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Richard Hancock  
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Dear Richard

### **Focused visit to Tameside children's services**

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 (coronavirus) pandemic.

This letter summarises the findings of a focused visit to Tameside children's services on 12 and 13 May 2021. Her Majesty's Inspectors were Paula Thomson-Jones, Kathryn Grindrod, Alison Smale, Vicky Metheringham and Tonwen Empson.

The methodology for this visit was in line with the inspection of local authority children's services (ILACS) framework. However, the delivery model was adapted to reflect the COVID-19 context. This visit was carried out fully by remote means. Inspectors used video calls for discussions with local authority staff, carers, key stakeholders and children. They also looked at local authority performance management and quality assurance information and children's case records. The lead inspector and the director of children's services agreed arrangements to deliver this visit effectively while working within national and local guidelines for responding to COVID-19.

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

- The workloads of social workers and of personal assistants in all teams, to enable them to build meaningful relationships with children and young people and deliver effective support to them.
- Access to sufficient and suitable placements to ensure that children are able to live in places that meet their needs.

- The quality and timeliness of the decision-making for children who are subject to pre-proceedings within the Public Law Outline.
- Support for care leavers to access education, employment and training and to develop skills to enable them to live independently.
- The oversight of social work practice by all managers and the scrutiny undertaken by senior leaders to ensure that there is a focus on the experiences and outcomes for children and young people.
- Senior leaders' work with health partners to improve attendance at multi-agency meetings and the timeliness of health assessments for children in care.

## **Findings**

- Tameside has had consistently higher-than-average rates of COVID-19, and lengthy periods of local and national restrictions throughout the pandemic that have created significant challenges for senior leaders. Effective systems were established to ensure strong communication between the local authority and school leaders that supported a positive response to many children. Early help services which were already being redeveloped were further enhanced, and provided a focus for coordination of appropriate support for an increasing number of families.
- During 2020, there was a reduction in the level of contacts and referrals to children's social care. However, greater demand for services since early 2021, combined with pre-existing high levels of children in care and growing numbers of care leavers, has resulted in increasing caseloads which are now too high across most social work teams. In addition, a decline in the retention and recruitment of social workers during 2020 has led to higher staff turnover and increasing numbers of agency staff being used. The lack of capacity created by these issues has resulted in the local authority improvement plan having little impact over the last 12 months and there has been a deterioration in the timeliness and quality of response to children in some areas.
- Scrutiny by senior leaders is too focused on measuring process through performance data and overall audit grades rather than the evaluation of the experiences of children. Although leaders have a broadly accurate self-view about the weaknesses in areas of service, their oversight does not have sufficient impact on practice improvement and on children's experiences.
- Although the results of audit work are collated and reported to senior leaders, these reports remain focused on grades rather than what is required to improve social work practice and the experiences of children. Many individual case file audits provide some good information about strengths and weaknesses and include actions for improvement. However, these actions are often too focused on process and do not routinely have an impact for children.
- Management oversight does not ensure timely decision-making and consistently good practice. Supervision takes place regularly and provides support for social workers, but does not provide effective challenge or sufficient reflection on the

quality of practice. Independent chairs and reviewing officers escalate concerns when tasks are not completed, but do not provide enough quality assurance in respect of children's experiences or the progress of their plans.

- Senior leaders were open to feedback and learning during this visit, including the need to be more child-focused in their approach to performance management and quality assurance. They took immediate action to address the issues identified and senior and political leaders agreed to the provision of immediate additional investment to address a lack of capacity across several parts of the service.
- Qualified social workers and managers in the multi-agency safeguarding hub (MASH) undertake timely initial screening of children who are referred to children's social care. They identify those at immediate risk and refer them immediately for social work assessment.
- When the outcome of the screening is that further information-gathering is needed to inform the next steps, this takes too long and leads to many children waiting up to two weeks before decisions are made about further action. This means that some children experience delay before they are provided with support from early help. A small number of children who should be passed for social work assessment continue to live in situations of unassessed risk for longer than is necessary. As a result of feedback from inspectors, the local authority undertook an immediate review of work within the MASH to ensure that children experienced no further delays.
- For most children, decision-making about next steps is appropriate, with thresholds well applied. Where children are at immediate risk, strategy meetings are convened and these lead to appropriate and timely decisions for most children. For many strategy meetings, health colleagues are not represented, leading to gaps in some of the information available to inform decisions about the level of risk. This means that social workers and managers cannot be confident that the decisions made are appropriate.
- Children in need and those subject to child protection plans have been visited regularly, with appropriate consideration of whether visits should be remote or face to face. The majority of children whose cases were reviewed during this visit had experienced two or three changes of worker in the last six months. This has prevented them from developing meaningful, trusting relationships with their worker. For some children, this has led to drift and delay in the progress of their plans as new social workers try to understand their circumstances and the needs of their families.
- For children who have had a consistent social worker, these meaningful relationships support work to explore, understand and reduce risk. When children go missing, the impact of return home interviews is limited by the overly rigid use of closed questions and they do not inform future planning in a meaningful way.
- Some children live in situations of neglect for too long before decisions are made to consider the threshold for legal action. When children become the subject of pre-proceedings, the oversight and monitoring of their progress are overly focused on local authority timescales rather than consideration of the individual

