workers. This is a significant improvement since the last inspection, when risks to high numbers of children were unassessed. In better assessments, clear analysis draws on past history and provides a rationale for decision-making. Social workers consistently attempt to include significant adults and the extended family in the assessment process. Risks for children exposed to the effects of neglectful parenting and domestic abuse are identified, but practice in this area is variable. Audits identified that social workers too often rely on parental reporting, resulting in over-optimistic assessments of risks to some children. Consequently, new approaches have



been introduced to engage perpetrators of domestic abuse and new tools to assess the impact of neglectful parenting.

- 18. When children are at risk of significant harm, they are, in the vast majority of cases, identified and protected. When strategy meetings and initial child protection conferences are needed, these are now timely and draw on relevant past history. The local authority has introduced videoconferencing to ensure that all partners can participate and, as a result, children's needs are better understood. The number of children subject to child protection plans has fallen recently, in line with the local authority target. Increased scrutiny of cases that have been subject to a child protection plan for over a year is intended to prevent drift and to escalate cases to the Public Law Outline if change has not been achieved or sustained. It is too soon to show any impact on reducing the current proportion of children who are on child protection plans for the second or subsequent time.
- 19. Some child protection plans and child in need plans are not of good quality. While children are seen by their social workers and take part in direct work, children's views are not consistently informing planning and decision-making. In better plans, actions are recorded clearly in plain language and there is evidence of clear, specific and timely outcomes for children. Conversely, a small number of plans lack current and clear actions. Managers are taking action to ensure that review conferences and core groups consistently maintain a focus on whether positive changes are being achieved. For a small number of children, over-optimistic practice and lack of challenge by managers have meant that cases were closed prematurely, before changes were sustained, leading to re-referrals.
- 20. Practice in pre-proceedings work is improving, but remains inconsistent. In many cases seen, it is resulting in timely action to protect children from further harm. The delays seen in a small number of cases were compounded by weaker management oversight. Recently, improved systems to track cases and reduce drift are resulting in fewer delays for children. Many families are receiving effective intensive support within pre-proceedings, including at weekends, for example from Families First and the multisystemic team. As a result, many more children are able to remain safely cared for in their families.
- 21. Child protection conferences are well chaired, with increasing engagement of children and families. However, too few children have the support of an advocate to enable them to participate in their conference. The advocacy service is not always promoted by social workers and team managers. As a result, decision-making at some conferences is not informed by the child's perspective. Inspectors saw many examples of robust challenge by conference chairs, ensuring that escalations of concerns focused more on the quality of practice than on compliance. Recently, children moving from child protection plans to child in need plans have benefited from the additional oversight of the independent conference chair. This means that children continue to



receive independent monitoring until risks are reduced and changes are sustained.

- 22. The pace of improvement in child in need planning has been slower than in other areas. However, managers monitor performance effectively, and all children have a plan in place and are seen regularly by their social workers. While some of these cases are older 'legacy' cases, some concerns relate to recent practice. In a minority of cases seen by inspectors, planning had not been purposeful and partner engagement had been inconsistent. This means that a small number of children in need do not consistently receive a service of the same quality as that of children on child protection plans.
- 23. Disabled children, including children on child protection plans and children looked after, benefit from receiving a specialist children's social work service. Transition planning for children with complex needs is now much improved, and the transition team becomes involved around a young person's 16th birthday.
- 24. Inspectors found that assessments of children who are privately fostered do not consistently consider the parenting capacity of private foster carers or address factors that could undermine the stability of the living arrangements. During the course of the inspection, the local authority reviewed all cases of children who were privately fostered and found that most cases needed improvement. It immediately took action to improve the quality of the assessment and support provided to these children.
- 25. There is a range of provision, including supported accommodation, for 16- and 17-year-olds at risk of homelessness. Assessments are prompt and their immediate accommodation needs are met. However, young people are not always made fully aware of their rights and entitlements. Low numbers of young people are assessed as needing to become looked after. Senior managers had already recognised this as an area for improvement and have produced new guidance for social workers and information leaflets for young people.
- 26. Multi-agency risk assessment conferences (MARACs) to consider victims at high risk from domestic abuse are well established, with consistent chairs and agency representation, including senior social workers. The representation of local schools on each MARAC in the city is leading to better communication about vulnerable children living with domestic abuse. Children's records are promptly updated with actions from the MARAC to inform decision-making.
- 27. Risk management of cases concerning female genital mutilation is effective. A relatively high number of court orders have been obtained to safeguard children at risk of female genital mutilation. Organisations provide support to families, tailored to meet specific cultural needs.



