

# **Report into Children's Services in Wakefield following inspection**

**Report for the Secretary of State for  
Education by Peter Dwyer CBE,  
Commissioner for Children's Services  
in Wakefield**

**December 2018**

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## 1. Introduction: The Role of the Commissioner

The Secretary of State on the August 2018 appointed Peter Dwyer CBE as Commissioner for Children's Services in Wakefield. He was asked:

1. To issue any necessary instructions to the local authority for the purpose of securing immediate improvement in the authority's delivery of children's social care; to identify ongoing improvement requirements; and to recommend any additional support required to deliver those improvements.
2. To bring together evidence to assess the council's capacity and capability to improve itself, in a reasonable timeframe, and recommend whether or not this evidence is sufficiently strong to suggest that long-term sustainable improvement to children's social care can be achieved should operational service control continue to remain with the council.
3. To advise on relevant alternative delivery and governance arrangements for children's social care, outside of the operational control of the local authority, taking account of local circumstances and the views of the council and key partners.

The Commissioner was asked to report back to the Secretary of State by the 21 November. The findings of this report have been subject to ongoing transparent dialogue with senior leaders within the LA.

## **Executive Summary and Main Recommendations**

- 2.1 The 2018 Ofsted inspection of Children's Services in Wakefield judged the LA to be inadequate against all judgements. In my discussions with senior leadership both political and managerial, I have found no dissent to that assessment and no defensiveness about the challenges the LA and its partners face. There is clear evidence that some children in need of help and protection were and are not being provided with the quality and consistency of assistance that all should aspire to. The concerns raised by Ofsted have a considerable history and have persisted over time. Whilst areas of good practice exist, dangerously high caseloads, limited management oversight and restrictions to the quality of strategic analysis and financial decision making were apparent. The lack of progress in tackling these significant issues should not be viewed as the responsibility of any individual officer or member. Intellectually able and well-motivated leaders lacked the strategic capacity, and some suggest, collective practice wisdom to affect sustainable change. The LA has not historically prioritised and collectively committed to the improvement work so clearly required. Where additional resources have been provided, they have needed to be used reactively to deal with the consequences of other deficits.
- 2.2 The LA has responded robustly and at considerable pace to the challenges posed by the 2018 inspection report. Improvement work had been initiated in advance of that report, initially by the previous DCS and then accelerated by the new Director and Chief Executive. New appointments have been made to key political leadership roles who have subsequently benefitted from an LGA development programme. Significant, additional financial resources have been immediately prioritised and are now approved in the medium-term financial strategy of the LA. This should result in a base budget that more accurately reflects the needs of the service. A robust plan and strong model for governance of improvement work has been put into place. This includes a very effective improvement board with a highly experienced independent chair. Additional resources have been well used to increase frontline social work capacity and as a result social work caseloads are reducing and management oversight is improving. An ASYE academy is in place and is providing the support and protection that newly qualified staff deserve. Strategic leadership capacity has been significantly enhanced and permanent appointments made of senior social care professionals experienced in improvement work of this nature. The LA has been proactive in seeking the engagement of others and are benefitting from specific improvement activity from 3 neighbouring LAs, two of whom are Partner in Practice LAs.

2.3 Given the above, I would suggest that it is highly questionable as to whether an Alternative Delivery Model (ADM) at this stage would bring improvements, additional skills or increased talents to the leadership team that is now in place and beginning to make an impact. Indeed, the delays and disruption that would necessarily be involved through the introduction of any ADM could disrupt the now rapidly developing improvement programme. I did not find a dysfunctional political or corporate environment that would support the case for “freeing” the children’s leadership from local control. On this basis, I conclude and recommend that an ADM is not required in Wakefield.

However, it is also relatively early days on a very complex and challenging improvement journey. Given this and the recommendation not to seek an ADM, I would also recommend that:

- Commissioner oversight should continue with further reviews and assessments of progress against the findings of this first review in around 6 and 12 months. These subsequent reviews do not reflect any caution concerning the decision not to recommend an ADM at this stage. They do reflect recognition of the scale of the task new leaders are tackling.
- Alongside this the Independent Chair of the Improvement Board should produce quarterly progress update reports for the Minister.
- The Commissioner should continue to receive papers but not attend improvement board meetings.

2.4 In addition to the above specific recommendations to the Secretary of State, I have taken the opportunity in the body of this report to comment and make further detailed recommendations specifically to the LA and its partners. During my work I had rich opportunities to observe and reflect on the improvement work already underway. The comments contained particularly in section 9 of the report, have been shared on an ongoing basis and are highlighted in the interests of providing further momentum to improvement activity. These recommendations were often already recognised by the organisation. I add only to further strengthen the activity and to further highlight the importance of that endeavour. I would not wish to duplicate all those recommendations in this executive summary, but I would particularly highlight the need for the LA and partners to prioritise:

1. Securing the investment now being made on a long-term basis. The resourcing of the service proposed is clearly necessary and significant. The political leaders I met totally understand and have expressed a full commitment to this.
2. The work needed to enhance the tools, skills and resources consistently available within and to the workforce to address the challenges families are

experiencing. Without such a focus, the LA runs the risk of being statutorily compliant but of not effecting positive change in the lives of children and young people. They run the risk of simply escalating, in an ever-timelier way, increasing numbers of cases through and into the child protection and care system. This is not good for children and families and would see newly prioritised funding evaporate in additional placement costs.

The implementation of a rich practice model and system, delivered through a partnership workforce with enhanced capacity, training and management support must remain a priority.

