Inspection of local authority arrangements for the protection of children

Rochdale Metropolitan Borough Council

Inspection dates: 12 – 21 November 2012
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Age group: All

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The inspection judgements and what they mean

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

Outstanding	a service that significantly exceeds minimum requirements
Good	a service that exceeds minimum requirements
Adequate	a service that meets minimum requirements
Inadequate	a service that does not meet minimum requirements

Overall effectiveness

2. The overall effectiveness of the arrangements to protect children in the Rochdale Metropolitan Borough Council area is judged to be inadequate.

Areas for improvement

3. In order to improve the quality of help and protection given to children and young people in Rochdale Metropolitan Borough Council, the local authority and its partners should take the following action.

Immediately:

- ensure all children in need who receive social work services have individual plans, focused on clear outcomes and that they are regularly reviewed to ensure children's outcomes are improving
- provide information to children, young people and families about the help they are receiving so that they are clear about their plans and what they need to do
- further develop the strategic coordination of the Sunrise team so that there are effective links with an appropriate range of partners and that these are reflected in local policies and procedures
- ensure that the use of the holistic assessment model for child sexual exploitation is better understood across all agencies
- review the functioning of the Rochdale Borough Safeguarding Children Board (RBSCB) to ensure that it provides sufficient scrutiny of a full range of child protection practice and appropriately holds agencies to account for the quality and impact of that activity

Within three months:

- implement an early help strategy for the local area, with clear thresholds understood by all frontline professionals so that children, young people and families are helped at an early stage and before problems escalate

- ensure that appropriately targeted and coordinated services are in place to meet the help and protection needs of those adults and children affected by domestic abuse

- ensure children and young people in receipt of child in need and child protection services have information about, and good access to, appropriate advocacy services

- ensure that child protection conferences are consistently chaired, that chairs robustly provide practice challenge and quality assure the contribution of professionals in reducing the risks to children. The findings of child protection conferences should be collated and reported to the RBSCB

- ensure the collation and analysis of performance management information to effectively monitor the quality and impact of help and support for families, identifies trends in service delivery and drives improvement at the frontline in universal and specialist services

Within six months:

- ensure that the views, experiences and feedback from children and their families are used to inform learning and service improvements

About this inspection

4. This inspection was unannounced.

5. The inspection considered key aspects of a child's journey through the child protection system, focusing on the experiences of the child or young person, and the effectiveness of the help and protection that they are offered. Inspectors have scrutinised case files, observed practice and discussed the help and protection given to these children and young people with social workers, managers and other professionals including members of the Rochdale Borough Safeguarding Children Board. Wherever possible, they have talked to children, young people and their families. In addition the inspectors have analysed performance data, reports and management information that the local authority holds to inform its work with children and young people.

6. This inspection focused on the effectiveness of multi-agency arrangements for identifying children who are suffering, or likely to suffer, harm from abuse or neglect; and for the provision of early help where it is needed. It also considered the effectiveness of the local authority and its partners in protecting these children if the risk remains or intensifies.

7. This inspection included a specific focus on the effectiveness of the local authority response in identifying, helping and protecting children and young people at risk from sexual exploitation. This follows the launch of Operation Span by the Greater Manchester Police in 2010, the subsequent conviction of a number of men for sexually exploiting children and young people in Rochdale and the publication of the Local Safeguarding Children Board commissioned review of child sexual exploitation.

8. The inspection team consisted of five of Her Majesty's Inspectors (HMI).

9. This inspection was carried out under section 136 of the Education and Inspections Act 2006.

Service information

10. The borough of Rochdale in Greater Manchester has approximately 56,200 children and young people under the age of 19 years. This is 24% of the total population. Children and young people of school age from minority ethnic groups account for 31.4% of the total population, compared with 25.4% in the country as a whole. Some 27% of pupils speak English as an additional language. In addition to English, the most commonly spoken community languages in the borough are Urdu, Punjabi and Bengali. Pupils from a Black background make up 2% of children, 23.4% are of Asian background and 3% of mixed heritage.

11. Early help for children and families in Rochdale is provided by the Children, Schools and Families Department within the local authority and includes targeted youth support, targeted support panels for primary aged children and the common assessment framework (CAF) team. Delivery is provided through 16 mainstream children's centres located in areas of greatest need, tailored outreach family support interventions and targeted youth programmes.

