

Inspection of Manchester local authority children's services

Inspection dates: 21 March to 1 April 2022

Lead inspector: Mandy Nightingale, Her Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Requires improvement to be good
The experiences and progress of children in care and care leavers	Good
Overall effectiveness	Good

Services for children in Manchester have significantly improved since the last inspection in 2017. Many areas of service provide consistent practice for most children and their families. This includes when children first need support, come into care and leave care. For some children requiring help and protection, there are improvements to be made in the quality of this service to ensure that they receive the right intervention in a time frame that meets their needs. Children in care make good progress in most areas of their lives and are able to live with their wider family, or with carers who meet their needs. Care leavers are supported well to become independent and most move on to live in suitable accommodation and continue in education, or access employment or training. Disabled children in receipt of statutory services do not receive an effective service. Further improvements are required to ensure that these vulnerable children receive a service that meets their unique needs, to safeguard and support them to achieve positive outcomes.

Political and senior leaders in Manchester work alongside their partners well. They have continued to improve services for most children, despite the impact of COVID-19 on the workforce and their communities. The council's 'our child' approach and the creation of a culture of permanence are ensuring that professionals keep children at the centre of planning and service development. An ongoing financial commitment to the recruitment and retention of social workers is enabling Manchester's leaders and managers to secure a stable and increasingly experienced workforce. Through

effective quality assurance activity and performance management monitoring, leaders know the areas that require further improvement.

What needs to improve?

- Practice around the care and protection of disabled children to demonstrate:
 - an understanding of the impact of the child's disability on their life and daily experiences and that of their family;
 - communication and direct work with disabled children, to gather their wishes and feelings and use these views to inform planning and next steps;
 - the ambition for disabled children to achieve to their potential.
- The understanding of the effects of domestic abuse on children and their parents' lives, including how this is captured in the child's written record.
- The recognition of, and actions to meet, the diverse needs of children arising from their race, religion, ethnicity and culture.
- The quality and timeliness of children's written records, including supervision records, children's plans, child and family assessments and direct work.

The experiences and progress of children who need help and protection: requires improvement to be good

1. Early Help is a stable and effective service for children who require early intervention. Partner agencies mostly understand and apply Manchester's thresholds, and this means that requests for early help are appropriate, clear to understand and responded to promptly. Historical information about the family and information from partners is considered well to understand the child's current situation, and this supports the timely recognition of need and provision of service for children.
2. Concerns for some children reduce, and families' circumstances improve as a result of early help support. When concerns for children do not decrease, or new concerns emerge, early help practitioners recognise this and swiftly refer children to the Advice, Guidance and Support (AGS) team.
3. Effective management oversight at the very early stage of a referral to the AGS team mostly leads to prompt action by a social worker to gather further relevant information about the child and their family. Parental consent to seek and share information about children is appropriately confirmed and, for some children, this multi-agency information-sharing contributes to effective and timely decision-making. However, for some children, decisions are not made quickly enough and there is little evidence on the child's written records to understand what actions have been taken. This means that some children and families wait too long to know what will happen next and other professionals cannot see what work has been done with, or for, the family.

4. For the majority of children, when concerns arise outside of normal working hours the emergency duty team provides an effective service. The team engages with other professionals and makes decisions that safeguard children. However, these decisions are sometimes changed by managers in the day services, with no clear rationale being recorded. This has led to some children and their families not always understanding the legal basis for social work intervention or what may happen next for them. Children are protected well by the professionals who work with them from abuse or harm, through effective multi-agency working, a comprehensive assessment of risk and appropriate actions by the local authority designated officer service.
5. Child protection concerns are recognised and progressed promptly to the locality teams, where timely multi-agency strategy meetings take place. Partners share relevant information, and appropriate decisions and actions are agreed to reduce risk for children. When it is identified that children are at risk of significant harm, child protection conference meetings are convened. Meeting attendees share the multi-agency information well and appropriate decisions are made to determine next steps.
6. The quality of child and family assessments of need varies significantly. Too many are descriptive, rather than analytical, and do not always fully consider the history to understand current and future risks for children. The sustainability of short-term changes is not robustly considered. This leads to involvement with some families ending too soon, and a small number of children experiencing repeated reported incidents of concern. The complexities and impact of risks arising from domestic abuse are not always fully considered or understood. This means that children and their parents who experience domestic abuse in their households do not always have their needs fully assessed and planned for. When assessments are stronger, they analyse the impact of adult issues on all children in the home. This means that, for some children, their subsequent plans are more child-focused and progress is measured against outcomes for children.
7. Child-in-need and child-protection plans do not always reflect the child's needs well. Some plans are too adult-focused and contain generic actions. Plans are reviewed regularly; however, for some children, it is not always clear that partners have reviewed the plan and monitored progress effectively because they are not always promptly updated.
8. When circumstances change for children, there is variability in the application of threshold about when children step in, and out of, child in need, child protection, the Public Law Outline and pre-proceedings. Stepping up to child protection is mostly appropriate. However, when children step down from child protection into child in need, or from child in need to early help, the parents' ability to maintain long-term changes is not always robustly assessed. This means that, for a small number of children, they experience repeated episodes of referral and subsequent child and family assessments.