## **The Local Authority area: Wakefield**

- 3.1 Wakefield covers 350 square kilometres and is one of 5 local authorities that make up the West Yorkshire region.
- 3.2 The Wakefield District currently has a population of around 340,000 people, with that number estimated to rise to around 346,000 by 2023. Around 18% of the population is aged 65 or over and this percentage is set to grow in future years. Wakefield's demography is also changing due to inward migration. 7% of Wakefield's population does not describe themselves as 'White British', with 9% of the district's current population born outside the UK. Around 3,900 pupils at school in Wakefield have a first language that is not English. This is 11% of all primary pupils and 7% of secondary pupils. The population of children and young people aged 0-19 is 76,388 which is expected to grow by 5% to 80,000 by 2025.
- 3.3 The Government's most recent (2015) Index of Multiple Deprivation rated Wakefield as the 65<sup>th</sup> most deprived local authority district in England out of 324 areas. Wakefield is ranked as the 3<sup>rd</sup> most deprived authority in the Leeds City Region – above only Bradford (19<sup>th</sup> most deprived) and Barnsley (39<sup>th</sup> most deprived). There are around 47,400 Wakefield residents living in neighbourhoods ranked as being within the top-10% most deprived in England. This figure was 40,500 in IMD 2010 and 47,000 in IMD 2007.
- 3.4 The council leader has been Councillor Peter Box since 1998 and Merran McRae has been the Chief Executive since June 2017. The statutory role of Director of Children's Services is held by Beate Wagner who took up the appointment in March 2018.

## **Methodology: The Commissioner has been engaged in the following activity:**

1. A series of structured individual interviews with key senior officers and political leaders within the LA. Structured interviews with the Independent Chairs of the

LSCB and the Improvement Board and with senior leaders within partner organisations.

2. Attendance at key political meetings, children and young people's scrutiny committee/corporate parenting committee; and attendance at partnership workshops where improvement work in the areas of emotional wellbeing and early help was being undertaken. I also attended and participated in two meetings of the Improvement Board.
3. Focus Groups with front line staff and with first line and middle managers (4 Groups in total). These well attended groups provided the opportunity to discuss with staff at different levels of the organisation the challenges facing the LA and their confidence that improvement would be delivered. Focused group discussions were then followed up by visits to frontline delivery teams: the MASH; Children in Care and Locality teams; edge of care and complex care needs teams; and a Children's First Hub.
4. Meetings with the Chief Officer of Resources and Finance team, the Improvement Programme Manager and the Performance and Commissioning team. Additionally, meetings with key HR personnel and those leading staff recruitment and retention activity took place.
5. The Commissioner benefitted from meetings with senior representatives of Ofsted and with UNISON, the Trade Union which represents most social work staff in the LA.
6. A wider staff consultation exercise was created which received a significant level of detailed individual submissions from front line staff and managers.
7. Interviews of the 3 Directors of Children Services whose LAs are providing current improvement support and an interview of the Chair of Regional ADCS group/Vice President of ADCS on the sector led improvement approach in Yorkshire and Humber. I have also interviewed the staff from East Riding Council who led recent audit activity.
8. I benefitted from access to self-assessment submissions and data analysis from the regional performance group of ADCS.
9. Alongside staff from East Riding (a Partner in Practice LA) I undertook file audits focused on recent casework activity. These audits were timed to avoid replication of earlier audit work and to create every opportunity for any early practice progress to be viewed.

Within the above activity, I have been particularly keen to understand and hear the views of staff from all levels of the organisation. From those relatively new to the organisation and from those who have worked for the organisation for many years. From front line staff to senior strategic leads and staff from partner agencies. All engaged in the work of the Commissioner with considerable enthusiasm through site visits, individual submissions and the focus groups described above. I am grateful for the time people have given to engage and their many detailed written submissions have all assisted my work greatly. I have sought to insert direct messages from staff to help convey and strengthen key points made in this report. I am also grateful for the excellent administrative support I have received from officers of the LA.

## **The Challenges facing the delivery of Children and Young People's services in Wakefield as described by Ofsted**

5.1 2018 Outcome: inadequate on all 4 judgement areas. The full report is accessible at <https://files.api.beta.ofsted.gov.uk/v1/file/50004490>

Ofsted concluded in 2018 that "There are serious and widespread failures across children's services in Wakefield".

Tellingly they described that "Since the last Ofsted inspection in 2016, senior leaders across the council and partnership have not effected the improvements necessary to remove serious weaknesses or counter a decline in service quality. In 2016, services were judged to require improvement to be good. Many of the identified improvements have not been delivered and previously good services have deteriorated".

Within the list of improvements specifically sought by Ofsted were the following selected areas:

- managers' oversight of the quality and impact of practice in all children's cases, including effective supervision of all staff;
- the quality of social work practice, including seeing children, the quality of assessments, recording and plans for children in need of help and protection, children in care and care leavers;
- recruitment and retention of a sufficient number of experienced social workers, managers and senior managers;
- the availability of sufficient, suitable local placements to meet the needs of children in care and care leavers; and
- emotional and mental health support for children in care and care leavers.



One can recognise in Ofsted reports an escalating concern and undoubted frustration not only about current performance levels in the LA but also the history of their reported concerns not being adequately addressed.

5.2 In 2012 Ofsted (<https://files.api.beta.ofsted.gov.uk/v1/file/50004203>) had found the service to be in the language of the time “Adequate” i.e. it was assessed as meeting only minimum requirements. The report in 2012 highlighted the need to:

- ensure that all referrals receive a timely response at all stages of the enquiries, assessment and planning, thereby reducing risk;
- ensure that there is consistency of application within Social Care Direct and the joint investigation team regarding the criteria for Section 47 enquiries and initial assessments and the rationale for decision making is noted on the child’s file;
- ensure that formal supervision and annual appraisals for social workers takes place regularly, are well recorded and meet the professional development needs of staff;
- ensure that management oversight of case work is recorded; and
- ensure that information collected by Social Care Direct and the joint investigation team from partner agencies is thorough, recorded well, clearly sets out the presenting welfare and protective needs of the child, and the expectations of the referrer.