- 28. Children at risk of radicalisation are identified by a range of partner agencies. Strategy meetings result in clear actions that are proportionate to the level of risk. Interventions with children are culturally sensitive and delivered through a number of initiatives across the city. The local authority has managed effectively the understandable increase in referrals since the Manchester Arena attack in May 2017.
- 29. The majority of children who go missing from home are offered a timely return home interview. A dedicated team of workers demonstrates tenacity in engaging young people. Information from interviews is used to inform targeted direct work with children and also informs risk management planning at monthly 'missing' panels. As a result, fewer children are now regularly going missing from home. The risks to children who are missing from education are well managed. Case records are detailed and processes are robust. Headteachers report challenge from the local authority to prevent children from missing education.
- 30. Responses for children at risk of exploitation are increasingly effective. The local authority has taken recent steps to join up work with young people at risk of exploitation and gang affiliation. The multi-agency 'Protect' team provides intensive work with children at higher risk of exploitation and also coordinates the successful disruption of the adults seeking to exploit them.
- 31. A child-specific out-of-hours emergency duty service is staffed by experienced senior social workers. Case recording is clear and detailed. The recent co-location of the service with the police has meant that responses to urgent safeguarding concerns and missing children are better coordinated.
- 32. Arrangements to manage allegations made against professionals and carers are working well, and decision-making is timely. The progress of cases is tracked and all key agencies are involved. There is a range of clearly written information leaflets available for parents, employers and employees.



The experiences and progress of children looked after and achieving permanence

Requires improvement to be good

The vast majority of children looked after in Manchester are kept safe, and decisions that children should be looked after are mostly timely and appropriate. Discharges from care are well managed and there is generally good support in place to prevent children from returning to care.

Social workers are now able to spend more time with children, as a result of reduced caseloads. Social workers make sure that children's voices are heard. A legacy of the high turnover of social workers has meant that some children have been unable to develop and maintain consistent relationships with their worker.

Most children are settled where they are living, including the small number of children who live far from Manchester. Work to help children looked after to understand their life histories is improving, but it is not always given sufficient priority. Not enough children have access to the support of an independent visitor or an independent advocate.

Children are helped to keep in contact with their families when this is in their best interests. When children move to live with new carers, effective plans for day-today arrangements are usually put in place. However, the delegation of authority to enable carers to make day-to-day decisions on behalf of children is not sufficiently clear. The rationale for matching individual children to carers is not always clearly evidenced in children's case records.

There is a lack of urgency in securing permanence for some children looked after. Managers do not always take decisive action to tackle delay.

The local authority has increased the number and diversity of foster placements. Foster carers are well supported by a range of professionals and feel valued by corporate parents. Educational outcomes for children looked after have improved considerably, although the quality of personal education plans is too variable. The independent reviewing service is strong.

The views of children and young people have had a positive impact on service development.

Adoption work is good. The local authority considers adoption at the earliest possible stage for all children who cannot live safely with their birth families. Post-adoption support is accessible and responsive.

The local authority has been slower to improve services for care leavers. The proportion of care leavers who are in education, employment or training has increased, but arrangements to develop young people's skills are not consistently well planned or monitored. Arrangements for providing suitable accommodation require improvement.



