Inspection of Rochdale local authority children's services

Inspection dates: 23 January to 3 February 2023

Lead inspector: Lisa Walsh, His Majesty's Inspector

Judgement	**Grade**
The impact of leaders on social work practice with children and families	Requires improvement to be 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	Requires improvement to be good
The experiences and progress of care leavers	Requires improvement to be good
Overall effectiveness	Requires improvement to be good

Since the last inspection in 2018, when children's services were judged to be requires improvement to be good overall, the local authority has not made sufficient progress in addressing the inconsistent quality of social work practice and the multi-agency response to some vulnerable children. The COVID-19 pandemic has had a detrimental impact on the pace of improvement and there has been an increased demand for children's services in Rochdale. These factors, along with some changes at a senior management level and an insufficient line of sight to frontline practice, have meant that senior leaders and managers have not had a good enough understanding of the improvements needed and some services for children have not improved. Management oversight of practice is not always effective in improving children's experiences.

Following the appointment of a new director of children's services in September 2021 and a wholescale review of services, an improvement board was established and there is now a revised and more appropriately focused improvement plan. There are now conditions in place for better social work to flourish. There has been additional financial investment by the council, support for a new model of social work practice, and the restructure of some services to support a more robust oversight of and response to, for example, disabled children and care-experienced young people. A

strengthened quality assurance and performance framework is embedding with increased oversight and an enhanced contribution from corporate parents. These changes are starting to support a better-quality response for children, and many children are receiving support that reflects and meets their need for help, protection and care.

Not all children are receiving an effective safeguarding response from some partner agencies. A lack of recognition of the cumulative impact of harm and a lack of purposeful decision-making is contributing to drift and delay for some children in having their needs fully met. There are delays in securing permanence for some children. Care-experienced young people are not receiving consistent support for their transition to adulthood.

What needs to improve?

- The pace of change by senior leaders and partners to ensure that strategic plans improve children's experiences.
- The impact of management oversight on the quality of social work practice to minimise delay for children.
- The consistency and quality of social work practice, including assessments and plans.
- The response to disabled children.
- The response to vulnerable children, including those who are in custody, privately fostered, and children aged 16 and 17 years who present as homeless.
- The clarity of decision-making when children are cared for in their wider family.
- Permanence planning for children in long-term foster care and those with care orders placed with parents which require revocation.
- The accessibility of the local offer for care-experienced young people.

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

1. Children in Rochdale benefit from an effective early help offer. Assessments are thorough and informed by information from partners in consultation with families. Children's plans are clear and specific, enabling personalised and tailored support to meet the needs of children and their families. Visiting is purposeful and direct work focuses on reducing the need for statutory intervention. There is more to do to ensure that partners are sufficiently confident to undertake the lead professional role. Effective and timely processes are in place for when children's

needs escalate and step up between early help and children's social care is required.

2. When children are referred to the early help and safeguarding hub, most receive a timely and effective response. Managers appropriately prioritise allocation. Social workers routinely consider children's histories and provide clear direction to inform next steps. The quality of some referrals does not consistently identify all needs and risks for children. This contributes to some children experiencing unnecessary delay while more information is gathered.

3. For the majority of children, screening in the front door is mostly effective, informed by proportionate information-sharing, with solid analysis of the concerns that are agreed by managers providing clear rationale for decisions. For some children who need help and protection, referrals from the police to children's social care are not consistently timely, leaving some children in situations of unassessed risk.

4. Social work practice in the emergency duty team is not consistently robust. Social workers' rationale for decision-making is limited and screening of concerns for some children lacks depth in relation to analysing history or making appropriate checks to inform decision-making and next steps without full review of all information available regarding the child.

5. When children need a protective response, strategy meetings are mostly delayed due to a lack of police availability. Risks are mitigated as children are seen quickly and actions are taken to address concerns, albeit without the benefit of a multi-agency analysis of all the risks. When safety plans are formulated, they are not always clear and are overly reliant on parental self-reporting and compliance. When strategy discussions take place, they are mostly well attended by relevant partners. Information is shared, risks identified, and actions are agreed on how to progress enquiries. For a small number of children, health partners provide written information but are not always present for discussions, which has a negative impact on the quality of decision-making.

6. The quality of assessments and plans is inconsistent. Stronger assessments are informed by purposeful direct work with children to fully understand their experiences, leading to appropriately focused plans. Weaker assessments are overly adult-focused and parental capacity is not routinely assessed, even when children have experienced previous episodes of social care intervention. Social workers consider family history, but this is not consistently used to understand children's individual needs. Consequently, these plans are less effective and do not fully consider how children's needs will be met.

