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Dheeraj Chibber  
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Dear Dheeraj

### **Focused visit to Luton Borough Council children's services**

This letter summarises the findings of the focused visit to Luton Borough Council children's services on 14 and 15 June 2023. His Majesty's Inspectors for this visit were Margaret Burke and Teresa Godfrey.

Inspectors looked at the local authority's arrangements for the 'front door'.

This visit was carried out in line with the inspection of local authority children's services (ILACS) framework. This visit was carried out with inspectors on site. Inspectors also used video calls for off-site discussions with local authority leaders.

### **Headline findings**

There have been significant changes in the leadership of children's services since the last ILACS inspection in July 2022, with further senior management changes planned. Inspectors found no detriment to services as a result of these changes, which appear to have been well managed. This has enabled the authority to continue to build on and sustain the progress made in responding effectively to the needs of children in Luton.

Professionals in the front door services have continued to provide suitable responses to requests for advice, help and support within the context of rising numbers of contacts and referrals, particularly over the last six months. The workforce in the front door and assessment services is slowly stabilising. The focus on Luton developing its own social work recruits has been successful and resulted in many more roles being filled by permanent, although inexperienced, social workers.

The authority continues to monitor and grapple with some of its key performance priorities. These include the quality and timeliness of assessments and initial child protection conferences. Challenges also include rising and fluctuating caseloads within the family assessment and support service and for some workers in other teams.

Quality assurance processes have increased in their reach and effectiveness, enabling leaders to have a clear oversight of practice and need. Leaders are proud of their continuous improvements but accept that they still have more to do to ensure consistency and quality in all the authority's children's social care practice.

### **What needs to improve in this area of social work practice?**

- Step-up and step-down processes which ensure that children and families receive appropriate support before being stepped down to family partnership services.
- Multi-agency working arrangements which ensure that all partners have a shared understanding of thresholds of need and reach an agreement regarding their responsibilities in safeguarding and supporting children and families.
- The quality and timeliness of assessments.

### **Main findings**

Most calls and requests that pass through the multi-agency safeguarding hub (MASH) services are responded to appropriately. Well-organised structures and workflow processes in the MASH enable workers to understand their roles and responsibilities, resulting in responsive front door services.

Incoming contacts, referrals and requests for advice are overseen by managers, who provide sound direction as to the urgency required for the response. Business support officers, triage workers and senior practitioners in the MASH all work at a pace within their respective roles to follow through on management directions, ensuring that relevant information is gathered to help inform decision-making.

Persistency is evident as repeated attempts are made to speak to parents, and when appropriate children, to gain consent and their views. Calls are routinely made to professionals involved in working with the family to gather relevant information to help inform the response. Management oversight and decision-making at key points in the process is comprehensive, summarises concerns and gives a clear rationale for the proposed course of action. Threshold is consistently applied, which helps to secure the most suitable response to the request for advice or support in a timely manner.

Consent is well considered by MASH workers and only dispensed with where it is not possible for it to be gained within reasonable timescales and is proportionate to risk. Consent is not used as a barrier to prevent the provision of suitable support.

Early help practitioners from the family partnership service provide an additional front door response which complements the work of other practitioners within the MASH service. Contacts that would have resulted in closure and no further action are given a helpful and more thorough response through signposting and supporting referrers and families on to community services.

Where risks are evident to children and a more urgent response or assessment is required, the MASH team promptly alerts the family assessment and support service. A parallel process then takes place as plans are made to convene a strategy discussion and arrangements made to see the child, while the MASH continues to complete background checks. This supports the swift and seamless handover of work between the two service areas.

Not all professionals demonstrate an understanding of Luton's threshold framework for children's social care services or appropriately discharge their own responsibilities before making a referral for further support. The Luton multi-agency referral form is not used by all key strategic partners. The quality of referrals received from some statutory partners is inconsistent and the type of intervention or support required is not always clearly articulated.

The daily meeting held in the MASH allows for intelligence to be considered and for appropriate support or diversionary activities to be targeted where risks of contextual safeguarding are identified. For some children, this process has enabled support and intervention to be provided at an early stage to improve their circumstances.

The out-of-hours service provides an effective response to children who need an emergency service out of office hours. While written notes vary in the amount of detail provided, there are effective systems in place to ensure that day services are routinely alerted to all out-of-hours contacts.