9. Letters informing parents about stepping into pre-proceedings have improved since the focused visit in 2019. Parents are now provided with clarity about what the concerns are and what needs to happen next. Parents are engaged in prompt specialist assessments to inform decision-making. For a small number of children, when decision-making is delayed, this is proportionate to making the right decisions. Management oversight of this pre-proceedings work does not always consider progress from the child's perspective, instead focusing on parental actions and processes rather than what impact this intervention is having on children's lives.
10. When risks decrease, children's cases are appropriately stepped out of pre-proceedings. Children and their families are then supported well through child-protection and child-in-need processes to monitor the sustainability of the changes and the impact these are having on the children.
11. Disabled children are safeguarded effectively and appropriate thresholds are applied to review risk. However, this group of vulnerable children do not always have their needs arising from their disability recognised. For these children, this means that child and family assessments do not consider the child's diverse needs and plans do not always contain relevant actions to meet children's needs. The voice of disabled children does not always influence children's plans; this is because communication and direct work with disabled children is not always effective.
12. Children who are being exploited or at risk of being exploited, and those who go missing from home, are supported from an early stage. Their risks are promptly identified and support is provided through the complex safeguarding hub. Children are supported to build effective relationships with workers, and this contributes to assessments that are mostly thorough and inform children's plans. Direct work is helping some children to understand risk, although this is not always reflected in the child's written records. Workers in the complex safeguarding hub maintain a focus on reducing risk for children, and work well with other professionals when the child is not ready to engage in direct work.
13. Children who are privately fostered and 16- and 17-year-olds who present as potentially homeless are supported well to ensure that they live in safe and secure homes.
14. Children who are missing education are swiftly identified by the children missing education team. Clear and embedded procedures are applied well to ensure that any safeguarding concerns are appropriately identified. The team's access to a comprehensive network of professionals helps to ensure that children are located as quickly as possible.
15. Children who are electively home educated are seen in their homes to assess any safeguarding risk. Local authority staff work efficiently to address the suitability of the home education arrangements. If appropriate, children are supported well to access education to meet their aspirations. If not deemed

suitable, parents are also supported to review their arrangements or make new arrangements for children to return to school. During the pandemic, a notably high number of children became electively home educated. However, with the effective support from a dedicated team, this has now reduced to a level nearer the pre-pandemic figure for Manchester.

16. When children's first language is not English, they are almost always provided with an interpreter for important meetings and discussions. However, their needs arising from race, religion, ethnicity and culture are not consistently considered for all children. This means that the very distinct and personal needs of most children are not being robustly assessed and accounted for when developing their plans.

The experiences and progress of children in care and care leavers: good

17. Manchester has successfully embedded a culture of permanence planning for children who enter care. Most children come into care at a time that is right for them to do so. Children's individual needs are carefully considered, including whether they should live with their brothers and sisters, or wider family members or friends who can care for them on a permanent basis.
18. Most children live in safe and secure homes with carers who want them to be there, and they make good progress. Children are supported to see their birth family when it is safe to do so. They have access to a range of leisure activities and are supported to maintain and develop new hobbies. This supports children's emotional well-being and development. Children are registered with GPs and dentists and receive regular healthcare. When children require healthcare to meet their mental health needs, this is appropriately accessed through child and adolescent mental health services. Disabled children who are in care mostly live in placements that are meeting their day-to-day needs. This includes any additional health or social needs children have as a result of their disability. However, some care plans do not always take full consideration of the child's needs as a disabled child.
19. Children see their social workers regularly and develop positive, trusting relationships with them. This enables children to share their views, and for social workers to prepare appropriately considered care plans. Communication and direct work with disabled children is not actively pursued and this means that their views do not always inform care planning. Children's looked after review meetings are attended by relevant professionals and, for most children, they review all aspects of children's care plans effectively. However, for most disabled children, care review meetings often lack aspiration and detail about educational targets and future goals. Children are encouraged to attend their looked after review meetings and are supported by proactive independent reviewing officers to share their views.

