

18 June 2021

Robert Henderson Executive Director for Children and Learning Southampton City Council **Civic Centre Civic Centre Road** Southampton SO14 7LY

Dear Mr Henderson

Focused visit to Southampton City Council children's services

This letter summarises the findings of a focused visit to Southampton City Council children's services on 5 and 6 May 2021. The visit was carried out by Nick Stacey, Tracey Scott, Alex Dignan, Maire Atherton and Lee Selby, all of whom are Her Majesty's Inspectors (HMI).

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 (coronavirus) pandemic.

The methodology for this visit was in line with the inspection of local authority children's services (ILACS) framework. However, the delivery model was adapted to reflect the COVID-19 context. This visit was carried out fully by remote means. Inspectors used video calls for discussions with local authority staff, children, managers and leaders. The lead inspector and the director of children's services (DCS) agreed arrangements to deliver this visit effectively while working within national and local guidelines for responding to COVID-19.

Areas for priority action

- Effective and rigorous senior management oversight of children in care who are placed in unregistered settings, are at home with their parents or are with connected carers in emergency circumstances.
- Effective management oversight of services to care leavers.



What needs to improve in this area of social work practice

- The quality of supervision and management oversight of children on child protection and child-in-need plans.
- Visits to vulnerable children who are electively home educated (EHE).

Findings

- The onset of the pandemic coincided with a six-month gap in permanent leadership of children's services until the current statutory director of children's services was appointed in September 2020. This added to the logistical challenges in rapidly moving the frontline workforce to remote working. Some social workers experienced significant delays in the provision of essential equipment to enable effective remote working, but these were addressed in subsequent lockdowns. At the time of the visit, national restrictions were still in place and many social workers are physically visiting children on child protection and child-in-need plans. They are confident in the support and guidance available to enable them to safely work with children.
- Senior leaders demonstrate a balanced, accurate self-assessment of the quality of frontline practice to protect and support vulnerable children. They recognise that they have much more to do to ensure that all children in need of help and protection benefit from high-quality interventions that improve their circumstances. An extensive workforce and practice transformation programme is in progress. It is prominently led by the DCS, who is regarded by frontline staff as a child-centred, accessible and inclusive leader. Since coming into post, the DCS has secured significant additional financial investment, indicating strengthened political and corporate support for improvement work.
- The local authority has recently revised its quality assurance framework and is continuing to review its effectiveness and impact through the Partners in Practice (PiP) arrangement. A range of auditing approaches forms the cornerstone of practice improvement work. Senior leaders recognise that more work is required to convert the learning from widespread auditing programmes to demonstrable improvements in practice. Audit activity does identify strengths and areas for development, but is not instrumental in developing a cycle of continuous learning and widespread understanding of good frontline practice with children and families. Social workers are not routinely consulted when their allocated cases are audited. This limits opportunities for social workers to learn and develop their practice.
- Good progress has been made in strengthening and reshaping partnership arrangements, which is rebuilding eroded trust and confidence. Purposeful engagement with school leaders has resulted in many of them reporting improved responses to children whom they have referred to the multi-agency safeguarding hub (MASH). However, feedback from some school leaders on the availability of, and support provided by children's social workers in other parts of the service is



less favourable. An improvement board has been refreshed and is now led by an experienced external chair. Feedback from the family judiciary and the Children and Family Court Advisory and Support Service (Cafcass) indicates strengthened strategic and operational relationships with the local authority, and improvements in the quality of work for children in the Public Law Outline (PLO) process and in care proceedings. Leaders are actively working alongside a neighbouring local authority as a PiP and an improvement adviser from the Department for Education (DfE). These initiatives demonstrate a constructive, outward-facing approach towards achieving sustainable improvements for children in the quality of frontline practice.

- The local authority employs a strong spine of permanent, experienced social workers, but also remains reliant on a significant number of agency staff, particularly in the assessment teams. Considerable 'churn' in this temporary workforce results in many children, in all parts of the service, experiencing too many changes of social worker. This is compounded by a service structure that has numerous handovers of children's cases between different teams. Shortfalls in the current structure are recognised by senior leaders, who have already commenced a comprehensive service redesign. Recruitment, retention and workforce reform are immediate and ongoing priorities of local authority improvement plans. A new social work academy and practice standards are due to be launched imminently. Leaders are resolute in their determination to provide a highly skilled and stable frontline workforce.
- Workloads for social workers, particularly in the protection and court teams (PACT), are too high, and this limits the time social workers have available to undertake purposeful, direct work with children. It also results in restricted time being available for reflective, probing practice discussions in supervision meetings with their managers. Although supervision takes places at regular intervals, records demonstrate that supervision is often task and process centred. Consequently, management oversight is not yet contributing effectively to improving practice.
- Staff in the MASH have remained office based throughout the pandemic. Social workers provide a proportionate and timely response to concerns raised about children. Demand has not notably risen during the pandemic. Timely, comprehensive information-gathering and sharing by partner agencies provide a solid foundation for clear initial analysis of children's risks and needs, and for sound management decisions. However, the rationale for decisions is not always well documented. Most decisions to offer families early help are appropriate, and services are provided reasonably promptly. When needs escalate, referrals to children's social care from early-help services are timely, and this ensures that families receive the right level of support. However, more rigorous management oversight is required when families decline early help for those children who have been the subject of previous referrals and interventions.
- Strategy meetings are convened quickly and are well attended by partner agencies. Information about children is appropriately shared. However, threshold