5.3 In 2016 Ofsted judged the LA to be overall “Requiring Improvement” with 2 Goods (adoption/progress of care leavers) (<https://files.api.beta.ofsted.gov.uk/v1/file/2752982>). In 2016 Ofsted did describe “Positive changes can be seen in how families are better engaged and how children are listened to and have their views taken account of” and “the DCS and senior management team have worked hard to implement a number of key strategic priorities successfully, and these are now starting to have a positive impact on improved outcomes for children”.

They also report in 2016 specific and familiar challenges namely to:

- Accelerate plans to improve the full utilisation of the electronic recording system, so that accurate data informs performance management reports to enable senior leaders to measure and improve practice and to support frontline managers and staff in their oversight and management of work.
- Carry out a review of cases that meet the threshold for section 47 investigations, but do not progress to ICPC, to understand the reasons for this better, and to ensure that the social work response is proportionate.

- Continue to reduce the caseloads of social workers to facilitate effective social work practice and to ensure that all frontline managers have manageable workloads in relation to the number of social workers that they manage.
- Ensure that assessment timescales are set and completed in relation to the needs of the child, that assessments consistently identify wider and emerging risks and that they underpin outcome-focused planning effectively.

In summary, it appears that concerns about the quality of practice, consistent application of thresholds, caseload levels, effective recording, supervision and decision making are significant and have an extended history. We are not talking here about a temporary lapse in performance but something of a far more persistent nature. The involvement of a Commissioner was triggered by the identification of “systemic” failure by the 2018 report, but one could also make an argument that many of the challenges identified have been “persistent” in nature. Such a conclusion is significant in understanding not only the nature of the challenges now faced but also the depth of the response required.

## **6. Why have Wakefield struggled over time to address these crucial issues?**

- 6.1 In my assessment, Ofsted were right to reach the conclusions they did about children and young people’s services in Wakefield. There is clear evidence that some children in need of help and protection were and are not being provided with the quality and consistency of assistance that all should aspire to. Unallocated work; poor case recording and assessment practice; caseloads of unmanageable size and spans of management control unable to consistently provide the necessary quality of reflective supervision and line management. Significant sickness levels in the social care workforce and the ensuing use of agency workers all work against establishing the consistent essential relationships those children and their families deserve and require. It is not just the historic existence of these key factors but the extent of them that is of such concern. Evidence exists of times where there were more than 200 unallocated pieces of work – more than 25% of social work staff on sickness absence predominantly for reasons of stress – and significant numbers of staff not consistently having the formal supervision sessions they require and deserve.

As staff reflected to me when describing the problems previously being faced:

“Social workers in locality and looked after teams are ‘on their knees’ and no matter how many hours they spend working. I’m aware they’re working evenings and weekends on a regular basis they cannot get on top of their caseloads. This is dangerous and unmanageable.” (Senior Social Worker)

“I am at the end of my ASYE and have consistently had around 30 cases including proceedings throughout my ASYE. I feel overwhelmed and worried about when this will change.” (Social Worker)

“Caseloads are too high in the social work teams, individual social work staff tell me they feel overwhelmed, unsafe, they are not receiving regular supervision and they are not able to see the children and develop positive working relationships with them.” (IRO)

- 6.2 As indicated above, many say that the weaknesses identified in the 2018 reports by Ofsted have a longer gestation period than others might suggest. Some historically have described the 2016 as a “close to Good” overall judgement, others now more consistently see it as a generous judgement. Many talk of the LA being given the benefit of the doubt with assurances given that known omissions in case recording did not reflect the reality of practice or that the actions put into place to reduce caseloads of staff would have an early impact. Neither of these were with hindsight to be the case.
- 6.3 Responsibility for any failure in delivery is certainly not the preserve of any individual officer or member. Systemic weaknesses are a product of challenges across that whole system incorporating many facets including culture, leadership capacity and of course the people across the whole organisation and its partners. Few would now with hindsight suggest that there was not more that they collectively could have done to halt the decline experienced.
- 6.4 As is invariably the case, there is some practice within the LA that is of a good and better standard and I certainly met many committed and experienced staff at all levels of the organisation. This is evident when one looks at the results of the detailed audit activity or reflects on the outcomes achieved by some individual services e.g. residential care homes. However, such achievements are overly reliant on the efforts of individuals or isolated groups rather than the product of a systemic approach across the organisation to ensure that the predeterminants for success were consistently in place. The operating environment for effective practice has not to date been created in Wakefield.

As staff communicated to me:

“Our staff have been loyal and committed to the children of Wakefield as well as the Council, however they have been pushed to the edge and not had the support and resources to do a difficult job.” (Service Manager)

“In the 5 or so years I have worked here I have often been frustrated by the reluctance to try new ways of working.....I believe people do not inherently oppose change; they oppose change they have no opportunity to influence.” (Residential Worker)

6.5 The need for improvement had not only been made by Ofsted but also by regional self-assessment, data comparisons and an independently commissioned piece of work by Wakefield from Taylor Davenport in 2016. This latter work provided a clear and very challenging description of social work practice and deficits in management oversight and strategy. The Taylor Davenport work was commissioned in the spring of 2016 (pre the Ofsted Inspection in July 2016) as part of the Council's effort to get to good. Indeed, it appears that it may have been commissioned by the "Getting to Good" Board that the then Chief Executive was chairing in preparation for an expected Ofsted inspection. Taylor Davenport undertook an audit of 81 cases with 74% being judged as not good. Their feedback was hugely challenging. They found:

- A lack of management grip: with evidence that supervision was not happening in most cases seen and where seen it was mainly passive and mechanistic supervision. The rationale for decisions was not always clearly recorded, and a lack of reflective practice, critical analysis and challenge by managers.
- Inconsistent leadership and staffing: 7 Service Directors for Safeguarding in 5 years; 38 agency social workers in post supernumerary. They described team managers managing 17 social workers holding case accountability for 300-400 cases.
- Culture: They talk of "a passive management culture" and a "preparedness to accept much below 'the best'" with "no active and systematic use of best practice".
- Strategic Leadership: they talk of "A Service Plan, which has yet to become the driving force for change" with "Many completed, or on-going, pieces of change work, but difficult to see strategy and outcomes" and "Limited knowledge of where the strengths and weaknesses exist".