12. Contacts and referrals for targeted services are managed through a centralised First Response team which is the initial point of contact for anyone who has concerns about a child. This team manages this information, assesses and identifies any further action. Three child assessment teams (CAT) and four child protection and care proceedings teams provide services to children in need and children who become the subject of a child protection plan. The Sunrise team provides a multi-agency response to children and young people affected by child sexual exploitation.

Overall effectiveness

Inadequate

13. The overall effectiveness of the arrangements to protect children in Rochdale Metropolitan Borough Council is inadequate. Partner agencies clearly identify when children are at risk of harm and make appropriate referrals to children's social care. While some children are effectively supported through a range of early help services, there are gaps in service provision and too many referrals are made to children's social care unnecessarily. Thresholds for services are not consistently understood and professionals are not effectively supported or confident in working with children and their families at an earlier stage through the effective use of the common assessment framework.

14. Children's social care responds appropriately to children at risk of harm and there is good information sharing between agencies. While no children were found to be at significant risk of harm, clear and focused plans are not consistently in place for children in need. Identification of children who may be at risk of child sexual exploitation is routinely considered and appropriately responded to by children's social care staff. The multi-agency Sunrise team at an operational level effectively responds to and supports children at risk from child sexual exploitation. Previous senior leaders lacked urgency in driving the strategic momentum of responding to child sexual exploitation. However, new senior leaders are clearly prioritising child sexual exploitation, have considerable knowledge in this area, are fully aware of strengths and areas for continued development in Rochdale and are progressing further improvements swiftly. For example, a review has been commissioned to ensure that policies and proceedures are fully informed by national guidance on

Tackling Child Sexual Exploitation published by the DfE (July 2012). Children with disabilities are appropriately protected from harm. The response to children at risk from domestic violence is less well coordinated across the partnership.

15. When children are made the subject of child protection plans professionals generally work effectively together to support children and their families. Most assessments identify risks appropriately although the quality of assessments is variable. More recent assessments are good. The majority of plans are focused on reducing risks. However, some children remain the subject of child protection plans for too long even where risks have been sufficiently reduced. Child protection conferences are not consistently chaired and chairs do not regularly ensure that they challenge the impact of professionals practice and the associated changes that families make. It is often difficult to assess what scrutiny there is about the length and purpose of plans, with poor focus on reducing the length of time children remain on child protection plans. Parents also report that they are not always clear about child in need and child protection plans. Often they do not receive reports from all agencies sufficiently in advance of meetings for these to be meaningful to them.

16. The new Chief Executive of the council has been in post six months and very recent appointments have been made to other key strategic posts in the council including the interim appointment of the Director of Children's Services (DCS) and Assistant Director. The new senior management team have identified and taken some swift appropriate action, for example the restructuring of the First Response service to improve responses to children in need. However, there has been significant fragmentation of strategic vision, leadership and oversight within the council and across the partnership which means that services are not sufficiently targeted or coordinated and the impact of services delivered is not well evaluated. Management information has not been used well to drive practice and service improvement. Scrutiny by elected members is in the early stages of development and is not yet robust.

17. The RBSCB is significantly underdeveloped. While it has prioritised and led on the development of an appropriate response to child sexual exploitation, the Board is not consistently ensuring that a broad range of safeguarding practice across the partnership is effectively protecting the most vulnerable children. There is limited challenge between agencies to drive improvement in practice across universal services and at the frontline.

18. The voice of children and families does not yet sufficiently influence professional practice and service delivery for children in need and those subject to child protection plans. Access to advocacy services are not in place.

The effectiveness of the help and protection provided to children, young people, families and carers

Adequate

19. The effectiveness of the help and protection provided to children, young people and their families is adequate. The early help offer in Rochdale is insufficiently coordinated and the current structure does not facilitate good joint working at a strategic level. However, there are some examples of effective early help for children and families. Children's centres are located where they are most needed and a key priority, to ensure that the most vulnerable families are reached, is progressing well. Effective help provided through the strengthening families programme to improve parenting skills is helping parents manage their children's behaviour to prevent problems escalating. The targeted support service and targeted youth service provide effective early help to children and young people to promote community cohesion. For example, the 'Young Achievers' project is working with a group of young Muslim males with strong views on issues such as culture, faith or extremism. The youth service provides a range of good opportunities to address drug use, promote full engagement in education or employment such as through the 'job shop'.