- 33. Children do not enter care unnecessarily. Decisions that children should be looked after are usually timely and appropriate, based on a robust assessment of current risks and a good understanding of their previous history. However, in a minority of cases seen by inspectors, practice was less decisive and action could have been taken earlier.
- 34. Voluntary care arrangements are in place appropriately for a relatively low percentage of children looked after, and plans for these children and their families are monitored closely. Care proceedings are mostly initiated promptly and completed in a timely manner. Care applications and the evidence provided by social workers at court are of improving quality, as acknowledged by the Children and Family Court Advisory and Support Service (Cafcass) and the judiciary, with which the local authority has developed productive working relationships. Assessments of connected persons are of good quality. They are undertaken by a specialist team, and most assessments are timely.
- 35. The planned reduction in the number of children looked after since the last inspection (from 1,406 in 2014 to 1,164 in 2017) has been managed effectively and safely. Realistic plans and ongoing support for children to return home from care are suitably overseen by managers and independent reviewing officers (IROs).
- 36. Most assessments and support plans for the increasing number of special guardianship orders (SGOs) are robust, with clearly evidenced reasons for pursuing the orders. A minority of SGOs lack sufficient detail about how children's individual needs will be met.
- 37. Children looked after, including the small number who are in custody, are visited regularly and seen alone by their social workers. Inspectors saw several good examples of patient and imaginative direct work to understand and respond to children's views and feelings, including their views about their placements, and these are captured well in case records.
- 38. Overall, the reduction in caseloads means that social workers can spend more time with children. However, lingering problems in staff continuity mean that some children have struggled to develop and maintain meaningful relationships with their social workers. Work to help children looked after to have a better understanding of their life histories, including the reasons why they entered care, is not always given sufficient priority. The local authority has recently begun to give specialist help and advice to workers to carry out this work more effectively.
- 39. Placement stability is broadly in line with similar local authorities. Most children are settled where they are living, including the relatively small minority of children looked after who live in residential care. Children are able to live with their brothers and sisters whenever possible, and contact with



family members is energetically promoted when this is in children's best interests. They are encouraged and supported to pursue their hobbies and interests.

- 40. When children move to live with new carers, important information is usually shared promptly and effective plans for day-to-day arrangements are put in place. However, staff do not consider the delegation of authority as a matter of routine. This means that some carers are not confident about making decisions that would help the children to live as normal a life as possible. In a small number of cases seen by inspectors, plans to manage and reduce identified risks to children were not addressed sufficiently with new carers.
- 41. The dedicated child and adolescent mental health service for children looked after provides accessible, timely and flexible support to meet children's emotional health needs. Strengths and difficulties questionnaires are used increasingly to provide an overview of the emotional well-being of the children looked after population and to appropriately inform plans to meet individual children's mental health needs. However, targets for the timely completion of health assessments are not consistently met, particularly for children placed outside of Manchester.
- 42. The advocacy that is provided to children is effective and there is an increasing number of independent visitors matched to children. However, the local authority is aware that both of these services should be considered and promoted more actively to benefit a greater number of children than the relatively few who currently receive such support.
- 43. Only a relatively small minority of children live far from their home area and, in most cases seen, they were not disadvantaged as a result. Decisions about distant placements are given due consideration by senior managers and, in several cases seen by inspectors, led to improved outcomes for children. However, in a small number of cases there was some delay in ensuring that all the necessary support was in place for children living outside of Manchester.
- 44. There has been some improvement in planning for children's permanence since the last inspection. For example, permanence plans are promptly put in place for the vast majority of children after they enter care, aided by some effective contingency planning and timely assessment of the possible permanence options. The local authority closely monitors the progress of plans for permanence. However, some managers do not always exercise enough authority to ensure that agreed actions are completed quickly enough at the right time to avoid unnecessary delay for children.
- 45. Most of the assessments that go to the fostering panel for matching children to long-term foster carers are of good quality. Inspectors saw several examples of creative and effective work to meet children's religious and cultural needs when they were living with carers who were not an exact



match. Decisions to match individual children with carers on a short-term or emergency basis are generally well considered and clearly articulated by social workers. However, the rationale for matching is not always clearly evidenced in children's case records.