considerations and the rationale for next steps are not always clearly documented. As a result, some children and families experience too many unnecessary statutory enquiries that do not result in initial child protection conferences. The quality of assessments is mixed, and too many do not result in a social care service or offer of support. Many children are the subjects of poorly devised child protection and child-in-need plans that are not individualised to their specific needs. Management oversight is not always effective in identifying drift and in progressing plans to ensure that children's circumstances improve within reasonable timescales. Core group and child-in-need review meetings do not measure the progress and impact of work, and many children remain on plans for extensive periods. Some stronger practice was seen in the disabled children team.

- A weak understanding and application of thresholds by social workers and managers in most parts of the service have been a longstanding feature of practice. This leads to far more children undergoing unnecessary child protection enquiries and assessments and becoming the subjects of child protection and child-in-need plans than in most other local authorities. The transformation programme has intelligent and carefully designed initiatives that aim to stem and reduce this trend. A programme offering children and families a wider range of evidence-based early help and edge-of-care interventions across the age spectrum is in the early stages of implementation. There are some early indicators that this programme is having an impact. The number of children undergoing assessments and being placed on plans has slightly reduced.
- Improving the quality of pre-proceedings practice as part of the PLO process was hindered by the pandemic but has regained momentum. When child protection concerns increase, the pre-proceedings work undertaken with families to avoid going to court is timely and appropriate. A panel to review children on child protection plans for lengthy periods is an effective forum, and it appropriately moves children into the PLO phase when their circumstances either do not improve, or deteriorate. However, there is a legacy of children who have lived with chronic neglect and experienced prolonged delays before entering the PLO process.
- There are effective systems in place to identify and track children who are missing education, particularly in locating children who do not start school at the statutory age. The children missing education team does not always communicate effectively with children's social workers to ensure that reasons for children's non-attendance are fully understood and followed up by the team. During the pandemic, the local authority experienced a small rise in the number of EHE children. Schools have continued to notify the local authority of children who are EHE, and a dedicated team identifies any support required and applies risk ratings to inform the urgency of visits. However, only a handful of children who have been identified as being of greater vulnerability have been visited by the EHE team in the last year. Managers in this service have not yet addressed and



rectified this issue. As a result, the educational experiences of these children during the pandemic have not been established.

- The missing, exploited and trafficked team provides effective oversight and review of children at risk of, or experiencing, criminal or sexual exploitation. Work undertaken by the team reduces risks and strengthens the safeguarding of children in the greatest danger. Most children who go missing participate in informative return-home conversations that assist professionals in understanding their peer associations and the serious risks to which they are exposed. Leaders recognise that there is more to do to further develop rigorous, system-wide responses to children exposed to harm outside their families.
- When children come into care in an emergency and are placed with family or friends, there are often delays in completing checks and timely approvals by senior managers. As a result, these children live for considerable periods in unapproved and unassessed settings. These vulnerable children are not always seen regularly enough by their social workers. These shortfalls are compounded by a lack of clear management instructions regarding visiting frequencies.
- Children in care have their physical health needs addressed by their carers, despite some unavoidable delays in initial health assessments and dental appointments due to the pandemic. Some children and young people receive sensitive and well-planned direct work, closely coordinated with their carers, that helps to address their emotional health needs. However, there is more to do to identify, prioritise and support the emotional and mental health needs of children and young people.
- A small number of children placed in unregistered children's homes have not received sufficiently effective social work planning, review and visiting. There is not enough scrupulous senior and middle management oversight of this area of practice. Work to increase the range and choice of placements for children in care is continuing, but has not yet provided a sufficient variety of local options. This results in some children not being well matched to foster carers or entering residential placements that do not meet their needs on a sustained footing. A significant number of children are placed outside the local authority area. Many children, however, do live in stable, caring foster families, and their carers reported that they had been well supported by their fostering social workers during the pandemic.
- Senior management oversight of children in care living at home with their parents is insufficiently rigorous. A comparatively high number of children live with their parents under these arrangements. The Placement of Children with Parents Regulations are not always adhered to, and completion of them is often significantly delayed. Some of these children experience erratic social work support and decision-making.
- Too many care leavers are not in touch with their personal advisers (PAs) and are not in education, employment or training. The health and well-being needs of many care leavers are not known because their PAs have not been in contact



with them for many months. Experienced PAs provide valuable support to some care leavers, but this is not consistent enough. Senior managers' lack of stringent oversight and contingency planning is evident, and information about any additional vulnerabilities of these young people, exacerbated by the pandemic, is unknown.

I am copying this letter to the DfE and have notified the DfE of the areas for priority action. We understand you will receive separate correspondence from the DfE. The letter will be published on the Ofsted website.

Ofsted will take the findings from this focused visit into account when planning your next inspection or visit.

Yours sincerely

Nick Stacey Her Majesty's Inspector