20. The Children's Needs and Response Framework which sets out the thresholds for referrals between agencies and to children's social care was launched in March 2011 and widely disseminated to universal services. However, the threshold to services is not fully embedded or understood. Some families are not receiving services early enough because professionals in universal services lack confidence or are reluctant to manage multi-agency support through the use of the CAF and take on the role of lead professionals. Although there has been an intensive training programme to support the delivery of the CAF the quality of common assessment is too variable ranging from inadequate to good. This is under used and the lead professional role insufficiently supported. As a result too many cases are referred and re-referred to children's social care unnecessarily and when children no longer require a service from children's social care, 'team around the child' support is not always delivered.

21. Other multi-agency work to reduce risk to children and young people is adequately coordinated. There is a significantly improved awareness of child sexual exploitation across partner agencies. As a result the identification of risk indicators for children and young people are more swiftly brought to the attention of children's social care and the police. More children and young people who may be at risk have been appropriately identified and those risks reduced at an earlier stage through help and protection to individual children and young people and proactive disruption of adult activity. Arrangements for monitoring children's attendance at school, children missing from education and for

those educated at home are appropriate and ensure that children's whereabouts are known. Children and young people learning at home are visited more often than is required by statute and movement of young people between schools in Rochdale and schools out of area is monitored. Despite this, education officers are not liaising sufficiently with children's social care staff to analyse this cohort of children, report on progress to RBSCB and improve young people's outcomes. The multi-agency team to support children with disabilities is effective and is leading to the timely provision of appropriate services to meet children's needs. Family support workers and the out-of-hours team are providing effective support to families in crisis to prevent family breakdown. However, there are gaps in service provision in relation to mental health support for young people with autism between the ages of 16-18 years; programmes for perpetrators of domestic violence where there is no conviction to reduce risk to children; and support for partners of sex offenders. This results in a less effective offer of help and protection for children.

22. Where a child is clearly at significant risk of harm the response from children's social care is swift and managed effectively. In the majority of the cases seen by inspectors, the help and protection that children receive is well coordinated and proportionate to their needs. Where there is shared responsibility for the allocation of cases between duty and assessment teams and the children with disabilities team, communication is generally good. However, there were instances of delays in recording information on the electronic recording system and current arrangements are over reliant on social workers keeping in touch between teams. This causes confusion for families and impedes work required to promote children's welfare.

23. The majority of team around the child and child protection plans are effective and outcome-focused. This is enabling parents to understand the intent of services and promoting time focused periods of intervention that improves the quality of parenting for those children and keeps them safe. However, planning for children in need is inconsistent. There is no evidence of planning in some cases and where plans are in place they are not consistently outcome focused or reviewed in a timely way and as a result children are not receiving the right level of service at the right time.

24. Children's diverse needs are well considered and their experiences reflected appropriately in assessments of their needs, including appropriate consideration of socio-economic factors. A range of services are provided to meet the diverse needs of the local population. There is good access to interpreter services and a range of projects to support the inclusion of minority groups such as a mobile bus service to provide literacy support for young people whose first language is not English. Children and young people are particularly enthusiastic about the Moorland Homes for holiday respite care for children with disabilities and the Play Bus for activities during the summer break. Youth workers deliver

a programme of education support to vulnerable young people with learning difficulties through the Saturday Disability Group.

25. The views of parents about the support they receive are variable. Some parents are positive about the help they receive, reporting it increases their confidence in improving their parenting skills, managing behaviour and keeping their children safe from harm. They feel closely involved and understand the goals and the courses of action taken, whether relating to the common assessment framework, children in need or child protection plans. Several parents told inspectors that they valued the support of staff, particularly their knowledge of services available in the area and their ability to coordinate the support. One parent said of professionals support: 'it is so good; I don't know what else they could do to help'. A young person said that the support provided had really made a difference. However, some parents feel confused about what they need to do to improve the quality of care or make appropriate changes to their parenting. They say that professionals do not share information with them and that plans to help or protect children are not clear. In some cases reports for child protection conferences and core group meetings are not shared in a timely way with parents which means that they cannot give a considered response or understand what it is they need to do. There is a lack of advocacy arrangements to support children, young people and families to make positive contributions. Some parents say that they do not fully understand child protection and legal processes. At times opportunities are missed to engage children, young people and their families in meetings and formulating plans. This hinders an understanding of their experiences and is a barrier to effective change.