- 46. Care plans for children looked after are not consistently up to date or specific enough. In a small number of cases seen by inspectors, the overall plan for permanence was not always clearly identified or understood by all of the professionals involved in the care and support of children. Contingency planning is not sufficiently robust, especially for those children whose circumstances are more uncertain.
- 47. Focused recruitment activity and good support to existing foster carers have led to an increase in the number and diversity of available foster placements. However, challenges remain. The local authority has a good understanding of continuing gaps in provision, such as the need for more carers to look after older children or children with complex needs, and recruitment activity is targeted accordingly.
- 48. The vast majority of Manchester's foster carers feel valued as part of the team around the child. Senior corporate parents engage carers well in wider service planning. Carers are represented on the corporate parenting group and welcome the opportunity to share their views and ask questions at quarterly meetings with children's services managers. The local authority celebrates foster carers' central contribution to the lives of Manchester's children looked after at an annual awards ceremony.
- 49. The creative development of specialist foster care provision, known as WRAPP (wrap-around service providing permanence) and targeted at children who need extra support, demonstrates Manchester's long-standing commitment to evidence-based models of care. WRAPP provides intensive support for children in foster care aged up to the age of 14 and has further expanded placement choice for children looked after.
- 50. Carers across all types of foster care are positive about their training opportunities, and they particularly value the training on the therapeutic model of care underpinning WRAPP. By helping a wider range of carers to develop their insight into the needs and behaviour of the children whom they look after, the training has broadened WRAPP's impact beyond its target group of children.
- 51. Supervising social workers provide good support and challenge to foster carers. Foster carers' annual reviews, chaired by IROs, are robust. Supervisory visits are timely, effective and well recorded, although changes in staff mean that some carers have not yet experienced sufficient continuity of support.



- 52. The fostering panel is suitably probing and challenging. It contributes effectively to overall service improvement and provides useful feedback, clear guidance and advice to staff.
- 53. Since the last inspection, the quality of the education provided to children looked after has improved considerably. The expanded virtual school team works well to establish good links with partner agencies and carers to promote children's progress. Staff provide a range of effective training to partners about how to support the education of children looked after. Headteachers report robust challenge and excellent support from the virtual school team. One headteacher, describing Manchester's approach to promoting the educational needs of children looked after, said that there was a real sense of corporate responsibility.
- 54. Manchester's children looked after now achieve well at school. Primary school children do better than their peers do nationally and make good progress from their starting points. Similarly, at key stage 4 children looked after achieved better than their peers did nationally in 2016.
- 55. Local authority data shows that the rate of attendance at primary school by children looked after is higher than that of all primary school children in Manchester. At secondary level, the attendance rate is only slightly lower than that of all children in the city. The number of fixed-term exclusions has been reduced and there were no permanent exclusions in the last academic year.
- 56. The proportion of children looked after attending a school judged as good or outstanding by Ofsted at its last inspection has significantly increased. Since 2014, the percentage of children of primary school age attending such a school has risen from 80% to 86%. For secondary school age children, the percentage has risen significantly from 48% to 81%.
- 57. The quality and impact of personal education plans (PEPs) have improved, but they require further attention. In too many PEPs the analysis of educational progress and the actions to improve it lack sufficient detail. In a small number of plans seen, there were no educational targets. Although the virtual school holds schools rigorously to account for how pupil premium funding is spent, PEPs do not always address how the pupil premium will help children to make progress.
- 58. The independent reviewing service is strong. IROs' reduced caseloads now enable them to work effectively across the full range of their responsibilities. Their influence is evident throughout all stages of case planning, including during care proceedings. The right people are actively involved in timely and robust statutory review meetings. Between reviews, IROs work hard to get to know children, who participate well in the planning for their futures. IROs challenge any delay in plans for children appropriately, and escalations of concerns to senior managers are increasingly focused on the quality of practice rather than compliance with procedures.



59. The engagement of children and young people and their views are incorporated well into service planning. The Children in Care Council groups, known as 'the Change Group' (for care leavers) and 'the Group' (for children looked after), work productively with senior corporate parents to address issues that are important to them. The local authority is keen to increase the numbers of children and young people directly involved in this work. It has a good understanding of children's views about the help and care that they receive, and takes prompt and sensible steps to tackle identified areas for improvement.

