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Dear Kathryn

### **Focused visit to Redcar and Cleveland Borough Council children's services**

This letter summarises the findings of a focused visit to Redcar and Cleveland Borough Council children's services on 29 and 30 October 2019. The visit was carried out by Her Majesty's Inspector, Lisa Summers and Her Majesty's Inspector, Jan Edwards.

Inspectors looked at the local authority's arrangements for children in need, children subject to a child protection plan, children living in private fostering arrangements and the management of allegations against professionals.

Inspectors looked at a range of evidence, including case discussions with social workers and managers. They also looked at local authority performance management and quality assurance information, audits of current practice and children's case records.

### **Overview**

Since the last inspection in 2017, the local authority has improved the quality of some areas of social work practice for children in need of help and protection. As a result, many of these children's circumstances are improving. The implementation of a widely recognised social work model is supporting practice consistency across the partnership. The quality of assessments is improving, plans use clear and accessible language, and planning is effective. The management of allegations against professionals is now more robust.

Despite heavy investment to increase capacity, social work caseloads have still increased and the pace of change in improving some areas of practice identified at the last judgement inspection in January 2017 is too slow. These areas include the support for children privately fostered, the quality of written plans, and quality

assurance. The local authority does not always assess connected carers appropriately when managers make the decision that children can no longer live at home safely. Senior managers are implementing plans to improve the quality of support for disabled children and to ensure that all children get the right level of support to meet their needs.

The newly appointed director of children's services (DCS) had been in post for four weeks at the time of this visit. She has already initiated plans to strengthen quality assurance and review children's services.

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

- The management and oversight of practice relating to connected carers under Regulation 24 of the 2010 care planning regulations.
- The quality of assessments so that children's diverse needs are fully explored, particularly those of disabled children.
- The quality of written plans so that all risks and needs are addressed, and so that children's progress can be monitored more effectively.
- The quality and frequency of management oversight, including pre-proceedings and supervision, to reflect the risks and complexity of children's circumstances, to review thresholds, and to provide clear, timebound case directions and actions.

### **Findings**

- Since the last inspection, the local authority has invested heavily in its social workers. Increased financial investment has secured additional workforce capacity and supported the retention of social workers. Despite this, the recent significant rise in demand for social care services means that the benefits of this increased capacity have not been realised, and caseloads have increased. Senior managers recognise that some children open to children's social care could be safely managed at a lower level of support, and, as a result, are reviewing all children in need and those subject to child protection plans.
- The quality and impact of social work practice is effective. Children and their families benefit from an extensive range of help and support, and, as a result, many children's circumstances are improving. Senior managers have spent significant time and energy on further strengthening the skills of social work staff and partners through extensive training in a widely recognised social work model. This is improving the consistency of social work practice, providing a framework for a shared language between partners and supporting greater collaboration with parents.
- Social workers speak with authority and clearly know their children and families well. Improved use of chronologies is helping social workers to have a greater

understanding of children's experiences and family support networks. Children are seen regularly, although not always alone. Inspectors saw some effective direct work with children, but this is not consistent. In some cases, direct work lacks creativity to support meaningful engagement with children. Although social workers reported manageable caseloads, some said that recent increases were impacting on their ability to develop deeper relationships with children and undertake focused direct work.