16- and 17-year-old children who present as homeless and requesting support are helped to find somewhere to stay. The response includes a joined-up enquiry/assessment form completed with the child, a social worker and a young person's homelessness officer, which assists in assessing and understanding their needs. However, children's records do not clearly evidence that practitioners are routinely ensuring that these children are made aware of all their rights and entitlements.

Family partnership managers make proportionate decisions when it is decided to step up the level of support to families from the early help family partnership services to statutory social work interventions. The processes for escalation, step up and step down are clear but some children are stepped down too quickly from children's social care following an assessment without evidence of sustained improvement. Some of these children are then very quickly stepped back up again. This is confusing for children and families and can mean that the momentum for change is weakened.

Initial visits to see children, where there are concerns for their safety and responsibility for follow-up has been passed through to the Assessment Service, are undertaken quickly and when required safety plans are put in place. For some children, these visits take place before a formal strategy discussion. This is due to the challenges of getting engagement from some key statutory partners swiftly

enough for a timely meeting. In these instances, the opportunity to discuss concerns and share information with the professionals who are already involved with the family to jointly agree the next steps before meeting the family is lost.

Once a date is agreed with the police, strategy meetings that take place generally include all the relevant partner agencies. Decisions made are informed by multi-agency information and risks are recognised. Managers maintain oversight of strategy discussions and child protection enquiries. Their rationale for agreeing decisions is clearly recorded. Further information is gathered through child protection assessments, which supports professionals in reaching appropriate decisions when considering how best to manage risks to children.

When the decision is made for a child to enter care, it is based on a clear rationale to ensure children's safety and welfare and is proportionate to risk.

The quality of single assessments is inconsistent. For some children, they are comprehensive, informed by several visits to the family and include direct work with each child. Meaningful relationship-based work is undertaken with families to support them throughout the assessment process. This has helped families to engage with support and to make necessary changes to improve their children's situation and reduce risks. For other children, visits do not take place at a time or frequency appropriate to their needs. At times, this is further compounded by changes in social workers, which has a negative impact on the quality of the relationships, resulting in assessments which are superficial, lacking in depth and detail, and affects the service that children and their families receive.

Leaders report that work is ongoing with police, education and other partners to ensure that children are best supported through multi-agency working arrangements. This, however, is not a new or recent challenge for the authority. Previous solutions have been limited in their impact, and more work is required to ensure that children and families benefit from a full joined-up multi-agency response.

The Quality Assurance Framework is well embedded into practice. The model provides a reliable line of sight into the quality of practice and overall performance. Themes and recommendations highlighted are reviewed alongside other performance plans to ensure learning and improvement. The collaborative audit tool is comprehensive. Its structure provides a balanced focus between process and practice, between compliance and impact and outcomes for children. However, full compliance with completing audits, timescales between audit and moderation, completing the loop and with ensuring that family members are contacted are not strictly adhered to. This means that some of the rich learning opportunities from audit are lost.

Various other channels are used to improve practice, including the regular review of performance data, practice weeks and feedback from various sources, including

children and parents. Practice in Luton is improving. However, leaders accept that there is still more work to do to ensure that all children are provided with a good service response.

Supervision and management oversight are reported by staff to take place regularly. However, personal supervision notes are not easily accessible to all workers. Notes reviewed outlined productive discussions which consider the worker's own personal well-being as well as an overview of work and training needs. Workers are encouraged and supported to attend a good range of training opportunities and to develop in their professional expertise. Many staff have welcomed the informal support from peers and more formal support provided by managers to develop in their careers and take up available opportunities for progression. The expansion of the apprenticeship scheme is welcomed by staff as a positive step forward. Newly qualified workers who are part of the assessed and supported year in employment (ASYE) are also positive about the support they received from their team, the academy, and the strong supportive learning framework.

The stability in the workforce is increasingly evident. However, much of the stability in the front door and assessment service is recent, having been established in the last three to six months. Leaders recognise this progress with caution, acknowledging that many teams are still predominantly staffed with agency workers or ASYEs who are new or inexperienced social workers.

Social workers' workload within the assessment teams fluctuates and the trajectory demonstrates that workload is very slowly decreasing. Most workers described their caseloads as manageable within the supportive environment, with systems in place to support them when work becomes more pressured and challenging.

The culture of care outlined by leaders is echoed by staff at all levels. Staff morale is positive. All workers who spoke to inspectors said that they feel supported by their managers, senior managers and the team.

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

Yours sincerely

Margaret Burke  
**His Majesty's Inspector**