The graded judgement for adoption performance is that it is good

- 60. Adoption is considered for all children at the earliest indication that they cannot live with their birth families. This is a significant improvement since the last inspection, when adoption services were judged to be inadequate. Effective monitoring and tracking of children's progress are now well embedded and prioritised at an early stage through adoption managers' routine attendance at all legal gateway meetings. Children are now systematically identified, and there is prompt escalation if issues or delays occur, resulting in effective actions to resolve them.
- 61. The local authority is dedicated to pursuing adoption for children who cannot live safely with their birth family, including those for whom it is considered harder to find adoptive placements. There has been particular success in securing adoption for minority ethnic children and in placing children through 'fostering to adopt' arrangements (27 children since 2015). As a result, children experience fewer or no moves.
- 62. Senior managers' commitment to securing adoption is demonstrated by a willingness to secure high-cost interagency placements across the country, when these demonstrably meet children's needs, and in their decision to become part of, and host a 'spoke' of, the regional adoption agency (RAA), which was inaugurated in July 2017. Priority is given to ensuring that children receive age-appropriate direct work that helps them to understand why they were not able to remain with their birth family. A life-story book, using pictures to portray their past, is a minimum requirement by the agency decision maker (ADM) when considering making an adoption decision. Therapeutic direct work continues to be offered, as appropriate, during placement and after the adoption order. Life-story books and sensitively written later-life letters are, in most cases, made available to adopters at placement or soon afterwards.
- 63. Panel scrutiny of adopters' approvals and matches is rigorous, child-focused and well informed. The quality assurance feedback that the panel provides about prospective adopter reports (PARs) and child permanence reports is



highly developed and valued by the local authority. The panel's expectations are high. Feedback is positively focused and motivates staff to continually improve the quality of practice. The panel's recommendations are appropriate. An effective and professional working relationship has been established with the ADM. The ADM is well informed and rigorous, her comments are comprehensive and decisions are timely. Since the commencement of service of the RAA, the ADM takes the decisions on children who should be placed for adoption (SHOBPA) and subsequent matches. Robust arrangements are in place to oversee this area of work for Manchester children.

- 64. Family finding is no longer sequential. All local, regional and national possibilities are explored virtually simultaneously, particularly for children for whom it is known that identifying a family will be challenging. Children are allocated an individual family-finding worker promptly. These workers are skilled, diligent and resourceful, and it is common practice for them to begin searches for potential adopters, using anonymised profiles, before orders are made. This means that, for some children, a match can be brought to adoption panel within days of a placement order being granted by the courts.
- 65. Family finders produce succinct, factual profiles of children, and these include their ongoing therapeutic and support needs, informed by thorough assessments. These are used well in the identification and selection of potential families. As a result, the discussions and practice at linking meetings are increasingly sharp and child-focused. This scrutiny also means that the presentation of potential matches to adoption panel is effective. Matching considerations are well presented, and the rationale for selection and the ability to meet children's needs are thoroughly set out. This assists the adoption panel in making good, robust recommendations.
- 66. Recruitment of adopters is targeted effectively to address children's needs and gaps in resource. There has been an overall increase in approved adopters, especially for children for whom it is more challenging to find adopters, such as Black children, brothers and sisters together, older children and disabled children. Adopters receive a responsive, informative and good-quality service, from initial enquiry through to approval. All adopters spoken to during the inspection were positive about the service and the support that they had received, in particular from their assessing social worker and the post-adoption support service. The quality and timeliness of PARs seen by inspectors were generally good or better. There is evidence of the positive impact on quality of relevant assessment training and use of feedback from the panel and research, as well as rigorous quality assurance by managers.
- 67. Post-adoption support services for adoptive families, adopted persons and birth families were provided by a specialist and respected commissioned service until they transferred to the RAA in July 2017. The service offered a range of individual and group support that was responsive and valued by adoptive families, adopted adults and birth parents. The transfer of the post-adoption support services to the RAA was well planned and ensured that there



were no interruptions in support for individuals or a reduction in the comprehensive range of support available. The letterbox service continues to coordinate contact for approximately 750 children. There is easy access to advice, signposting to services and to workers, who are alert to safeguarding issues and undertake thorough assessments that ensure that the support offered is tailored to meet needs.

The graded judgement about the experience and progress of care leavers is that it requires improvement to be good.