6.6 On Practice they concluded that:

"Poor practice is widespread across the service with evidence to suggest that the basic core social work skills are not embedded in practice - where there are small pockets of good practice it is down to individual social workers."

Following receipt of this feedback it appears that an all manager event was held across Children and Young People's services to consider the findings. It does not appear that there is evidence that the Taylor Davenport presentation was circulated more widely across the Council. As a result of that session and in the spirit of developing a less directive top down response, the DCS at the time rightly communicated the "need to strengthen the voice of our managers and practitioners in developing a common understanding of what good practice looks like in Wakefield. For you will be the ones implementing what we agree so it has to work for you". At the same time, he also named non-negotiable expectations and a 4-week

timescale for consistent compliance. In hindsight and based on the subsequent 2016 Ofsted inspection, the timescale was not met within the 4-week period and clearly was not consistently met over the subsequent 2 year period to 2018. One could suggest that neither the Taylor Davenport report or the 2016 Ofsted report resulted in a whole council strategic response to the issues of practice, resourcing and culture which were so clearly identified. The post Ofsted 2016 response from the LA appears again to be mainly an internal directorate one. A Board chaired by one of the Service Directors was established but as a current member of staff says, “The Board was minuted and highlight reports were produced however it was not well attended and individuals were not held to account”.

The response to both 2016 reports needed to be more akin to the post-2018 actions we now see. The LA needed to have collectively owned and together driven honest transparent improvement work rather than needing the “intervention” profile to generate the level of change activity which had been so clearly recognised and named previously. The LA was all too aware of the challenges the service faced and whilst able to theoretically describe the need for improvement, they were as another member of staff said to me “consistently unable to make it happen”.

- 6.7 It is clear that historically the organisational and leadership culture has contributed to the challenges now faced. A culture where relationships between key senior leaders across the LA were fragile and where in the case of the Children and Young People’s service a silo mentality was to be found. These comments relate not to specific individuals or time but appear to have had a considerable history. Within the Directorate itself, further silos were said to be found with a possible lack of collective shared endeavour able to articulate clear strategic priorities, shared commitments and as a result shape ensuing investment decisions. Some staff within the service say that they found senior leaders to be distant and channels of communication at that time were described to me as fixed and hierarchical.

As staff said:

“Children’s services were viewed within the wider council arena as not engaging, not listening and most importantly not delivering. This has led, in my view, to the rest of the council disengaging from broader children’s services. And though there were pockets of fantastic cross directorate work over the years – this was individual led rather than directorate or council led.”  
(Manager)

“There are many talented, experienced and knowledgeable staff who often feel their voice is not heard and they are frustrated by this.” (Residential worker)

“Management must be open to hearing the concerns of all stakeholders rather than dismissing them. Many have experienced engagement previously but have seen limited or no change and feel their voices have been ignored in favour of pre-determined management ideas. This has left many front-line services feeling isolated, devalued, and overwhelmed and that the work they do and the concerns they have are not recognized or valued.” (School)

6.8 The senior leadership team of children and young people’s services in Wakefield appears to have not always contained sufficient capacity and confidence in the delivery of excellent children’s social care services. There is evidence in 2016 and 2017 of good awareness in the leadership team of the level of challenges faced but this does not appear to have been owned more widely across the LA or resulted in coherent and effective improvement activity at pace. Well intentioned and intellectually able leaders who struggled to turn ambitions and theoretical ideas into improved practice. Leadership may as a result have lacked “practice wisdom” and credibility with some sections of its workforce. It does not appear to have prioritised social care experience when seeking to respond to senior leadership vacancies in 2017 and consequently did not have the senior leadership capacity, knowledge or expertise to deliver the improvements so clearly needed within the authority. This resulted in some decision making which lacked a full understanding of its potential impact and weakened partnership engagement and confidence as a result. As one team manager described to me:

“It is too easy to criticise what has gone before. From what I can see the services to children imploded, panic bred more panic and staff did not have calm or clear leadership.”

And credibility was often disrupted by a lack of continuity in leadership roles:

“I think the lack of stability at senior manager posts (5 different SMs at the front door alone in the last 4 years; 7 Service Directors for Safeguarding in the last 10 years) will have contributed to the above issues”.

6.9 The systems in place to provide challenge and scrutiny of work undertaken have been ineffective. This statement applies at many levels. The quality and consistency of front-line management has not been good enough. The reporting and analysis based on that data has been undermined by questions relating to data quality. Members were not equipped or in touch with the reality of practice to effectively challenge. Scrutiny was in place but somewhat shouting from the side-lines. Systems and processes that did exist e.g. a Leaders Safeguarding group were not used effectively due to the leadership and cultural issues described earlier. Evidence of challenge from the LSCB is available. Some suggest that the Board and the Board’s chair increasingly became the place where partners voiced concerns and frustrations. The Board sought to respond possibly beyond their intended role

and again relationships between key leaders may have become less purposeful and effective.