The quality of practice

Adequate

26. The quality of practice is adequate. The reorganisation of the contact, referral and assessment arrangements delivered through the First Response team has ensured that children in need receive a more focused service. When risks are identified cases are allocated and investigated by a qualified social worker. Although no children were found to be at risk of significant harm there were a small number of cases where only the immediate risk factors were considered before cases were closed at the contact stage when early help or support could have been facilitated. The emergency duty team provides good continuity of service with day time services. The service is appropriately resourced and well supported by senior social work managers.

27. The child sexual exploitation initial screening tool is being used effectively by the First Response team and other children's social care teams for all children over 10 years to identify potential risk factors leading to children being appropriately referred to the Sunrise team. However, the

implementation of an holistic child sexual exploitation risk assessment model has been slow and practice is not yet fully embedded. The multi-agency Sunrise team, including both police and social care personnel, provides a specialist service which leads to the effective coordination of responses to children and young people affected by child sexual exploitation, including those that are looked after children. In the cases sampled the Sunrise team is making a difference to reducing risks and providing good support for individual children. Joint working is effective, intelligence is shared and there is a proactive response to adults who may pose a risk to children. Raising awareness of the risks of child sexual exploitation is well established leading to rise in referrals to children's social care from other professionals. By July 2012 over 9000 children and young people had experienced training sessions in high schools. However, plans to deliver this to parents and to children missing education have not yet been implemented. Good progress has been made on the introduction of a single database for the recording and retrieval of child sexual exploitation intelligence which includes extensive information on children who go missing from home or care. Professionals in the Sunrise team have good access to legal advice and support to progress cases which is leading to the successful prosecution of perpetrators. However, there are still gaps in the operation of the Sunrise team in key areas such as dedicated support for schools and links with the youth service to target and improve the rate of reaching young people exhibiting risk taking behaviours early.

28. Strategy, policy and procedures for the delivery of domestic violence support services are underdeveloped. Although there are many examples of practitioners effectively identifying and responding to domestic violence, the pathway for accessing support for families is not clear. The availability and use of support programmes for victims, children and programmes targeted at low level perpetrators is unclear and the impact of these programmes has not yet been evaluated.

29. Child protection section 47 enquiries are carried out by suitably qualified social workers. Good examples of strategy meetings were seen, and they are increasingly including professionals from partner agencies. All section 47 enquiries seen by inspectors were undertaken effectively, with children being seen and seen alone appropriately. Responses are timely and cases are escalated appropriately where significant harm concerns are identified. This area of work is supported by strong partnership work between the police and children's social care. Once children enter the child protection system some aspects of these cases are managed very well. The percentage of initial child protection conferences held within 15 days of the strategy decision is in line with comparator local authorities and performance on the timely completion of core group meetings and child protection reviews is good. The contribution made by partner agencies to share information and provide reports to support effective child protection interventions is generally good. Attendance by multi-agency professionals

at core groups has improved. The most recent meetings seen are well attended with partner agencies playing a full role in helping to reduce risks for children.

30. There are many examples of good child protection plans being used effectively to safely reduce risk for children. However, high rates of children are subject to a child protection plan and remain on a child protection plan for longer than two years. The quality and effectiveness of child protection review meetings is not consistently good. Child protection chairs do not always exercise sufficient challenge to ensure cases are stepped down. Social work practice does not ensure risk assessment models are used to assist professionals in their assessment of reduced risk; and in some cases seen partner agency professionals do not fully understand the threshold for the continued involvement of children's social care when risk factors have been successfully reduced.

31. The impact of the new children's social care leadership team and new systems of working, management lines of accountability and team responsibilities associated with the children's social care re-organisation are embedding. Management oversight of cases is generally good. However, two cases were identified where children subject to supervision orders had not been allocated to a social worker. This was immediately rectified by the Director of Children's Services. Social workers report that they feel well supported through the changes and by their immediate managers who are visible and have a good working knowledge of cases. There are examples of good social work supervision which is leading to sound decision making and effective social work interventions. Although most social work supervision records seen are thorough some do not demonstrate reflective practice.