- Most assessments now make good use of children's histories to understand cumulative harm. There is a good breadth of multi-agency contribution and clearer recognition of risks and strengths. This is not consistent for all children, and some weaker assessments lack depth in fully understanding children's lives or exploring wider needs, and issues of diversity are not routinely considered. For example, for disabled children who are subject to child protection plans, assessments fail to adequately consider the impact of their disability on their lived experience.
- Planning for many children is effective. Plans are regularly reviewed, and services are well coordinated by passionate and skilled social workers. Inspectors saw good examples of impactful partnership working which is improving children's lives. Written plans routinely include clear and accessible language to help parents understand the concerns and risks. However, too many are not specific enough in identifying how children's needs will be met. In a small number of cases, not all risks are fully articulated, nor do they identify how these are to be managed. Timescales for actions lack prioritisation, and the absence of clearly communicated contingency planning reduces parents' understanding of the potential actions should change not be achieved. The newly revised core group meeting minutes are not providing a clear record for parents and partners to measure progress against the plan, and they lack a focus on how interventions are improving children's lives.
- When children's circumstances do not improve, children's cases quickly escalate to pre-proceedings. Once this is identified, the use of the public law outline (PLO) is not sufficiently robust. Despite social workers identifying risks and concerns effectively in order to inform decision-making through the pre-proceedings panel, the recording of these meetings does not demonstrate a sufficient level of scrutiny or challenge or provide a rationale of these significant decisions about children's lives. Tracking is not effective to minimise drift, and, as a result, some children are held in pre-proceedings too long without regular review, even when their circumstances are improving. Letters before proceedings detail well the concerns of the local authority, but do not detail what needs to improve for children.
- Senior managers recognise that some disabled children are not receiving the right level of help and support. Inspectors identified children receiving a social work intervention who did not need this level of intrusion. A significant number of children have not been recently assessed. While work is underway to address this, progress is too slow to meet children's current needs. Social workers do not have

specific training or tools to enable them to communicate effectively with this vulnerable group of children, limiting their ability to understand the child's wishes and feelings. Senior managers recognise that caseloads are very high, and newly recruited staff are due to start in the next three weeks. The team has very recently moved to co-locate with children's social care, and reviews of low-level cases are ongoing. As a result of this visit, all cases will be reviewed as a priority.

- Private fostering arrangements are not consistently robust. Some children are benefiting from living in private fostering arrangements. For these children, arrangements are well assessed, and children are visited regularly to ensure that their needs continue to be met. This is not the case for all children living in such arrangements. Appropriate checks are not always timely, nor are all arrangements assessed to ensure their suitability and safety. This has not been adequately addressed despite being identified at the last inspection.
- The local authority does not always make clear decisions when children are placed with connected persons. Inspectors identified a small number of children who the local authority have determined can no longer live with their parents safely, and who, as a result, live with wider family. Despite this, these children are not recognised as entering care, nor do they benefit from the level of support and oversight that is brought by the statutory framework under regulation 24 of the 2010 care planning regulations. Consequently, these placements are unassessed to ensure that they are safe, suitable and able to meet children's needs.
- Since the last inspection, monitoring and tracking of allegations against professionals who work with children has been more robust. Allegations are better managed through close monitoring of agency actions, and followed up when required. Actions are timely to mitigate risks to children. Advice provided is appropriate and proportionate.
- The very recently appointed DCS has clear plans to strengthen the quality assurance framework to be more intuitive, in order to better understand frontline practice and support service improvements. Although managers make good use of weekly performance information to manage workflows and compliance, senior management reports do not provide the breadth of information to enable oversight of critical performance areas. The approach to auditing is inconsistent. Most audits are overly optimistic, and do not sufficiently focus on children's experiences, or identify weaker practice or corrective actions.
- Social workers are very positive about working for Redcar. They report feeling very well supported by accessible team managers and their knowledgeable service manager. They are helped to manage work pressures through a highly valued team approach, and feel listened to in times of crisis. Despite social workers reporting how they feel valued, safe and supported, there is variability in the frequency of supervision, which is not always proportionate to the level of children's needs. Most supervision lacks reflection on children's current circumstances and the impact of social work interventions. Supervision does not

always help social workers think through problems and challenges. Managers routinely identify actions and provide some direction, but many actions are task-focused and lack timescales, resulting in these being repeated at the next session.

Ofsted will take the findings from this focused visit into account when planning your next inspection. A copy of this letter will be sent to the Department for Education and will be published on our website.

Yours sincerely

Lisa Summers  
**Her Majesty's Inspector**