- 6.10 The performance management framework in operation during this time was outdated and ineffective. The Directorate Statement of Priorities and Service Plans pointing in the direction of corporate priorities didn't also capture the detailed improvement work needed following Ofsted. Corporate Priorities appeared to lack any sophisticated articulation of the children's agenda. As a result strategic planning lacked clarity and coherence and failed to engender a whole council momentum. Data quality and limited meaningful engagement in performance conversations within and across the service hampered the delivery of improvement. So whilst the Local Authority had a Peoples Plan 2016-20 which talks of the need to "Continue to embed a 'One Council' approach where we all work to one clear vision". The reality in respect of children's services appears significantly different. Children's services operated as what one member of staff described as "a council within a council" and consequently the talents and resources of the whole organisation may not have been directed in a meaningful way at one of its supposed priorities.
- 6.11 At the same time the LA, like most, was facing significant budgetary pressures. It could be suggested that the savings taken in respect of children's services were done so without the benefit of a clear strategic approach. The budgetary pressure facing the LA was being exacerbated by consistent and significant overspends on placement budgets and some describe frustration and a potential blame climate which created the conditions where simple 'salami slicing' and short term delivery was prioritised. The savings challenge became one for hardworking leaders in the service rather than one for the whole organisation. There are examples of projects completed to deliver efficiencies and at the same time seek improvements. These however, with hindsight, were simply projects or initiatives rather than being part of a wider strategic programme of improvement and efficiency. There appears to be little evidence of creativity and innovation in which 'invest-to-save' strategies supported longer-term and potentially more desirable outcomes. Neither would it appear was there was any meaningful benchmarking of the spend on children's services within Wakefield compared to other LAs. The contribution to the LA's response to the austerity challenge needed to be more evidence based and differentiated. More recent decision making on investments by the LA would appear to be some acknowledgement that such an approach may not have been in place at earlier times.
- 6.12 It is clear that expertise and capacity to support the performance and strategy agenda across the council was limited. When savings were taken in this area, capacity was further diluted and devolved to directorates to resolve. There was no real sense that the organisational culture and trusted relationships existed to work in

a matrix way across the LA regardless of organisational location or line management.

- 6.13 There does appear to have been something of a change during the summer/autumn 2017. The new Chief Executive armed with feedback from elsewhere sought to get closer to the service; the DCS was better placed to describe real operational risks in the Regional Self-Assessment process and improvement activity including the engagement of other Partner in Practice LAs was initiated.

## **7. The Wakefield Response to the 2018 Ofsted report:**

- 7.1 Essentially, I have not found any defensiveness in my engagement with all at Wakefield. No denial of the challenge posed by Ofsted either by officers or members. For some that in part is a consequence of being new or relatively new to the organisation and as a result able to engage fresh, more objectively and professionally untarnished from past criticisms. For others with a far longer history in the organisation there is a clear passion and genuine concern about the place and a determination to address concerns which have such an indisputable evidence base.
- 7.2 As described above, there is evidence that the response to the persistent challenges facing children's services in Wakefield is not simply a response to Ofsted 2018 but a product of earlier and locally generated activity. The previous DCS had identified in the signatures of risk section of ADCS regional self-assessments of 2016 and 2017, major and escalating concern about social care assessment practice/MASH processes; and a Partner In Practice LA had become engaged (North Yorkshire).
- 7.3 The LA has since led the relaunch of a well-attended Improvement Board with a clear remit and location within the local planning structure. They have appointed an independent chair to that Board, an ex-DCS with excellent experience and reputation for delivering improvement in an LA in similar circumstances. It is encouraging to see other strategic forums e.g. the Wakefield Together Executive, refocusing itself to the children's agenda in the same way progress in child friendly cities has demonstrated can make such a powerful impact. In addition, the Council Management Team appears far better sighted and more engaged, with high expectations from the Chief Executive of a whole council response. This is demonstrated for example by active cross directorate engagement in Improvement Board meetings and whole senior council management board visits to neighbouring LAs in previously similar circumstances.
- 7.4 Greater strategic coherence with a clarification of the respective roles of key partner bodies is now being established. This should successfully locate the specific work of the Improvement Board in the context of wider planning activity. The Health and Wellbeing Board has recently signed off the terms of reference for a relaunched Children and Young People's Partnership and a well-presented Memorandum of Understanding between the different partnership boards is in place. This should



avoid duplication and better coordinate strategic work for and with children and young people in the district. In my experience, the challenge facing LAs judged inadequate are so acute that it often results in work of this wider nature being neglected. It often becomes something only to be revisited when out of intervention. In my view this wider strategic activity is not only essential in its own right but important in the difference it can make to the specific improvement work required in social care services. The Wakefield approach is in my assessment the right one but only if an absolute and steely focus by the Improvement Board is retained.

- 7.5 The LA has invested in programme management capacity with excellent people in place and a potentially highly effective system of programme governance and support has been established. A named programme lead with specialist skills oversees project officer capacity working on specific improvement projects. Good use of RAG ratings and action tracking systems give greater confidence that agreed work activity will be effectively progressed.
- 7.6 High quality professional relationships between people really do matter. The fact that the Chief Executive/DCS and new chair of the Improvement Board have all worked together before gives confidence. They do appear to trust and respect each other and are well placed to provide high support and high challenge to each other and to others.
- 7.7 They have developed an improvement plan comprehensively looking across the whole system whilst at the same time incorporating specific improvement activity relating to the more precise challenges posed by Ofsted. This work has been enhanced further following feedback from Ofsted and the Commissioner. Whilst there is rightly only one plan, they can slice that plan to demonstrate action against specific Ofsted recommendations or to describe the regional improvement activity that is underway.
- 7.8 The LA have put in place new political leadership at cabinet member level and ensured scrutiny and corporate parenting committees are fit for purpose. The new cabinet member and her deputy work well together and have embraced the importance of good governance and clear lines of accountability. An induction programme for all new elected member to enable them to understand more about the work of the service has been introduced and achieving good engagement. In addition, for members there is now in place:
- An ongoing programme of development to highlight the importance of safeguarding, child sexual exploitation and the role of corporate parenting.
  - These sessions will be refreshed annually to make sure elected members are kept abreast of any policy and service changes. For 2018/19, sessions are already planned on Child and Adolescent Mental Health Services and Early Help.