7. For a small number of children, initial child protection conferences are not effective in fully understanding significant harm. Some decisions not to progress to a child protection plan are overly optimistic, or rely on parental self-reporting, or are too-adult focused and not informed by a thorough appropriate analysis of

risk. This means that some children receive services at a level not best placed to meet their needs.

8. Most children's plans are focused appropriately on mitigating risks to them. They are informed by children's wishes and feelings, and include contingency planning to support parents to understand what action will be taken should risks to children not be reduced. Plans are regularly reviewed through well-attended multi-agency meetings. This supports children and families to access a broad range of specialist services, including support for parental emotional health, domestic abuse and substance misuse. Rochdale's edge of care offer strengthens relationships within their families, thus reducing risk, resulting in many children's lives improving.

9. Children are seen regularly by social workers, enabling them to build positive relationships. Most visits are purposeful. Social workers are responsive to children's needs and explore the progress of their plans. When children are too young to verbalise their feelings, social workers make good use of observations to understand family dynamics and assess children's relationships with parents and wider family. The introduction of dedicated social care workers, supervised by practice managers, provides a broad range of bespoke direct work for children and is making a positive difference to children's engagement.

10. Senior leaders have developed tracking systems for children subject to pre-proceedings, through legal gateway meetings. The frequency and timeliness of these meetings, along with plans that are not sharply focused, are leading to drift and delay for some children. Social workers do not consistently recognise the impact of long-term neglect, domestic abuse, poor parental engagement and the ability to sustain change. As a result, a small number of children have experienced delay in escalating into care proceedings, leaving them in harmful situations for too long.

11. Children at risk of sexual and criminal exploitation receive an effective response from the dedicated Sunrise team. This work is underpinned by timely information-sharing to identify children at risk through daily meetings, and this supports disruption activity. Risk assessments are routinely reviewed and updated so that current harm is understood, informing bespoke multi-agency actions. Direct work and frequency of visiting are highly responsive in recognition of children's fast-changing circumstances. Relationship-based social work helps children identify risks and provides tools to avoid harmful situations, helping to keep children safer.

12. When children go missing from home and care, return home interviews are effective in identifying the reasons why children go missing, identify harm, and help children feel safe by reducing risks through appropriate actions. The information gathered enhances safety plans to reduce risk effectively.

13. The response to children who are privately fostered is not sufficiently robust to be assured that children are living with people who are safe and can meet their needs. Some children are not visited regularly and there are delays in assessments and statutory checks being completed.

14. The needs of disabled children are not consistently well met. The quality of some social work practice is weak, and too many children are not receiving the right support at the right time. Some assessments have not been updated to understand children's current needs, and plans are outdated. Children are not routinely visited in line with their needs. Some social workers report that they have not had appropriate training to give them confidence to communicate effectively with some children. Leaders have taken action in response to these shortfalls in practice, but it is too soon for this to have an impact for children.

15. Children who go missing from education are tracked and monitored effectively. The systems in place to monitor vulnerable children who are electively home educated do not provide a sufficiently holistic overview to support monitoring.

16. When children aged 16 and 17 years present as homeless, they are not consistently advised of their right to be looked after. Social workers facilitate and provide support for children who can be reunified with their families when this is appropriate. Some children who need support and accommodation do not get the help they urgently need. Children's circumstances are not quickly assessed and, as a result, they are not provided with the necessary emergency accommodation at the right time. For a small number of children, the local authority has not been proactive in supporting children to move to more suitable accommodation.

17. Allegations against professionals who work with children are well managed, timely and robust. Appropriate actions are taken to safeguard children.

The experiences and progress of children in care: requires improvement to be good

18. Most children come into care when it is necessary. There are a small number of children who are living with wider family where their legal status is not clearly defined. For some children, it is not clear why these children are not in care in a connected persons arrangement. A children and family assessment is undertaken, but there is not a sufficient focus on the viability of these arrangements and, as such, this increases children's vulnerability. When children's cared for status is not considered and acknowledged, carers are not subject to appropriate checks and access to cared for entitlements is denied.

19. Most children live in stable homes that meet their needs. No children live in unregistered children's homes. Children are supported to live with their brothers and sisters when appropriate, and to maintain links with family members and

those who are important to them. Family time arrangements are reviewed and amended according to children's wishes and feelings.