- 68. The externally commissioned leaving care team maintains good contact with most care leavers. However, the quality of help and support for young people leaving care is not consistently good enough. While there have been some positive changes, progress since the last inspection has been slow.
- 69. Too many young people do not have an up-to-date pathway plan. The quality of plans varies too much and, while pathway plans record basic information, many plans are not sufficiently aspirational and do not reflect a comprehensive, well-rounded plan for each individual. A number of pathway plans are completed without sufficient consideration of the young person's views or their participation. Target setting is too often not specific enough, and sections of some plans are incomplete. This means that it is difficult to assess progress.
- 70. The health needs of care leavers are not considered or addressed sufficiently. The designated nurse for children looked after does not routinely provide health advice and guidance to care leavers when they reach 18 years of age. Although staff do provide support if requested and accompany young people to medical appointments, this support is ad hoc rather than part of expected standards to routinely identify and meet young people's needs. The local authority reports that the vast majority of care leavers have a health history document. However, all care leavers who spoke to inspectors reported that they were unaware of their health histories.
- 71. All care leavers who spoke to inspectors reported that they feel safe. Staff have a detailed knowledge of each care leaver's situation, even some of those who do not engage with services. As a result, they know the risks that these young people face. Risk assessments and action to mitigate risk are recorded in detail. Early joint work with young people and their social workers is resulting in better transition planning when young people reach their 18th birthday. Care leavers are positive about themselves. They speak highly of their relationships with staff. They appreciate the annual awards ceremony, and are all confident that the local authority is proud of them and their achievements.



- 72. Staff have been effective in increasing the proportion of care leavers who are in education, employment or training. This increase is matched by an increase in the proportion of the whole Manchester population of young people in education, employment or training, which is currently 92%. Staff have worked well to increase the number of care leavers in apprenticeships to 32, and 12 of these are with Manchester City Council. Staff are working effectively with partners to identify more apprenticeship opportunities.
- 73. Last year, 72 care leavers went to university, which represents a higher proportion than the national average. However, staff do not routinely record educational development well enough or make plans with young people that focus on helping them to develop to the best of their abilities. While individual personal advisers work together with young people to monitor their progress on post-16 education programmes, this is not recorded well. The local authority does not collate summary data about post-16 educational outcomes.
- 74. Most care leavers are able to access a range of good-quality accommodation to match various planned stages in their progression to independence. This includes supported, semi-independent and independent accommodation. No care leavers were in bed and breakfast accommodation at the time of the inspection, and the local authority has been successful in eliminating its earlier reliance on such provision. The corporate parenting panel has made it clear that it is inappropriate and is not to be used. There is no specific provision for emergency accommodation. Senior corporate leaders are working jointly with children's services to ensure that young people leaving care have better access to safe and suitable accommodation.
- 75. Foster carers and support workers in supported accommodation help care leavers to develop their skills for independent living. The local authority commissions a range of courses to support young people to develop these skills. However, staff do not consistently assess whether individuals have the required level of competence before they move into their own homes. A small number of care leavers report that they moved into independent accommodation before they were ready, resulting in tenancy breakdown.
- 76. Personal advisers and social workers make persistent efforts to engage with vulnerable or 'hard to reach' young people. The numbers of care leavers whom the local authority is not in touch with is consistently higher than its own performance target, and this is being monitored by the director of children's services. Managers in the care leavers' team routinely analyse performance data on care leavers, using a range of appropriate and informative key indicators. While this has led to some improvements across the service, there has been insufficient attention paid to the quality of provision offered and its impact on care leavers, such as the quality of pathway and transition planning. Supervision for social workers and personal advisers, while mostly frequent, is insufficiently directive for workers to be clear about the actions necessary to improve outcomes for the care leavers whom they work with.



Leadership, management and governance

Leaders and elected members in Manchester demonstrate a shared responsibility and an excellent understanding of their strengths and areas for development. They are realistic about the challenges that they face to embed the considerable positive changes that they have made. They know what good services look like and how outcomes for children and families need to be improved. Senior managers have focused relentlessly on improving practice across all teams, changing the culture and tackling poor practice. This has made a discernible difference to the help, protection and care experienced by most vulnerable children.

A detailed and effective performance management and quality assurance programme means that managers are being held to account for performance in their teams and services. Learning from audits is acted upon quickly and the quality of practice is improving. Consequently, children and their families are increasingly provided with good or improving services.

Frontline supervision and management oversight are not consistently strong. Senior leaders are taking effective action to improve the quality of this work.

Additional investment in social worker recruitment has resulted in the creation of a higher number of social work posts, addressing a key recommendation of the last inspection. Caseloads have reduced, enabling social workers to have more time to visit children and families and to build effective relationships with them. However, some social workers in their assessed and supported year in employment (ASYE) have caseloads in excess of national guidelines. Social workers have identified a more positive and engaging culture and working environment since the last inspection, which gives them a greater sense of confidence.

