

Inspection of Cheshire West and Chester local authority children's services

Inspection dates: 15 to 19 July 2024

Lead inspector: Alison Smale, 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	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 2019, some key services for children living in Cheshire West and Chester have deteriorated and now require improvement to be good. Services for children in care continue to be good and early help services have been strengthened. Staff working with children benefit from a valued workforce culture. Over-optimism by leaders about the consistency of practice means that although improvement plans focus on the right areas they have lacked sufficient pace and impact.

What needs to improve?

- The timeliness and quality of recording children's child protection conferences and children in care reviews by reviewing officers.
- The quality and effectiveness of management oversight.
- The response to homeless 16- and 17-year-old children.
- The timeliness of assessments for children in private fostering arrangements.
- The impact of the virtual school to ensure children in care and care leavers access full-time education.
- The timeliness and capacity to support children in care as they prepare to leave care.
- The consistency of arrangements for care leavers who need support after they turn 21.

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

1. Children and families can access a wide range of timely early help support services. Family intervention workers carry out thorough team around the family assessments. Plans focus on improving children's and family's experiences. Families receive the help and support they need, which improves their circumstances and supports sustainable progress. The interface between early help and statutory social work is understood, which means transition between levels is appropriate and children are escalated to children's social care when risks arise.
2. Contacts to children's social care through the integrated assessment and referral (i-ART) team are promptly made by partner agencies who understand children's social care thresholds. Contacts are triaged in a timely manner. Decision-making is prompt, proportionate and well informed, based on effective screening and information-gathering. There are sometimes delays in information being shared by the police and staff report that this has deteriorated since the police ceased to be co-located. Social workers consider history and partner agency information together with a strong emphasis on obtaining the voice of the child when making recommendations for next steps. Social workers appropriately seek parental consent before sharing information. When consent is dispensed with, the management agreement to this is recorded but not always the rationale.
3. For children, where domestic abuse is a factor, effective triage takes place and actions are identified to reduce risk within the i-ART. Multi-agency responses to domestic abuse are mature and embedded. Where exploitation is a concern for children, a specialist contextual safeguarding social worker based in the i-ART provides consultation and advice to social workers.

4. During out-of-office hours, the emergency duty team provides an effective response. Handover arrangements to and from daytime services are clear and robust and the service responds proportionately to most children and families, ensuring that children are kept safe until the next working day.
5. Strategy meetings are mostly timely and well attended by a range of partners. The quality of the recording of strategy discussions is variable and for some children the record of the discussion does not clearly evidence how decisions have been reached. For a small number of children, there is a delay in strategy meetings taking place, which means concerns are not shared fully on a multi-agency basis at the earliest opportunity.
6. Most child protection enquiries are thorough. Children and families are seen as part of the assessment and children's views are sought. Safety plans are established with families which safeguard children but do not always clearly articulate interim expectations of parents and carers. Decisions about next steps, including to hold initial conferences, are appropriate, but the recording of this is not always clear and some children experience a delay in initial conferences being held. Management oversight does not explain the reason for delays when these occur.
7. Most assessments are comprehensive and holistic and provide an understanding of the family's cultural needs in the context of the reason for social care involvement. Assessments are enhanced by the application of the practice model, which is based on a trauma-informed approach. Social workers make good use of a range of evidence-based tools and gather information from partners effectively. Children's views are threaded through the assessment, but it is not always clear how they inform the outcome of their assessment.
8. Most social workers are mindful of absent parents and ensure they communicate and assess their potential to be more involved in their child's life where appropriate. For a very small number of children this is not the case, and this means that this significant part of a child's life and the support it might provide is not always sufficiently well understood.
9. The minutes of child protection conferences are often delayed. As a consequence, professionals and families do not get sufficient timely information to understand their plan and what needs to happen to ensure children are kept safe. When a child protection conference decides that a child protection plan is not required, the rationale for this decision is not routinely placed on the child's file. Conference minutes are not readily available to social work teams, and this delays alternative plans being made to provide children with the support they need.
10. While children make progress and their outcomes improve, this is not consistently recorded. Too often, child-in-need and child protection plans are based on actions which are generic and not timebound. Review meetings take place regularly. These meetings do not always evidence the specific progress. Management oversight of plans does not provide sufficient direction or challenge.

