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Dear Julie

### **Focused visit to Oldham children's services.**

This letter summarises the findings of a focused visit to Oldham's Children's Services on 22 to 23 July 2025. His Majesty's Inspectors for this visit were Rachel Fairhurst and Lisa Walsh.

Inspectors evaluated the quality of help and protection provided to vulnerable children and their families in the 'front door', Multi-Agency Safeguarding Hub (MASH) and in the Assessment and Intervention team (A&I). They met social workers and their managers and looked in detail at children's records. In addition, inspectors appraised the quality and impact of the local authority's performance management and audit arrangements.

The visit was carried out in line with the inspection of the local authority children's services (ILACS) framework.

### **Headline findings**

Since the last inspection in May 2024, the new executive director of children and young people (DCS), who was previously part of the Oldham leadership team, has shown an unrelenting focus on continual improvement and the consistent delivery of good services for vulnerable children.

Children and their families receive a prompt and effective response to their needs from experienced and confident social workers and managers in the MASH and the A&I team in Oldham. The shared understanding of thresholds and risk, the culture of collaboration and support and the co-location of multi-agency partners leads to the facilitation of effective information-sharing and partnership working at the front door.

There were some pockets of practice identified during this visit where children's experiences were not as strong. These included the use of multi-agency information to inform risk assessment and safety planning for a small number of children, including some children who present as homeless. Leaders were aware of these areas for development and recognised the need to strengthen practice.

The substantial investment in the workforce with recruitment and retention of managers and social workers has increased stability and reduced the use of agency workers, which is a significant achievement. This has positively impacted on consistency in social work practice and has improved the continuity of support for children and their families.

### **What needs to improve in this area of social work practice?<sup>1</sup>**

- Consistency in the response to 16- and 17-year-old children who present as homeless (outcome 3, national framework).
- The quality and consistency of safety plans for children, including for out-of-hours services (outcome 3, national framework).

### **Main findings**

Contacts and referrals are well considered, including information provided by co-located, multi-agency partners in the MASH. This leads to the timely identification of risk and support to vulnerable children and families. Social workers and managers display professional curiosity and appropriate challenge when screening referral information. Consideration is given to the views of non-resident parents and social work analysis explores history, including the cumulative impact of historical events and trauma on children. Decisions are well informed, prompt and appropriate, so that children and their families receive the right help at the earliest opportunity.

Families and children are spoken to, where possible, to inform next steps. For most children, consent is gained and explicitly recorded on the child's record. Where consent is not gained and a decision is made to override this, the rationale for decision-making is not always explicitly recorded.

Children's risks and vulnerabilities are well understood by early help workers. Decisions made by managers to step up or down to early help services are appropriate. Early help assessments are timely and thorough and take relevant history and partner information into account. Thresholds within early help are appropriately applied and help and support is implemented without delay.

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<sup>1</sup> The areas for improvement have been cross-referenced with the outcomes, enablers or principles in the [Children's Social Care: National Framework](#). This statutory guidance sets out the purpose, principles for practice and expected outcomes of children's social care.

Social workers in the MASH understand the complexities and recognise the risks posed to children from domestic abuse. Social workers show curiosity about the nature of parental relationships, where there is coercion, control or fear.

Social workers and partners have a shared understanding of the threshold of risk and need within the MASH and there is clear and appropriate decision-making when children need to step up to children's social care. Decisions made are timely and appropriate, with good social work analysis and management oversight. Referrers are routinely informed of the outcome of their referral, which ensures that there is a clear understanding of the outcome and the opportunity to share any identified learning.

The quality of multi-agency strategy discussions is strong. Strategy discussions are timely, appropriate and well attended by relevant partners who consider the risks to children and their experiences. Good multi-agency decision-making and analysis of risk informs clear actions to protect children from the risk of harm. Decisions are clear, timebound and appropriate, with management oversight providing clear direction to practitioners.