Services for children who go missing and those at risk of sexual exploitation or radicalisation are good and improving. Effective and strong strategic partnership and operational arrangements are in place to track performance and intervene in the cases of individual children. Return home interviews are not consistently recorded on children's records, which has an impact on planning for their safety.

The local authority demonstrates a clear commitment to improving the life chances of children looked after. Corporate parenting arrangements are strong, and elected members have high aspirations for children looked after. The corporate parenting panel demonstrates effective challenge, with the voice of children clearly represented. Partnership working is good, with partners working towards a common vision of outcomes for children in Manchester. Services for adopted children have much improved and are consistently good.



- 77. Senior leaders and elected members have worked diligently since the last inspection in 2014 to improve the quality of help and protection for children and their families. The pace of change has accelerated since the appointment of the current director of children's services and his senior management team. For the vast majority of children and young people who need protection, action is immediate and risks are reduced effectively.
- 78. Strong leadership, an ambitious and well-articulated vision, 'Our Manchester, Our Children', and robust corporate governance arrangements are leading to more positive outcomes for vulnerable children and their families. Senior leaders are energetic, active and visible. They understand the scale of the challenges that they and their staff face and are realistic about their strengths and areas for development, based on a thorough and accurate self-evaluation. Regular face-to-face meetings between the chief executive, the DCS, elected members and the chair of the Manchester Safeguarding Children Board, informed by relevant up-to-date performance information, facilitate this shared responsibility for the key challenges for children's social care.
- 79. Leadership has been effective in addressing most areas of poor performance identified in the previous inspection, with all recommendations being acted upon. Assessments are now timelier and, in better cases, they are comprehensive and analytical. This is a substantial improvement since the last inspection, when inspectors found that a large number of cases (486) had waited a considerable time for a social work assessment, leaving a significant number of children potentially at risk. All work is now allocated promptly, and currently 85% of assessments are completed in a timely way for children.
- 80. First- and second-line managers are not always sufficiently rigorous in challenging, monitoring and driving social work practice to ensure that services are consistently good. Senior leaders recognise that competent managers with sufficient capacity are vital to their continuous improvement. The number of team managers has increased by 14 in the past 18 months, and the number of social work consultants and service managers has doubled.
- 81. Supervision of social workers and managers is improving. The vast majority of social workers receive regular supervision and managers are addressing areas of poor performance, although the quality remains variable. Performance reviews are undertaken for staff, and issues of competence and capability are robustly tackled.
- 82. The vast majority of social workers who spoke to inspectors were very positive about working for Manchester, and particularly mentioned the visible and supportive leadership and management. Social workers described a more positive and engaging culture and working environment since the last inspection, which gives them a greater sense of confidence. Most social workers have an up-to-date annual appraisal that clearly identifies their achievements and areas for development. Social workers have access to a



wide range of training and development opportunities and are actively encouraged to participate.

- 83. The development of an effective and comprehensive quality assurance and performance framework has enabled a better understanding of compliance and an improvement in the quality of work across the service. The local authority has made clear progress in embedding a stronger performance culture. The number of audits rated as good or outstanding is increasing, and the findings from audits are being used to target gaps in service, team or individual performance. There is clear evidence of the outcomes of audits being used to improve social work practice, for example through 'close the loop' sessions that are designed to ensure that concerns identified in audits are resolved quickly.
- 84. When children are stepped down from child protection plans, child protection chairs now monitor the quality and impact of plans to ensure that children receive a more consistent service. Audits have appropriately had a focus on ensuring compliance with key tasks. The local authority has recognised the need for audits now to have a greater focus on the quality of work undertaken. Plans are in place to more actively seek the views of children and families to gain a greater understanding of the impact of service provision.
- 85. Significant improvements have been made to the provision of services to children missing from home or care and those at risk of sexual and gang exploitation. Most receive well-coordinated help and protection. The development of locality 'missing from home' panels has enabled more effective tracking of risks relating to these children. However, the panels do not consider children missing education, which is a missed opportunity. Improvements in intelligence-sharing, mapping of trends and disruption activity, along with more effective use of multi-agency meetings, have helped to keep Manchester children better protected. The development of the Phoenix specialist team has ensured a more focused and joined-up service for children when high levels of risk are identified.
- 86. The workforce strategy is comprehensive, ambitious and realistic. The strategy has been instrumental in reducing both the caseloads and an earlier heavy reliance on agency staff. Significant investment in children's social care has resulted in the creation of additional social work posts, addressing a key recommendation of the last inspection. Successful workforce planning and development have resulted in the recruitment of 40% more frontline social workers to the locality and permanence teams, reducing social workers' average number of allocated cases and enabling them to spend more time with children and families. Robust and effective monitoring and challenge by independent reviewing officers and child protection chairs are evident, following a reduction in their workloads. Consequently, drift in care planning and poor-quality practice are identified earlier.