20. Cared for children are visited regularly by their social workers. The frequency of these visits is determined by changes in children's circumstances and level of need. Most visits are purposeful and ensure that children's needs are being met.

21. Some children's assessments are not up to date, meaning that plans are not well informed by children's current needs. The quality of care plans is inconsistent. Most are unnecessarily lengthy, and actions do not consistently define timescales. Many plans are not individualised for children, making them difficult to understand.

22. Direct work and life-story work are not consistently completed to help children understand their journey into care, or to assist them with understanding their trauma arising from early childhood experiences. This has been identified as an area for improvement by the local authority.

23. Cared for reviews are held regularly. Independent reviewing officers (IRO) review progress against the plan and make clear decisions and recommendations. However, when actions are not progressed as planned, IROs do not consistently escalate concerns to managers. Delays in cared for review minutes being completed and disseminated impact on children's plans being up to date. This does not prevent social workers from progressing actions for children.

24. Most children are encouraged to attend their care reviews. Some, but not all, children who need it benefit from advocacy to support them to attend or engage in important meetings.

25. For some children, permanence is not confirmed at the earliest opportunity. Permanence decisions relating to special guardianship and long-term matching with foster carers are delayed for some children. For some children, this is because packages of support and financial incentives for special guardianship carers are often not comparable to those of foster carers. The local authority is in the process of reviewing this offer. Some children are living with their parents under care orders, where there has been drift in planning for the discharging of care orders, and these children have been living with unnecessary statutory intervention for too long without permanence.

26. Children who live in residential care have their health needs well met. Most children have up-to-date health and dental assessments. Children have access to a range of services that support their emotional health and well-being. Children placed out of area do not receive a diminished service.

27. The majority of cared for children are thriving in school. Multi-agency meetings are reviewing children's personal education plans effectively, using targets that are aspirational and provide children with the right support to achieve. Children

are encouraged to enjoy extracurricular activities, thus promoting improved self-esteem, and peer relationships as well as the importance of having fun.

28. Once the decision is made to pursue adoption, effective working practices between the local authority and the regional adoption agency (Adoption Now) ensure early notification of potential children. Actions to find families are timely. Children's permanence reports are appropriately detailed, identifying children's current and future needs and the features needed for their future families. Introductions are thoughtfully considered, and gradual and taken at a pace that is right for the child. Once children are placed with adopters, visits from social workers are timely and at a frequency to ensure that children are safe and settling well.

29. Unaccompanied asylum-seeking children who arrive in the UK receive a prompt and tailored response. Children are provided with appropriate accommodation, along with practical and emotional support.

30. A lack of sufficiency contributes to placement instability for some children. These children are sometimes matched inappropriately with carers who cannot meet their specific needs. There are some children who have experienced multiple moves in a short period of time, affecting their ability to form stable relationships with carers. Managers do not consistently hold disruption meetings to understand children's experience and to inform future planning.

31. Managers within the fostering service have ensured that foster carers' approvals reflect their skills and abilities. Foster carers benefit from a wide range of training and support groups offered. The provision of targeted therapeutic training is a real strength of the service and contributes to supporting placement stability.

32. When children return home, decisions are appropriate. However, risk assessments undertaken to inform these decisions are not always clearly recorded.

33. Cared for children can participate in two forums that support them to share their views, take part in activities and develop friendships. Children say they particularly enjoy the full range of activities provided by the groups and how they can influence service delivery.

The experiences and progress of care leavers: requires improvement to be good

34. Most personal advisers (PAs) understand the needs of care-experienced young people well. Some care-experienced young people have well-established positive and trusting relationships with their PAs and appreciate the sensitive support they receive from them. PAs are introduced to care-experienced young people on their

16th birthday. However, due to some PAs' high caseloads, they are unable to engage meaningfully with care-experienced young people at this early stage.

35. Care-experienced young people's individual needs as they transition to adulthood are consistently not well understood. Assessments are not updated in response to changing needs. Some pathway plans are not always updated when situations change, and they are not specific to care-experienced young people's individual needs. Plans are not consistently aspirational and do not always set out how a young person will be supported to meet their goals. The pathway plan template is unhelpful as it is overly lengthy and causes the writer to create broad, repetitive statements. Care-experienced young people do not find this easy to engage with, especially as some actions are left for the care-experienced young people to progress without the support of their PA. Care-experienced young people's records do not provide a comprehensive account of important life events.