All elected members are regularly reminded of their online access to live versions of the improvement plan and progress against it. They also have access to twice monthly face to face briefings with the DCS to discuss progress against the plan. Elected Members in specific children and young people's leadership roles e.g. the Lead Member for Children's Services and the Chair of Overview and Scrutiny have access to dedicated support and training via the Local Government Association (LGA). I have seen evidence of these members taking full advantage of these opportunities using the mentoring and targeted training available through the LGA. The Lead Member and Deputy have also started to undertake visits to frontline services to meet and hear from practitioners directly. They have demonstrated that they are also highly receptive to learning and improvement ideas from elsewhere.

7.9 On my attendance at both scrutiny and corporate parenting committees I found well chaired and agenda meetings which were both well attended and with active engagement in questioning and debate. It was encouraging to see members looking beyond single committee meetings to seek other ways to engage in the agenda. This included for example, informal gatherings with care experienced children and young people.

7.10 The LA has significantly increased senior leadership capacity and specialist expertise in the leadership of children's social care services has now been put into place. Expertise and a leadership culture increasingly transparent and open to staff within the service and to each other. When comparing the leadership capacity from 2017 to that which is now in place there is a real step change with not only a specialist Director for Children's Social Care (from 7 August 2018) but also additional Heads of Service posts introduced. Post holders to these latter two new roles were coming into role toward the end of my involvement. The leadership which has been recruited is highly experienced and very knowledgeable in delivering improvement in LAs facing inadequate judgements. Staff within the service do describe the new leadership as "known, visible and knowledgeable". One manager described how there appears "more depth of thought" with a recognition that it will neither be "fixed overnight or through simple structural changes". They carry credibility within at least most of the social care workforce and have also already demonstrated a solution focused approach with confident decision making and a "real ability to turn things into action". They are described by some as being "proactive in involving staff and the sharing of future plans".

"There has been a significant improvement since Beate Wagner started at Wakefield; decisions that were either not made or put off have now been agreed"

"They come across as being confident in the improvement journey we are embarking on and this is starting to create confidence amongst staff."

“I feel very supported in my role and I am grateful for the way that new management are treating staff to ensure they do feel more confident in their role.”

“I have seen displays of great leadership from some of the new management – things I’ve not observed before in Wakefield – ‘grasping the nettle’ so to speak and not being scared to do so. Which is very refreshing to say the least.”

But others are understandably less confident:

“I have little optimism due to the number of changes Wakefield has gone through in recent years. These changes brought little or no improvement.”

“It is positive that senior managers are now wanting to listen to our views on the frontline, however we still see so much change and inconsistency and high caseloads that we are struggling to keep up and keep our heads above water.”

7.11 They have recognised the need for culture change in the direction of collaborative leadership which engages the leadership talents of the whole organisation and of partners. In my discussions with key partners e.g. CCG and Police leaders, I consistently heard enthusiastic expressions of confidence in the DCS and other senior leaders. Partners’ engagement in the improvement work looks strong. There is a potentially excellent relationship with the single CCG and some decisions have already been made on joint commissioning capacity and shared leadership team approaches. The Chief Executive of the CCG is a member of the Council Management Team. The Police expressed a real commitment to working collaboratively and could provide recent examples of investments and redirection of resources e.g. PCSOs into Children First Hubs. The LSCB through its chair and officers expresses confidence in the new arrangements feeling better placed to contribute by delivery against specific agreed work streams within the overall improvement plan.

7.12 An important element of this culture change is to seek greater dialogue, openness and transparency up and down the organisation. They recognise that the narrative concerning the improvement work must be accurate and recognisable to frontline staff. To ensure this is increasingly the case one step they have taken is to develop a Senior Leadership Visit Programme (SLVP) described by the DCS recently as:

“an important element in our improvement journey. The programme has been structured to offer opportunities for Elected Members and Senior Leaders to visit teams providing front-line, early intervention, education and specialist intervention services, many of which are delivered in partnership. This supplements the new programme of case audits arranged by the Wakefield

District Safeguarding Children Board (WSCB). The SLVP will be a very practical and direct way for Elected Members and Senior Leaders to see first-hand some of the work the Children and Young People's Directorate are involved in, to have opportunities to speak to staff and partners involved in their delivery and to listen to the experiences of children and young people".

Alongside this initiative they have also developed a staff engagement forum and regular staff events; an awards system; regular newsletters and bespoke email communication routes to the DCS. They also conduct monthly pulse surveys asking key questions including questions on leadership and support through change. All of this activity is necessary and welcomed but given the organisational history it must be maintained and developed further over time to build confidence.

7.13 As an LA they have recognised that the resources available to deliver children's services effectively have not been previously in place. Financial resources, people resources and a collective focus of existing resources to support improvement. A new S151 officer again experienced in work within challenged LAs, has been influential alongside the Chief Executive and DCS in improving the use of benchmarked data; commissioning capacity and a greater sense of collective endeavour. The LA has included £3.5M growth in their 2018/19 budget to offset placement pressures. They have also introduced an immediate investment fund of up to £10M and, on 8 October 2018, agreed a medium-term financial strategy which commits to an intended £9M recurring investment in children's services for 2019/10 ongoing into 2020/21.

7.14 In the cabinet report of the 8 October, which approved the proposed Medium-Term Financial Strategy 2019/20 – 2020/21, the following commitments were made on additional investments:

"Children's Social Care – the 2018/19 financial year has seen a continuation of the increase in the number of vulnerable children and young people supported by the Council and significant increases in the cost of children looked after by the Council. The Financial Plan provides for an additional £4m in the 2019/20 with this investment continuing into 2020/21.

Children's Services Improvement – the Financial Plan provides an additional £5m each year in both 2019/20 and 2020/21 to support the transformation and improvement programme in Children and Young People's Directorate".

Clearly the MTFs does not set the budget but it does give a clear indication publicly of a commitment to additional and ongoing financial expenditure.