- 87. A third of social workers are in their assessed and supported year in employment after qualifying. They have a high regard for the support and development given to them. However, inspectors found that a small number of these workers had caseloads in excess of national guidelines. The local authority took action during the inspection to ensure that caseloads do not exceed 15 children and that the allocation of cases is commensurate to newly gualified social workers' levels of experience.
- 88. A suite of concise and accurate performance reports ensures that managers and leaders at all levels are knowledgeable and well informed about their service's performance against key indicators. Team managers make good use of weekly performance information to drive improvement across services, for example by ensuring compliance with statutory visits to children and assessment timescales. Monthly performance clinics, chaired by the deputy director and attended by managers across services, are effective in holding managers to account and in embedding an increased focus on quality.
- 89. The analysis of complaints and compliments informs the learning and development framework, recognising that learning from them is an important element of service delivery. Advocacy arrangements ensure that children and young people are supported and helped to articulate their complaints. Social workers and advocates work hard to resolve any dissatisfaction at an early stage, before they escalate to a more formal investigation.
- 90. The joint strategic needs assessment offers a comprehensive overview and analysis that have informed strategic themes and priorities. The breakdown of information into a number of key areas, such as 16- to 18-year-olds not in employment, education or training, gives a clear focus on the outcomes sought. These translate into shared strategies, targets and coordinated action plans, demonstrating a coherent approach to key issues such as emotional health and well-being. The sufficiency strategy is clear and coherent, with relevant priorities linked to present and future need. Any gaps in provision are well understood, with clear plans to tackle the deficits. Appropriate commissioning arrangements are in place to ensure that there is a range of placements to meet the needs of children looked after.
- 91. Partnership working is strong in Manchester. The development of the children's board, chaired by the DCS and with senior representation across the local authority and key partners, is ensuring a shared responsibility and focus on how services will be delivered across the city. An inter-board protocol ensures that the work of the different boards across the city is coordinated, with an effective interface to ensure that the shared priorities are clear. Partners are committed to working together to improve outcomes for all children in Manchester and to hold each other appropriately to account. The development of the Greater Manchester Children's Health and Wellbeing Board is providing greater oversight of children's well-being outcomes, and brings together providers and commissioners to ensure an integrated approach to the delivery of services for children.



- 92. Work is in place to counter the risk to children of radicalisation. Strong partnership working between the local authority and the police at both strategic and operational levels is having a positive impact. Work with children and families is effective, and there are examples of good assessments and targeted work reducing risk to children. Substantive awareness-raising and training delivered to many partners across the city are effective in alerting professionals to young people who are potentially at risk.
- 93. Elected members in Manchester demonstrate passion and commitment to improve the lives of children and families through the work of the scrutiny committee, which meets regularly to review and challenge aspects of service delivery. The committee selects its own work programme, which has included scrutiny of arrangements for safeguarding children at risk from sexual exploitation and the arrangements for a regional adoption agency. It provides regular oversight and challenge of performance information, and is active in seeking the views of service users.
- 94. Manchester City Council is a committed and active corporate parent, with elected members demonstrating a good knowledge of corporate parenting issues. The corporate parenting panel is provided with a detailed performance analysis, and a range of professionals present reports. These help panel members to clarify, challenge and question activity. The panel focuses on the right things, considering key issues such as education and health systematically and in detail, while ensuring that children looked after can bring the issues that are important to them. The corporate parenting strategy is detailed, setting out clear and appropriate priorities and areas for development.



Information about this inspection

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

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

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

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

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