36. Care-experienced young people's views are not consistently captured in their pathway plans. This sometimes makes it difficult to determine how care-experienced young people are influencing their own planning. When there are other professionals involved with care-experienced young people, review meetings are not consistently held to explore care-experienced young people's needs and identify how best to support them.

37. Once care-experienced young people move into the care leavers service, most PAs visit them frequently and increase visiting, depending on individual needs. Contact between PAs and care-experienced young people, including regular face-to-face visits and remote contact through telephone calls and messages, support meaningful relationships.

38. Care-experienced young people, including those who are vulnerable, are offered good levels of support from PAs and relevant agencies to respond to risks such as going missing, and criminal or sexual exploitation. There are a range of comprehensive services offering support to care-experienced young people who experience issues with their mental health or substance misuse, alongside services to support positive emotional well-being. PAs are persistent in advocating for care-experienced young people to access services. Professionals, such as the Nest team, work alongside the care leaving service to provide timely services to effectively assess and develop the parenting skills of vulnerable young carers who are parents.

39. Some care-experienced young people have experienced multiple changes in PAs, thus interrupting relationships with advisers and creating further barriers to engagement.

40. Care-experienced young people in custody are not afforded sufficient contact and support despite their significant vulnerabilities.

41. Some care-experienced young people have been encouraged to provide their views on services via a series of regular meetings, which are activity-based. As these meetings are recently established but not fully embedded, the impact is too early to be seen. The corporate parenting board is increasingly seeking the views of care leavers to influence planning and service developments.

42. When care-experienced young people are not in education, employment or training, the response to them is inconsistent. For some care-experienced young people, their PAs work closely with the careers adviser to ensure that care-experienced young people receive appropriate support to re-engage them. The virtual head tracks all those not in education, employment or training until such time as they are. For other care-experienced young people, there is a lack of focus in planning and direct work to support young people effectively. These plans lack aspiration and not all PAs have a clear enough understanding of the desired outcome to be achieved.

43. The local offer is published but not sufficiently specific about which offers are discretionary and which are entitlements. This means that not all care-experienced young people receive what they are entitled to. This is because, in practice, the offer is open to interpretation and it is reliant on the knowledge of individual PAs, for example access to the internet. There are no systems in place to track the implementation of the local offer or the provision of health passports to be assured of an equitable response.

44. The majority of care-experienced young people are placed in accommodation that meets their needs for independence. Care-experienced young people are prioritised by the local authority, and there is an established protocol with housing partners that no care-experienced young people can be made intentionally homeless in Rochdale. For a very small number of care-experienced young people, when changes occurred in their living circumstances the PAs were not sufficiently curious in response to their vulnerabilities. This means that some care-experienced young people are left in situations of unassessed risk and need.

45. Care-experienced young people are encouraged to remain with their foster carers when it is in their best interests. This means that care-experienced young people have additional time to develop their independence skills and move on to independent living at a time that is suitable for them.

46. The response to unaccompanied asylum-seeking children who leave care is positive. They are located close to others from their community with access to colleges and language courses.

47. When care-experienced young people turn 21 years, they have the choice to opt in or out of the service. PAs are not routinely encouraging care-experienced young people to continue and accept support, even when it is felt to be in their best interest. The '21 service' creates a change in worker, which can be a

disincentive for care-experienced young people to reach out in times of need to someone that they do not know well.

The impact of leaders on social work practice with children and families: requires improvement to be good

48. There have been some improvements made since the last inspection in 2018 in relation to the effectiveness of the front door, the application of thresholds, and a revised quality assurance framework. The improvements have not been sufficient to improve social work practice overall and services remain inconsistent. For some children, their experiences are poor. This has, in part, been due to the widely understood challenges of the pandemic, which has increased demand on children's social care, along with subsequent workforce shortfalls. These factors alongside changes in the senior leadership team have hindered a sufficient line of sight to frontline practice. There has not been a consistent understanding of what good practice looks like. These elements have impacted on the focus and pace of improvements.

49. The new director of children's services (DCS) took up post in September 2021 and conducted a wholescale review of social work practice across the service. She identified that there was much more to do to support the improvements needed for children and families. An improvement board was established to monitor the refreshed and more appropriately focused improvement plan. The plan sets out the criteria for good social work to flourish, as well as increasing the pace of change.