11. Most children are visited in accordance with their plan. Social workers have a good understanding of the needs of these children. Visits are mostly purposeful and seek the views of children and their families. When risks are high, visiting is increased and coordination with partner agencies ensures a stronger level of support.
12. Children on child protection or child-in-need plans benefit from the Intervention Hub, which provides a suite of evidence-based interventions. Family intervention workers, based in the hub, provide effective tailored interventions which meet children and family's individual needs well. The Intervention Hub diverts some children from entering care effectively. When risks increase, or progress is not being achieved through a child protection plan, children are appropriately considered at legal gateway meetings. When decisions are made to enter the pre-proceedings stage of the Public Law Outline, systems are in place which lead to stronger safeguarding decisions which support improvements in parenting effectively and prevent many children from entering care.
13. Disabled children receive a highly individualised service from social workers who know them well. Assessments are comprehensive and well focused. Social workers understand their children and advocate for them effectively.
14. For children at risk of exploitation, a multidisciplinary child exploitation hub provides a coordinated operational response to track and share information on children. Individual children's plans are not always updated and are not sufficiently specific to their risk of exploitation. As a result, it is difficult to see the impact of this work and whether it is effective in reducing risk.
15. Too many children are not offered a return home interview after going missing from home or care. This means they do not have the opportunity to share information about being missing for social workers to fully understand their safeguarding concerns. Return home interviews are timely when offered to children, but the effectiveness of these meetings is limited when children are reluctant to engage. It is difficult for managers to understand the impact of this work and whether it is reducing missing episodes and risk to children.
16. Oversight of the education and safeguarding of children whose parents choose to educate them at home is secure. The local authority has robust systems in place to track and find children missing from school and workers demonstrate great tenacity in promoting these children's return to education.
17. Recognition of and the response to vulnerable children aged 16 and 17 at risk of homelessness is poor. This vulnerable group are not receiving the advice, help and support they need to keep them safe or to enable them to make informed decisions about how they will be supported and whether they want to be cared for by the local authority.
18. Social workers identify young carers when completing assessments. These children benefit from social work support which understands the impact of being

a young carer and they can access a support group which they value and offers fun, child-centred experiences.

19. Identification and assessment of children who live in private fostering arrangements is not effective. There are significant delays in children being initially visited and assessments completed.
20. The local authority designated officer (LADO) service responds promptly to referrals where there are concerns about adults in positions of trust. Capacity issues mean there can be delays between the LADO referral and the initial meeting taking place. Where the threshold is not met, the referrer is notified promptly of the decision and any advisory actions. Allegations management meetings are effective forums to share information and identify actions. These are regularly reviewed to ensure actions are fully completed. There is a focus in these meetings on the safety and well-being of children, including understanding their views. The LADO is tenacious in pursuing partners and employers for updates and succeeds in obtaining these.

The experiences and progress of children in care: good

21. Children enter care at a time that is right for them. Management oversight at the point of decision-making enables children, should they access their records, to understand how such an important decision in their life has been made. For parents who have not been able to successfully parent in the past, a strengthened pre-birth pathway enables a clear and structured approach to pre-birth assessment and decision-making which is enabling some parents to parent successfully. Children live with their brothers and sisters whenever this is possible and in their best interests.
22. Completion of assessments during pre-proceedings leads to effective safeguarding decision-making and means that children progress through care proceedings swiftly, obtaining early legal certainty while their care plans are implemented. Effective preparation for care proceedings is highly commended by the Children and Family Court Advisory and Support Service (Cafcass) and the local designated family judge.
23. Separated migrant children come into care and have access to resources that meet their cultural and religious needs. Social workers are alert to risks associated with separated migrant children's experiences of travelling to the UK. They encourage children to register with and access medical and emotional well-being support. There are long waiting lists for children to be allocated a solicitor in order to expedite their immigration status despite the best efforts of social workers. This is unsettling for children who are concerned about their security.
24. Social workers know their children well and take time to understand children's experiences, which informs their long-term plans.