32. Case recording is generally up to date; good clear recording is helping to support effective work with families. Case notes and management decisions are recorded well. The quality of reports produced for child protection work, and to support legal proceedings, is good. Performance on the timely completion of initial and core assessments is good and quality is improving. Some of the most recent assessments seen are of good quality. In almost all cases children are seen and seen alone. Their presenting behaviours, wishes and feelings and those of family members are considered well. Professionals demonstrate good understanding of the needs of children with a disability and for those from an ethnic minority group in their assessments and plans. This is helping to ensure specific needs are met. However, practice is variable; some assessments are too descriptive, lack analysis and do not explore all the key risk factors. In a small number of cases children in need assessments were either not completed or not on the electronic recording system.

33. The views of children and young people and their families are increasingly used to help inform assessments and shape plans. However they are not consistently involved across the service.

Leadership and governance

Inadequate

34. Leadership and governance are inadequate. The most vulnerable children and young people are consistently safeguarded. However, services across the partnership are insufficiently targeted and coordinated at a strategic level. Leadership is fragmented and strategic planning has yet to be implemented across the partnership. Previous local authority senior managers have not played a sufficient role in the provision of a clear vision and strategy that results in their taking a lead role in the planning and development of a range of services to reduce risk and provide an appropriate range of services to children and families. For example, there is no joint commissioning strategy. As a result individual departments within the local authority and partner agencies have commissioned some services where need is identified. However, there is not a shared understanding across the partnership at a strategic level of the needs of children and young people and many gaps are not strategically identified, analysed and met. A comprehensive early help strategy is yet to be agreed by partner agencies and implemented across the area. This has resulted in the early help offer of support to families being insufficiently coordinated and targeted. This means, for example, that a step down approach to support families who no longer require a statutory service from children's social care is not in place.

35. The appointment of a new Chief Executive to the local authority in May 2012 and the very recent appointment of an interim DCS and Assistant Director of Targeted Services are beginning to drive improvement forward within the local authority and engage with partner agencies to coordinate the strategic delivery of services. However, this is very recent in origin. Swift and effective action has been taken by these new senior managers to assure themselves that children are protected. Middle and frontline managers within the council and across the partnership work hard within their area of expertise to ensure that children are safe. Staff morale is positive and staff are keenly committed to working in Rochdale. Priorities are clearer and a Single Integrated Improvement Plan (SIIP) has been developed that reflects key areas for improvement. Plans are in progress to establish an independently chaired Improvement Board to drive the implementation of the SIIP and provide consistent challenge to the local authority. Internal investigations into historical practice around child sexual exploitation have been commissioned by the Chief Executive. Robust action has been taken jointly with human resources where current

practice is of concern. The First Response service has been redesigned to give priority to the identification of children at the immediate risk of harm and strengthen the response to children in need. However, this redesign is very recent and inspectors found that there is not yet a consistent response to children in need. An early help strategy has been drafted and is soon to be shared with partners.

36. Partners have been responsive to the recent strategic leadership from the local authority and plans are in place to progress a joint commissioning strategy and an early help offer that coordinates and targets the current range of provision and evaluates and meets gaps. Appropriate arrangements are now in place between the Chief Executive, the Leader of the Council and the Lead Member for Children. The Lead Member for Children is receiving external support and mentoring to enable robust challenge of senior officers. Elected members are supportive of the new senior leadership team and have provided additional funding to support improvement. This early activity by senior leaders in the local authority is showing emerging evidence of greater strategic leadership and engagement with partners to ensure that there are coordinated and targeted strategies in place and greater transparency in the work of the council. However, these developments are in their infancy and have yet to show impact in the services that families receive.

