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Dear Amanda

Monitoring visit of Lancashire children's services

This letter summarises the findings of the monitoring visit to Lancashire children's services on 30 and 31 October 2017. The visit was the fifth monitoring visit since the local authority was judged inadequate following an inspection in September 2015. The inspectors were Susan Myers, HMI, Lorna Schlechte, HMI and Tony Theodoulou, Ofsted Inspector.

The local authority continues to make some progress in the improvement of its services for children.

Areas covered by the visit

Inspectors reviewed the progress made in the quality of help and support given to children in need (CIN). This was an area of practice judged to be inadequate at the time of the last inspection. The visit considered a range of evidence, including electronic case records, supervision files and notes. In addition, inspectors spoke to a range of staff, including managers, social workers and other practitioners.

Overview

The inspection in 2015 identified specific areas requiring improvement. This visit found that some progress has been made to services for children in need.

The quality of auditing activity has improved significantly since the inspection. In all cases tracked during this visit, inspectors broadly agreed with the local authority audits. Actions from audits are completed in a timely way, and social workers value the learning from this process. Some issues picked up by auditors, such as out-of-date assessments and incomplete chronologies, should have been identified earlier through routine management oversight and supervision activity.

Since the inspection in 2015, a number of different models have been used to manage demand and improve the quality of social and support work with CIN. Currently, there is a period of transition while support for CIN moves from specialist hubs back into locality teams. While staff are mostly positive about the changes, some frontline staff are confused about where and how different levels of CIN cases will be managed. The new pathway is progressing more quickly in some teams than others, and this adds to the lack of clarity about the new arrangements.

At the time of the last inspection, CIN cases were held by workers who were not sufficiently experienced or qualified and who did not receive sufficient supervision and oversight from managers. While complex work is still allocated to family support workers, effective arrangements for monitoring and support by social workers are now in place. Additionally, CIN plans are regularly reviewed by social workers to monitor progress and to ensure that children are receiving the right level of support at the right time. These arrangements have been put in place since the inspection, when there were no checkpoints or protocols for reviewing CIN cases.

Management oversight of CIN cases has improved since the inspection. Supervision is mostly regular, and staff said that managers are offering good levels of support. Management oversight continues to be poorly recorded on children's files. Inspectors saw a few good examples but, in the main, the evidence of managers' direction, challenge and rationale for decision-making is not strong.

Senior managers now regularly monitor staff caseloads and take action to reduce them when necessary. While most staff said that their workload was manageable, some social workers continue to have more than 30 children on their caseload, the highest being 34. The caseloads of some family support workers on the CIN team regularly reach 30 children. Staff said that this means that they are not always able to spend as much time with children and families as they need to.

Findings and evaluation of progress

Thresholds are generally better understood and applied than at the time of the last inspection. Most children now receive services at the correct level to meet their needs. A small number of children receive CIN services for too long without any improvement or sustained change being achieved. This includes children who have experienced neglect for too long without action being taken to escalate their case for child protection planning. For these children, there is a lack of contingency planning about what will happen if circumstances do not improve, and this leads to drift and delay in them receiving the right level of support quickly enough.

Decisions to step down children from CIN services to universal support are generally appropriate, although a very small number of children are stepped down too soon, before their needs have been met and concerns fully addressed. This means that

children are sometimes re-referred to children's social care (CSC) soon after their case is closed, triggering another period of assessment for families.

Transfer arrangements between CSC and early help and well-being services, which operate within public health services, are working better now than at the time of the last inspection. Staff report closer working relationships and a better understanding of each other's roles. Some disagreements remain in a small number of individual cases about the application of thresholds.

Assessments for children in need continue to vary in quality, ranging from good to requiring improvement. The weaker assessments do not demonstrate any understanding of the child's experience, are not informed by history or diversity and do not always include members of the family in the process. Stronger assessments are thorough and detailed, and provide clear analysis of the information gathered.

All children who are in need have a current CIN plan, which is created and regularly reviewed by a social worker. Plans include appropriate tasks and actions. There is evidence of involvement by partner agencies. Schools, in particular, are providing good levels of support to children. However, plans do not always focus on children's outcomes and are not specific enough about the purpose of social work involvement. Plans do not have clear timescales, which makes it difficult to measure what has been achieved. Many of these issues were identified in the inspection in 2015, yet they remain at the time of this monitoring visit.

CIN planning addresses all children in a family within one plan. While information is sufficiently detailed around the issues which impact on all the children, specific needs of individual children are often not addressed. This is especially the case if the focus of work is on one particular child who is causing concern. Plans are approved by a manager, but they do not include managers' comments or the rationale for endorsement.

Children in need are regularly seen at home and at school by their family support worker, and there is evidence of direct work being undertaken to capture children's views. There is some effective direct work taking place with children, and this has resulted in improved outcomes. For some children, direct work remains superficial and does not explore important things in their lives, such as family relationships, living with conflict and self-esteem. Staff said that they have received some training in effective direct work with children, but accept that they need to increase their skills further.

Staff speak about children and families with knowledge and genuine care. They know the children they work with well. This is particularly the case where teams are stable and children have the chance to build trusting relationships with their workers. Some children have had too many different workers for this to happen, and inspectors saw some children who have had four different workers over a 12-month period.

Supervision of staff takes place regularly. All staff said that their managers are involved in casework and offer challenge and support. They particularly value the regular informal support and supervision that managers provide. The quality of supervision records is variable. Some are detailed and include the rationale for current plans for children. Others are too brief and do not capture that reflective discussion has taken place. Similarly, although social workers said that managers provide regular support and challenge, these are not yet consistently well evidenced or recorded. Inspectors did see a few good examples, but in most cases managers' directions, challenge and rationale are not clearly recorded in case files.

Managers have introduced a risk-based approach and implemented it as a social work practice model since the inspection. This provides some consistency in practice standards and a focus on the recognition of risk. The model could be further improved by including a strengths-based approach to consider protective factors for children alongside risk.

I am copying this letter to the Department for Education. This letter will be published on the Ofsted website.

Yours sincerely

Susan Myers

Her Majesty's Inspector