25. Children's health needs are well understood by their social workers. Most children's health appointments are up to date and considered in care plans and reviews. Children benefit from emotional well-being services which are commissioned when they need specialist support, enabling trauma to be addressed at the earliest opportunity. As a result, most children in care develop and maintain a good standard of health.
26. Children benefit from access to social activities and are supported to pursue their hobbies. Close working with schools means many children's achievements and attainment are well understood. While many children do well, too many children in care at secondary school do not receive full-time education. Efforts to address this have not had sufficient impact.
27. Involvement of independent reviewing officers (IROs) to oversee and progress children's plans is inconsistent. As a consequence, not all children in care benefit from effective IROs who see children and follow up with social workers to ensure the child's plan is progressing. There is significant variability in the timeliness and quality of review minutes. Some IROs complete timely minutes, written to the child in a sensitive and informative way which enables children to fully understand how important decisions are made which impact on their lives. For other children, there are significant delays in producing and circulating review records. These delays mean parents and children cannot see a record of the meeting, which may limit their understanding and potential to challenge effectively.
28. Disabled children benefit from social workers who know them well and work effectively with partners, especially in health, to ensure that their needs are met. Children and families are prepared effectively for the transition to adult services in a timely way.
29. The children and young people involved in the Children in Care Council feel listened to and heard. An established approach to co-production gives them a sense of pride about their participation and ensures their voice has a meaningful influence.
30. Many children in care live in stable homes which meet their needs. Family time is promoted and there are child-focused arrangements for children to spend time with those who matter to them. This enables children to develop secure relationships. Suitable plans for permanence are made when it is not possible for children to return home. However, some are not secured as swiftly as they could be.
31. Thorough parenting assessments inform decisions for children to be reunified with their parents. The Intervention Hub is used effectively to contribute to these assessments. Once living at home with their parents on care orders, children's circumstances are regularly reviewed in care planning meetings and statutory looked after reviews. More recent senior management oversight of placement

with parents has strengthened the process. Some children experience delay when decisions are made to progress the discharge of their care order.

32. Many children benefit from remaining within their wider family within connected foster care arrangements. This promotes their sense of identity and belonging. Connected carer assessments consider the individual needs of the child and carers' capacity to respond to both presenting and ongoing needs. Connected carers receive supervision and training and are provided with support from family intervention workers who visit frequently and in line with their support needs. Very few children have permanence secured through special guardianship orders.
33. A very small number of children are illegally placed in unregistered children's homes. Some of these children are making progress. While leaders regularly monitor the welfare of children in these placements, expectations regarding the expected minimum frequency of visiting are not always clear.
34. Children who live outside of the area receive a comparable service to those children living within the area. A very small number of younger children live in children's homes. They benefit from the level of specialist support they need to feel secure and make progress. The planning for most of these children includes the option for support to help them to live with foster families when it is safe and appropriate to do so.
35. Foster carer recruitment is a constant focus, driven by a sufficiency strategy which is increasing the number of foster carers, particularly for children with complex needs. Foster carer assessments are robust and appropriately scrutinised by the experienced and knowledgeable fostering panel. Staffing challenges mean that some foster carers do not receive a timely annual review. The local authority is aware of this and has applied a risk management approach to prioritise which carers' reviews are completed, but delays and missed reviews have taken too long to resolve.
36. A well-established partnership with the regional adoption agency (Together for Adoption) provides effective recruitment, assessment and support of adopters. Adopter assessments are comprehensive and well written. Training appropriately prepares adopters to care for children. The regional adoption agency ensures that approvals of adopters are timely, but the local authority is sometimes too slow to put children forward as potential matches. This means that a small number of children wait longer than necessary before they move to live with their adoptive family and achieve permanence.

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

37. Most care leavers are not allocated a personal adviser (PA) soon enough to establish a meaningful and trusting relationship before they leave care. This late allocation of a PA means that they do not benefit from knowing who their PA is or what specific support they can expect before they leave care. The high workloads

of PAs have an impact on their capacity to deliver a good and proactive service to care leavers. Plans are in place to address this.

38. Most PAs, once allocated, build positive working relationships with their young people and know them well. PAs are motivated in both understanding their young person's needs and advocating for them to ensure that their needs are met. For a small minority of young people, particularly those over 21, the impact and quality of these relationships is too variable.
39. Most PAs keep in touch with their care leavers, using a range of methods. This is not sufficiently consistent, and for a minority of care leavers the gaps in contact are too long. This means that not all care leavers feel cared for, supported and connected to the service, which affects the levels of trust and confidence they have.
40. The health needs of care leavers are considered by PAs. Care leavers are supported to register and access health support through universal and specialist pathways.
41. Pathway plans are not regularly updated and reviewed. For some care leavers their pathway plans are not co-produced with them, and they lack specific targets, ambition and aspiration. Support and benefits are not sufficiently clear for young people in their pathway plans. The local authority's local offer to care leavers is published online and sets out the range of entitlements that are on offer to care leavers. Some care leavers are aware of how to access the offer, while others are not fully aware of their entitlements.
42. The local authority recognises that support to young people over 21 is an area that requires strengthening. The opt-in service offered to care leavers over the age of 21 means that too many care leavers do not get the support they need at the time they need it. The local authority is recruiting additional staff to develop capacity to better support care leavers. A PA has recently been recruited to work with and develop the service for care-experienced young people aged 21 and over.
43. Some care leavers are well supported to access education, employment and training opportunities as part of the broader local offer. A high proportion of care leavers are not in education, employment or training. This is often due to the lack of suitable courses and opportunities available to them.
44. Care leavers access a range of accommodation options. Most care leavers are in suitable accommodation. However, for a small minority their accommodation arrangements are not suitable and are not resolved quickly enough. Where appropriate, care leavers are supported to remain with foster carers under 'staying put' arrangements or in supported accommodation. Care leavers who live outside the area have comparable access to the services and support their peers receive within the area.