37. The RBSCB has taken a lead on child sexual exploitation and over the last two years has made steady progress in its response to ensure that there is a partnership approach to protecting this vulnerable group. This has led to extensive training on risk indicators and triggers with multi-agency staff, awareness raising with young people, increased identification of young people at risk through the sharing of intelligence between partners, improved protection and support to young people with increased prosecution and disruption activity. However, some areas remain uncoordinated with progress disrupted due to changes in key senior leaders within the local authority. As a result, some posts remain vacant and policies and procedures for child sexual exploitation are not yet fully informed by national guidance in regard to links to some partner agencies. However, current senior leaders in the local authority have a clear understanding of child sexual exploitation and further improvements required. The DCS has very swiftly upon appointment reviewed and revised the child sexual exploitation strategy to further strengthen management oversight and coordination between agencies; an independent review of child sexual exploitation policy and procedures has been commissioned and is underway and vacant posts are actively being recruited to.

38. The RBSCB is appropriately constituted in its membership with an independent Chair and includes the appointment of lay members. While some arrangements are in place to deliver support to vulnerable children, the focus to date on child sexual exploitation and the current structure

does not facilitate the RBSCB in effectively discharging its scrutiny and monitoring functions. For example the domestic abuse strategy is led by the Safer Community Partnership (SCP). The RBSCB have identified domestic abuse as a priority but do not yet have a clear understanding of this work and whether support as a result of work by the SCP is having an impact on reducing risks for children and their families. However, the LSCB and SCP have engaged in a pilot study with the University of Huddersfield to examine cases locally which is due to report in January 2013 and should help inform the RBSCB scrutiny of domestic abuse. A CAF strategy is in place and led by the Children's Trust and data indicates that engagement of partner agencies in CAF is increasing. While the RBSCB is represented on the Children's Trust this has not brought about sufficient challenge from the RBSCB to understand the effectiveness of CAF and its contribution to the reduction of harm to children at an early stage. However, the DCS has tabled proposals for an improved structure of the RBSCB which are currently under consideration.

39. The RBSCB Annual Report for 2011/12 along with the 2012/13 business plan has not yet been published and resources to support the board are not sufficient. The Chief Executive has agreed to additional resources to support the board but posts are not yet recruited to. The RBSCB does provide a sufficient range of training to support staff across the partnership in identifying risk to children and a range of agencies are attending this training. However, the RBSCB is in the very early stages of evaluating impact of this training in improving practice.

40. The RBSCB's use of performance management information to identify trends and improve practice in child protection and safeguarding activity across the partnership is significantly underdeveloped. Information is not available from all agencies despite repeated requests in the last 12 months. For example, information on missing from school and elective home education, children detained in police cells and the length of time children are subject to child protection plans are not reported to the RBSCB. Where information is submitted it receives limited analysis and the board is not sufficiently challenging and robustly holding agencies to account. The RBSCB has undertaken some limited multi-agency auditing work and observed practice at child protection conferences and core groups. However monitoring and evaluation of the effectiveness of partnerships' contribution to reducing risks to those subject to child protection plans is underdeveloped.

41. The quality assurance of practice by senior and middle managers within the local authority is improving. External auditors have been commissioned to review the work in the duty and assessment service and child assessment teams. This has resulted in a restructure creating the First Response service and an understanding of the deficits in practice in child assessment teams which require improvement. However, these developments are very recent and it is too early to determine if early

improvements as a result of the restructure will be sustained. Peer auditing among first line managers in the child protection teams is well embedded and improves the consistency of practice. At a strategic level the information that is known across partners and within the council is fragmented. Gaps in management information mean that some areas have not yet been sufficiently analysed and evaluated to understand trends.

42. Individual children are being seen and their individual wishes and feelings are recorded and increasingly influencing their individual plans. However, the arrangements for children to provide feedback on their experience in the child protection and children in need process are underdeveloped as are the systems to learn from service users who have experienced the CAF process. Complaints are appropriately managed and learning from complaints has contributed to some changes in practice. Children's social care have very recently written to service users to gain their views on the services they have received with a view to informing service delivery; responses are awaited.

43. Staffing stability is improving with a reduction in sickness, a high rate of retention of newly qualified social workers (NQSWs) and reduced reliance on agency workers. Staff report that they are well supported by their line managers and NQSWs report that a well coordinated package of support that includes mentoring and good quality training is available to them.

Record of main findings

Local authority arrangements for the protection of children	
Overall effectiveness	Inadequate
The effectiveness of the help and protection provided to children, young people, families and carers	Adequate
The quality of practice	Adequate
Leadership and governance	Inadequate