Children are often seen on the same day and subsequent section 47 child protection enquiries progress in a timely way from the strategy discussion. Child protection investigations are informed by timely information-sharing with partners, joint visits and decision-making. Actions are reviewed and effective work is undertaken to reduce the risk of harm for children. For most children, safety plans are discussed in visits to ensure that they are understood by families and include exploration of support networks. However, this was not the case for all children, and in a small number of cases, safety plans were not present on the child's record.

Assessments of children's needs are detailed and thorough and include partner information and the views of children and parents. The consideration and analysis of the history of the family and its impact on children are used to formulate outcomes and plans. Identity needs are considered and explored, as are the views of partners. Management oversight gives clear direction and reflection, which leads to appropriate decisions for children and their families.

Workers display cultural sensitivity and understanding as part of their information-gathering and analysis. Interpreters are used to support inclusive practice with parents to better understand children's experiences. Action planning considers cultural and religious needs well and is included on the child's record.

Visits to children are purposeful and explore a range of presenting issues. The observations of children within the family dynamic and the voice of the child are also well recorded. Meaningful direct work informs decision-making and analysis in assessments.

The response to children and families when they require help and support out of hours is inconsistent. For some children, their immediate safety planning is not clear

enough or explicitly recorded on the file, with limited exploration of multi-agency information to inform risk assessment. There is a well-coordinated response to cross-border issues when children move across local authority boundaries out of hours, supporting appropriate analysis and response to risk. There was a seamless handover to daytime services and a subsequent appropriate response to risk of harm when received by social work teams.

Throughout all services seen in this visit, there is variability in the quality and recording of safety plans for a small but significant number of children. For these children, family networks are not involved in safety planning or contingency plans. This increases the potential for crisis-led decision-making in the future, if risk of harm escalates.

The response to 16- and 17-year-old homelessness is less robust since the last inspection. Although joint assessment, visits and work are being undertaken to ensure children remain within their families or networks, children are not consistently made aware of their rights and entitlements or provided with the offer of advocacy. There is a joint approach between housing and children's social care and a revised protocol in place. Leaders recognise that this is not fully embedded, and work is underway to embed the protocol across the partnership.

The DCS has strong political and corporate support and has continued to focus on improving experiences for children. The leadership team is focused, determined and has a clear vision in accordance with strategic priorities and practice principles. Strategic plans are overseen, challenged, scrutinised and effectively measure against progress. As a result, children, alongside their families, continue to receive good-quality help, support and protection.

The Achieving Excellence strategy is ambitious, signifies a lack of complacency and exemplifies drive and aspiration to ensure children and families receive the best services in Oldham. This strategy addresses presenting challenges and identifies actions to achieve the highest standard of services for children and their families. It is known, shared and understood across the workforce. Independent scrutiny and robust leadership oversight ensures that there is a culture of continuous improvement against plans.

A robust quality assurance framework is in place to ensure that leaders and managers are well sighted on social work practice. This is supported by an effective data and performance management system, providing up-to-date information to inform social work practice and development. The local authority has successfully embedded learning from quality assurance activity through the learning and development programme. Mature and effective partnerships are in place in Oldham, enabling learning from safeguarding and practice reviews. Reflective learning circles increase the efficiency and relevance of 'close the loop activity'. Actions from audits are reviewed in supervision and drive forward learning and progress activity, which was an area for improvement identified at the last inspection.

Supervisions take place regularly, are of good quality, include hypotheses, reflection and challenges. Management oversight was seen at all relevant decision-making points, with a clear rationale provided for the decisions made. Management oversight is clearly recorded on children's records and gives purposeful direction to practitioners.

Oldham's workforce strategy has successfully driven a 'grow our own' workforce model through the social work academy. There has been significant focus and investment in the workforce, promoting stability and reducing the number of agency workers by almost half. Workers are committed, valued and well-supported by leaders and managers. Workers embrace the learning opportunities presented by working in an area where there are high levels of deprivation and diversity. Regular support and training, a strong learning culture, robust management oversight and good peer support were cited as reasons why workers continue to want to work in Oldham.

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

Yours sincerely

Rachel Fairhurst  
His Majesty's Inspector