45. Management oversight is variable both in terms of frequency and quality, which means that there is not a consistent line of sight and guidance on practice in this area.

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

46. Over-optimism by leaders about the consistency of practice means that despite improvement plans being in place to address many of the practice issues identified in this inspection, a lack of pace has undermined improvement delivery. As a consequence, the decline in service areas since the last inspection has not been addressed effectively. This includes services for care leavers, the response to children aged 16 and 17 years old who present as homeless, the management oversight of key decisions for children and the timely availability of accurate records for children who are subject to child protection processes and are in care.

47. The director of children's services and other senior managers proactively work to ensure relationships with key partners provide a helpful context for social workers and practitioners to work with children and families. Leaders have been honest about some of the challenges and areas to improve. Their actions have resulted in some improvements. There are a range of examples where their engagement in partnerships, both local and regional, has contributed to learning and has resulted in some creative projects. This includes the intervention hub, developing a wraparound service for families whose children are stepping down from in-patient mental health provision which is about to be implemented and promoting a regional approach to contextual safeguarding.

48. Partners speak highly of senior managers and leaders. When children enter care proceedings, the timeliness and effectiveness of practice is strong and social workers are respected by partners, including within the family court. Challenge to partners has resulted in improved attendance at strategy meetings by the police, but the lack of partner co-location, including the police in the i-ART, makes it harder for social workers to promptly access information to inform screening decisions and the effectiveness of working relationships.

49. In a constrained financial context, political leaders have ensured funding has been prioritised, for example to increase resources in care leaver services, although not always in a sufficiently timely fashion. More recently, there has been a sharper corporate focus on the education of children in care and partnership to improve housing and placement opportunities; it is too soon to see the impact of this.

50. The Children in Care Council is active and children value the regular time leaders spend with them through their forum. Membership of children's councils and forums provides an opportunity for care-experienced children to share their experiences, have their voices heard and contribute to the development of services in a safe and supportive environment. Children and young people spoke to inspectors about how they feel connected to senior leaders and spoke

positively about their approachability, visibility, and most importantly to them, their human side. Children and young people are actively encouraged to participate in regional and national development forums. They are supported to participate actively and be involved in change and improvement, such as the co-production of strategies.

51. Leaders hold senior managers to account for some areas of performance through regular reports and meetings. The local authority has undertaken deep dives into specific service areas which have resulted in additional investment and service improvement, for example in early help. However, performance management has not been sufficiently thorough and has not identified internal performance issues, such as the variable quality of management oversight and supervision, delays in strategy meetings, and the impact of delays in recording key management decisions and review minutes, which have not been addressed effectively.
52. Changes made to strengthen the quality assurance framework have not enabled leaders to fully understand the quality and impact of services for vulnerable children and families. Practice reviews tend to be over-optimistic. Only a very small number of moderated practice reviews include feedback from children and family members. The link to service improvement, and ensuring that it happens at sufficient pace, is not sufficiently robust.
53. Leaders have commissioned support services in communities which have benefited many vulnerable children and their families. Leaders have identified some vulnerable groups and their needs, such as young carers and those with emotional well-being needs, to ensure an effective response.
54. Leaders recognise that challenges remain to reduce workloads. The vast majority of staff feel proud of their work, as well as valued and recognised by their managers. Staff appreciate the regular visibility of leaders. They value comprehensive learning opportunities. The practice model based on a trauma-informed approach is well embedded and many staff use the suite of practice tools and pathways to improve their practice. Leaders have proactive strategies to recruit and retain social workers. Many staff working with children have worked for the authority for a considerable time and levels of loyalty to continue working for Cheshire West and Chester are notably high. Many newer social workers are 'home grown', having been supported to gain their professional qualification.

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