50. The local authority has started to address some keys areas for improvement, including restructuring teams to strengthen the response to children. This includes moving the children with disability service into children's services and creating a separate care leavers' service. A more cohesive quality assurance framework is being implemented and is supporting an improved line of sight for corporate parents and managers at all levels. The local authority has secured additional investment from the council to support workforce stability, and Department for Education funding to implement a social work model of practice, phase 1 of which is complete.

51. The improvement plan is not fully implemented, and some services are too new to have made sufficient impact for children and families. Senior leaders have considerably more to do before services and outcomes for children are consistently good. The improvement plan and the self-evaluation do not identify some shortfalls in practice that inspectors have raised during the inspection. There are some areas where quality assurance is not sufficiently developed or fully implemented, for example in relation to the oversight of some vulnerable children, and addressing the safeguarding response by the police and health partners. Senior leaders have been proactive in taking prompt remedial action during the inspection to address some of these practice deficits.

52. The DCS has secured significant political and corporate support to implement a new social work model that is embraced by both staff and partners, but is not yet embedded. Despite financial pressures, there has been further investment by the council to increase workforce capacity to manage demand and improve children's experiences. There is a clear understanding of the improvements needed and council leaders are committed to ensuring that outcomes for children improve.

53. The lead member chairs the corporate parenting board, prioritising the views of children and challenges to the senior leadership team. Children told inspectors that they believe they make a difference. The role of children's ambassadors has had a direct impact on service delivery, for example the streamlining of health assessments. The views of children and their engagement with the corporate parenting board, along with more focused performance information, are increasing the line of sight.

54. The senior leadership team is strengthening the culture of learning across children's services and the partnership. The local authority welcomes scrutiny and challenge from partners and peers, and this is providing opportunities to reflect on current service delivery and make improvements to frontline practice. Partners are not consistently engaged to support the improvements needed and they are not consistently contributing to a timely safeguarding response for children.

55. The local authority has strengthened some of the governance arrangements for the safeguarding partnership, with clearer lines of accountability between children's social care, police, health partners and adult services. A new executive board has been established to provide an additional layer of scrutiny. These arrangements are not consistently embedded into frontline practice.

56. Senior leaders recognise gaps and are planning for the ongoing challenges regarding sufficiency of placements for children with the most complex needs. This planning includes police and criminal evidence (PACE) beds. There are plans to increase residential in-house provision for disabled children and to develop the response to children with mental health needs through the recruitment of two psychologists.

57. Quality assurance is being strengthened, and this is better supporting a culture where leaders and manager know themselves well. The senior leadership team is starting to develop a culture of high support and high challenge and to embed an understanding of what good practice looks like. This is through the introduction of clear practice standards, a refreshed quality assurance framework and more focused performance information. The quality framework is more coherent and is helping managers to better understand children's experiences. A performance culture is not fully embedded with managers.

58. Improving the quality of case audits is an ongoing priority and an area where the local authority has not made sufficient progress. Audits do not consistently

identify what needs to improve and they do not always translate into actions to improve children's lives, for example tackling the delay for some children. Some audits are overly optimistic and there is not a realistic understanding of what good practice looks like. Moderation of audits is providing a sharper focus on the quality and impact of practice and a high proportion of audits are downgraded in the moderation process.

59. Managers are readily accessible to social workers. Social workers report that they are valued and consistently describe feeling well supported by managers and senior leaders. Most children's progress is reviewed in supervision regularly. However, supervision is not always reflective. It does not routinely challenge weaker practice or focus sufficiently on actions to improve children's lives. IROs have started to challenge less-effective practice and are now routinely evaluating the quality of practice through case file auditing prior to children's reviews. IRO challenge is not always escalated or sufficiently impactful to make a positive difference to children's experiences.

60. Social workers want to make a difference for children. They have access to comprehensive training and development programmes. Most workers are confident and skilled, enabling them to support children and families to effect positive change. All senior managers have access to external coaching and mentoring to develop their management skills and knowledge. This is supporting managers to develop confidence in establishing a performance culture.

61. Caseloads for a number of social workers and PAs are high and, as a result, some staff have not been able to complete tasks and progress children's plans effectively within their timescales. Senior leaders recognise the need to stabilise their workforce and reduce reliance on agency staff. In a challenging market, leaders are working to enhance the offer to recruit new staff. Existing staff are encouraged to stay through improved career pathways, training and development opportunities and a future promise of reduced caseloads. A social work academy is also in place to support assessed and supported year in employment (ASYE) social workers and enable them to develop their practice safely. A commissioned social work team to increase capacity remains currently in place.

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