7.15 The investment now being made available is significant and it is crucial that the new resourcing of the service is followed through and committed on a long term basis. The political leaders I met understand this fully. This does and should not remove the

potential for savings and efficiencies at some stage, but those savings should be in areas of undesirable current spend e.g. agency staff and out of authority placements. Additional resources are being used and prioritised wisely. Addressing the key issues of capacity in frontline social work and its management is now being addressed at pace. The numbers of locality teams have been significantly increased and the span of responsibility for frontline managers subsequently reduced. The scale of this inevitably involves significant increases in the numbers of agency staff employed within the service, but it must be the right thing to do.

They have also invested in child and family workers to support practitioners; established a family network team; and enhanced leadership, performance and planning capacity. They have consciously avoided the distraction of further restructurings and have backed and built upon the current locality model. Importantly however, they have retained some resources whilst a process of review and analysis is undertaken. They recognise that whilst many of the problems facing the service present themselves in the locality teams the solutions to those pressures may also lie elsewhere. They are keen to move at pace but also create strategic calm and reflection. They recognise that the investments necessary may be in the childrens early help hubs or in the edge of care service or by re-establishing a permanent assessment function back within the MASH. This has in my opinion to be right approach, but it needs to be progressed in a way which engages the whole organisation informed by expertise from elsewhere.

7.16 The LA has also prioritised significant improvement in their approach to data and the quality of performance analysis. Historically the organisation has struggled to know itself well and improvement discussions were often distracted by arguments about the accuracy of presented performance data. There is no doubt that the data available to the organisation is getting better and that importantly it is used to support analysis and subsequent improvement. The performance reports I have seen are focused on the right indicators for now and include analysis and action planning developed through a new system of performance clinics. They have also responded to feedback suggesting a more sophisticated approach setting clearer milestones to monitor progress against key targets e.g. caseloads.

7.17 The LA has embraced the opportunities available to deliver improvement with the support ideas and direct engagement of others. Within the Yorkshire and Humber ADCS network there is a well-developed approach to sector led improvement. The 15 LAs in the region pool expertise, share and critique data and create improvement opportunities, undertaking robust peer challenges and running leadership development programmes. Increasingly the regional approach matches a growing national ambition to see regional improvement alliances in place. The regional approach is annually reviewed and has been significantly strengthened to present a more transparent mutual challenge.

Importantly this network was accessed by the previous DCS who initiated the involvement of a local Partner in Practice LA. This has now been further extended in a way which sees the following high performing LAs now engaged in supporting the improvement plan in Wakefield:

North Yorkshire: This LA has become engaged to support the ambitions of the LA to review their approach to restorative practice/enhance their edge of care including work to embed the family group conference approach. North Yorkshire have also supported work to review the fostering pathway for new potential carers.

East Riding: This LA has played a significant role in completing audit activity on some 1000 cases in the early summer 2018. This work is described in more detail later in this report. They have now been commissioned to build from that work to support the implementation of a new locally owned and delivered QA framework. They will also be providing some targeted coaching support to individual staff and managers.

North Lincolnshire: This LA has provided well received engagement to support the LA work on developing their early help offer. Partnership staff from North Lincolnshire have run workshops and welcomed reciprocal visits to share their expertise in the delivery of effective early help provision.

This work will be reviewed and amended accordingly as part of the annual regional self-assessment process. This process has already led to a peer review of the work of the Wakefield IRO service in mid-November 2018. In addition to the specific improvement work described above the engagement of these three LAs brings the engagement of key senior experienced and successful DCS leaders. Leaders who I know from my engagement with them will be important further sources of support and challenge to those leading the Wakefield improvement work.

## **8. Evidence of any Specific Early Impact**

The October 2018 meeting of the Improvement Board was able to hear of progress in some areas and unsurprisingly at this stage of challenges which remain.

### **Progress:**

- A decrease in cases unallocated from over 200 at the beginning of the calendar year to 28 in August 2018 and 12 in September 2018.

- Whilst the number of open cases and the numbers of children in care were still increasing caseloads had started to reduce and at end of September were 25.14 close to interim target of 25 compared to 31 at end of August.
- Some progress in visits within standard to children in need (33 to 47%) and Children in care (56 to 79%). Children in need visits had increased to 66% by early November.
- Decrease in the social work vacancy rate from 19% to 12%.
- Significant increase in young people's participation in reviews 86% to 95%.
- An increase in % of staff who when completing pulse survey described managers as leading change effectively 39% to 55% and staff feeling supported by line manager 67% to 83%.
- Reviews on time for children in care exceeded the 95% target.
- Social workers on sickness absence from the locality teams reducing from 22 to 12.

**Of concern:**

- Professional supervision figures had not yet improved.
- There had been a decrease in % of contacts and referrals with decision making within 1 day.
- Staff sickness levels remain exceptionally high at 24% days lost but confidence from the return of significant number from long-term sickness that this would impact on data in coming month.
- There had been a reduction in % of completed return home interviews again an issue under further investigation.

More recently the findings of the latest staff Pulse Survey (November) indicate some signs of further progress. Completion rates have increased significantly over recent months with more than 400 completing the latest survey. Within this figure are over 190 staff submissions from those working in social care:

- Overall job satisfaction improved to 72%.
- Senior management are guiding us through change effectively, up to 57%.
- Senior management are interested in listening to staff opinions, up to 62%.
- Line manager is supporting me through change, at 77%.
- Being valued as an employee by the Council, up from 56% to 62%.

It is noteworthy that social care staff responses within the most recent survey describe:

- 71% agreeing or strongly agreeing that the quality of their supervision or 1:1s has improved, up from 57% in August.
- 82% feeling supported through change by their line manager.