needs of children. For some children whose circumstances do not improve despite intervention during pre-proceedings, the decision to apply to the courts is too slow and leaves them experiencing further neglect.

- Child-focused decision-making and support ensure that many disabled children have their needs met through a range of responsive services that work well together. Services have adapted to children's changing needs during the pandemic, with examples seen of clear and responsive decision-making. Partnership working between children's social care, health and education has improved, but there remain challenges to get all agencies to consistently attend education, health and care plan reviews. During the pandemic, a renewed focus on the experiences of these children due to national restrictions led to more effective three-way meetings that resulted in clear plans for children either to return to school or be provided with alternative support.
- A well-established system ensures that parents considering elective home-education (EHE) have the information they need to consider and understand that decision. The local authority, like many others, has seen an increase in parents considering EHE. The needs of families are well understood and effective systems identify children who may need additional support, including the provision of additional information for parents.
- When children need to come into care, a lack of placement choice leads to some children being placed in unsuitable placements. A lack of sufficiency within the local authority's own resources, as the result of an underdeveloped fostering service, has left them over-reliant on residential provision. Inspectors saw several examples of 16-year-olds who had been placed in semi-independent unregulated accommodation, including some who were still at school, when this was not appropriate to meet their needs. In addition, a small number of children with complex needs are placed in unregistered settings. The local authority is aware of these gaps in service, but the improvement plan has not had an impact for children.
- Many children who come into care are living in stable homes that meet their needs, and for some young people decisions about their placements are well considered and informed by their needs, including their education. Children spoken to told us that they were happy in their foster placements but did not like the changes in social worker they had experienced. For many children, initial health assessments do not take place quickly enough and this leads to delays in understanding the health needs of children.
- Children in care are supported to see their families, and their wishes and feelings are taken into consideration. Creative approaches, including the use of the family group conference service to develop arrangements, have enabled greater flexibility to enable families to meet in community-based settings, even where children are placed at a distance from the local authority. Consideration has been given to their physical and mental health needs, and access to therapeutic support has been maintained where required.

- The virtual school provided school leaders with reliable and responsive support during the pandemic and monitored closely how children were coping. Foster carers reported that they felt well supported by social workers and by the virtual school, and action was taken quickly if cared for children needed extra help or resources. Many children in care remained in school throughout the pandemic where appropriate and some have benefited from a quieter learning environment.
- The number of care leavers in education, training or employment remains too low and is below that of other local authorities. Insufficient action had been taken to provide support to address this prior to the onset of the pandemic. The virtual school has only recently extended its remit to include 16 to 18-year-olds and there remains significant work to do to support young people and improve their attainment. The impact of the pandemic on the emotional health and well-being of care leavers is not consistently understood and some young people do not receive support when they need it.
- The quality of support for care leavers is significantly impacted upon by the high caseloads of the personal advisers in the leaving care team. Care leavers had experienced problems with many changes in social workers but spoke highly of their current personal advisers and the support they received from the transitions team. Their basic and immediate needs are responded to, but high caseloads mean that for many, the support is overly focused on short-term problem-solving and does not demonstrate ambition to enable them to reach their full potential. Care leavers told inspectors that they did not feel well prepared to manage their money or to live independently.

Ofsted will take the findings from this focused visit into account when planning your next inspection or visit. I am copying this letter to the Department for Education. It will be published on the Ofsted website.

Yours sincerely

Paula Thomson-Jones  
Her Majesty's Inspector