20. Most children are supported to make educational progress through careful, coordinated planning. Children have personal education plans that are of high quality and are contributed to by a wider range of relevant professionals. Children are encouraged to contribute to their personal education plan, and this is considered at their looked after review meetings to inform future care planning and to monitor progress made in their educational achievements. Social workers ensure that a range of options for education are explored with children who struggle to engage with learning. Social workers and the virtual school are persistent in continuing to try these options, despite some children's reluctance to engage at that time.
21. Permanence planning is reviewed at children looked after review meetings, and appropriate decisions are made to discharge care orders for some children who are living at home with their parents. For a small number of children, assessments to progress these actions are too slow and this means that some children remain a looked after child for too long.
22. Permanence through adoption is successfully achieved for children when it is in their best interests. Careful planning by social workers ensures that children's moves to adoptive parents are completed sensitively, and this enables adoptive parents to build meaningful connections with their children.
23. Pre- and post-adoption contact arrangements for children with their birth family members are planned at an early stage. Later-in-life letters show strong, compassionate practice, with a caring attention to detail. Comprehensive and sensitively written life-story books will support children to understand why they did not grow up with their birth families.
24. Children's needs arising from their race, religion, ethnicity or culture are not consistently considered when planning for children in care. This means some children will not have a full understanding of their background prior to coming into care, or risk not having their unique needs met as they develop through childhood. They are, however, provided with interpreters when their first language is not English. This is better considered for children reaching independence and leaving care.
25. Care leavers in Manchester receive a consistently good service. This is underpinned by a strong child-focused strategy and a clear promise to young people to make sure that they are 'happy, healthy, safe and successful' as they move into adulthood.
26. Skilled and experienced personal advisers begin working with children shortly after they turn 16 years. This supports the development of longstanding, trusting professional relationships for most care leavers. Young people are helped to share their views and are encouraged to develop aspirational goals; for most, this informs their pathway plans. Young people are supported to learn independence skills at a pace that is right for them and, for most, they live in suitable accommodation that meets their needs, including staying put with their

foster carers. The care leaver service and the virtual school team work well together to make sure that all young people, including young parents and those in custody, benefit from the wide and varied range of opportunities that Manchester and Greater Manchester have to offer.

27. Risks faced by care leavers are understood well and responded to appropriately. Personal advisers are alert to issues of risk, such as trafficking and exploitation, and are professionally curious. This means that risks are being reduced for some young people. Young people's health needs are supported well by personal advisers who are strong advocates for them. This ensures that care leavers gain access to timely specialist support, such as for substance abuse and mental health services. For some care leavers who are not ready to engage with health services, their personal adviser provides emotional support for them until they are ready for more specific help.
28. Young people spoke favourably about the support that they receive. They know their entitlements and have all relevant documents to move to independence.

The impact of leaders on social work practice with children and families: good

29. Since the previous inspection in 2017, political and senior leaders have maintained a consistently strong focus on improving practice and this has resulted in improved outcomes for children. This inspection found improvements in many areas, including creating a culture of permanence planning from an early stage for children, improved early help services, improved outcomes and services for care leavers, privately fostered children, children aged 16 and 17 who are homeless, life-story work, letters before proceedings, and caseloads. Leaders are aware of the weaker areas of practice, such as the quality of services for disabled children, the quality of assessments and plans, management oversight and supervision, and the overall quality of children's records.
30. The strength of the political and senior leaders' relationships, and a city-wide focus on the 'our child' approach, is improving outcomes for children. Leaders continue to provide effective support and challenge to each other through the corporate parenting cooperative and scrutiny board. Children and young people's views are proactively sought to assist leaders in setting key priorities.
31. Manchester's 'happy, healthy, safe and successful' approach is well embedded in education services. This is driving a strong partnership approach to improving services for children missing education, electively home-educated children and all children supported by the virtual school.
32. As a result of the strong commitment to partnership working in Manchester, children, young people and their families have received an improving level of service that has offered safety and support throughout the two years of the COVID-19 pandemic.

33. Manchester is a large local authority with a wide and varied demographic. Leaders know their area well and this understanding is supported by the move towards a more localised service provision. Leaders are responsive to changing demands and needs in the area and focus their resources accordingly. There has been a continued financial commitment to improving services for children in Manchester. This has, for example, significantly supported the effective recruitment and retention strategy that is resulting in an increased number of social work posts and a career pathway for the workforce. This approach has also strengthened the local authority's ability to retain experienced social workers.
34. Leaders use a range of information from complaints, quality assurance activity, peer reviews and feedback from children and their families effectively. This helps them to improve social work practice with children and their families, and also to maintain their ongoing detailed knowledge of the quality of their services.
35. Leaders have successfully embedded a learning culture across the workforce. This has ensured that social workers are supported to continue to access relevant learning opportunities, including throughout the pandemic, to maintain their continued professional development.
36. A range of regular and good-quality performance management reports help managers to be accountable for practice and maintain oversight of performance. However, managers have not recognised the failure to consistently seek to understand the needs arising from children's unique individual characteristics including race, religion, ethnicity and culture.
37. The frequency of supervision and the quality of written supervision records are significantly variable. When supervision is provided regularly and recorded well, social workers are supported to reflect on their involvement with families. However, in too many circumstances, supervision does not provide sufficient reflection opportunities for social workers to improve their practice.
38. Until very recently, some disabled children in Manchester have received an insufficient service. Management oversight in this area has not been effective. Leaders and managers' response to safeguard and support disabled children, and ensure that they receive a comparable service to other children in Manchester, has been too slow. Too many disabled children who receive protection and care have experienced delay in receiving a service that is cognisant of their very complex and individual needs.
39. Social workers are positive about working in Manchester. They value the support from managers. Senior leaders have maintained regular and effective communication throughout the pandemic. This has ensured that the workforce is updated on changes that have been made and the expectations of them during this difficult time. Some social workers who have been in Manchester

since the previous inspection confidently told inspectors that they can see how the change in culture and practice in Manchester is improving children's lives.

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