## 9. Comments on service and strategic developments.

9.1 During the course of my involvement I have been able to visit and engage in discussions with both senior leaders and frontline staff involved in the development of particular workstreams and refreshed strategies. The comments in this section of the report have been shared on an ongoing basis and are added here in the interests of providing further momentum to this important work. The comments and recommendations are often already recognised and I add only to strengthen that endeavour.

9.2 The front door MASH:

The front door to children's social care is rightly the front door to children and young people's services. The service is split across a customer services presence in a central building (Wakefield One) and a partnership MASH arrangement based in high quality facilities at a West Yorkshire Police building. My visit to the latter saw very good opportunities for collaborative decision making through colocated staff from the LA (including education), Police and Health. The health staff are funded by the CCG separately from the 0-19 Health Child Programme. There is a highly experienced local authority service manager in place and existing partnership governance arrangements. Considerable evidence of good access to partnership information and well attended strategy meetings could be seen.

The service has implemented a number of important pieces of improvement work over recent months. These include:

- From February 2018 the location of social work staff within Wakefield One: an arrangement which ensures that decision making on what goes through to the MASH is a social work rather than a customer services officer decision.
- The introduction from May 2018, and following consultation, of a multi-agency referral form (MARF) to enhance the quality and consistency of the referral system.
- The re-establishment of a Professionals Helpline to assist professionals considering whether to make a referral.
- The decision on a pilot basis to reintroduce an assessment function within the MASH to progress some work quickly and reduce pressure into locality teams.
- The introduction of a daily triage system to review police domestic violence notifications and ensure only relevant ones move to the full MASH.
- Increased management capacity within the MASH to support good early decision making.

All of the above is welcomed as is the ambition to bring the two current strands of the service together. Care is needed that:



- The standards for communication to referrers in respect of MARF outcomes are met.
- The performance indicators for the service are clear and agreed with and owned by the service.
- The pilot development of the assessment function is clear about its anticipated impact and delivery again those outcomes is reviewed before permanent decision-making takes place.

### 9.3 Early Help Strategy/Children's Hubs:

Consistent with practice developments within many other LAs, Wakefield made strategic decisions to move to integrated 0-19 early help hubs. In doing so they found alternative use for some of their many children centres and sought to bring together learning, capacity and skills from existing youth, troubled families and children centre services. The 7 Children First Hubs located mainly on the sites of the Phase 1 Sure Start centres were designed to provide more targeted support to individual families whilst retaining a universal offer within key communities. This was a positive strategic step but was also motivated by the need to deliver significant savings. Within 18 months however the financial pressure facing the service led to a further reduction to only 4 hubs. It was suggested to me that these two restructurings led to the reduction by 60% in the LA workforce in this area of work.

The impact of this history on the current confidence of the workforce and on service delivery is clear still to see. Staff who have lost confidence in what is being expected of them and who query whether early help is genuinely valued in this LA. I also met experienced skilled staff delivering some strong programmes but with significantly limited capacity to provide the targeted intervention to individual children and families and support to social care services asked of them. Care is needed that recent additional investment of family support work capacity into social care teams does not restrict a whole system approach.

There is much to do to effectively relaunch a new Early Help Strategy which has been under positive development and was approved in early November. A launch is planned for the 15 January. All accept that assessment work at this level has been overcomplicated with both CAFs and early help assessments historically in place but not effectively used. There appears to be a real appetite to now replace these with a single short assessment and to pragmatically use existing agency assessments where appropriate. A real desire to spend more time on intervention than assessment – making a difference rather than describing the change needed. The version I saw and commented upon is structured around the Signs of Safety model and has much potential.

The new strategy is high level but incorporates good inclusive work to develop a more coherent outcomes framework for early help. Delivery against those outcomes will need to encapsulate the contributions of all.

I would recommend that the LA:

- undertakes mapping exercises to better evaluate the need for individual targeted early help intervention and then develops a strategy of investment and reorganisation on a partnership basis to respond to that assessment;
- reviews its own organisational arrangements as opportunities regarding the current location of some other services e.g. the education welfare service and elements of the youth service/YOT may be being missed; and
- ensures that the contract for the public health commissioned 0-19 Healthy Child Programme and any other commissioned services gives clarity on specific expectations on integrated working with others engaged in the crucial early help agenda.

#### 9.4 Edge of Care

My engagement with those working in the edge of care again found committed staff frustrated in their practice by historic wider workforce turbulence and perceived weaknesses in strategic planning. The team itself had benefitted from consistent staffing including experienced line management. As a commissioned service however, the instability of the social care workforce has created confusion both for those receiving services and for those delivering commissioned interventions. In those circumstances, roles get blurred and the potential impact of the service has been reduced. The service has also in the face of financial pressures needed to expand its remit without it would appear the resourcing to do so.

The team provide a range of individual and group work programmes, e.g. Therapeutic Crisis Intervention, and have worked with neighbouring PIP LAs to enhance practice e.g. Family Group Conferences (FGC). They do see greater recognition of the work they undertake from senior managers. I found it somewhat confusing to see an edge of care team where some resources, e.g. respite and outreach, were managed separately. Neither did I see any evidence of partner engagement in the edge of care core team. Other LAs have made significant progress with co-located therapy and speech and language services and Police having direct involvement within the service. The service is also expected to be a 0-19 service and does deliver some 0-5 interventions but for me it seemed unclear about when work would be undertaken or commissioned from this service or a Children's First Hub. The LAs interest in developing the FGC service as part of developing a more restorative approach, needs to be matched by both higher expectations about consistent use of FGC and further capacity to deliver. If further

development of this service can be successfully implemented, it has rich potential to address challenges facing the LA financially.

I would recommend that:

- Work continues to review organisational arrangements around Wakefield's edge of care work. What is the offer from the service to address which needs? Is the staffing complement right to meet those needs and can additional progress be made through further integration of existing staff and/or investment?
- What are the opportunities for learning from elsewhere on genuine partnership engagement in such an approach?
- The commitment to FGC approach is translated into a clear expectation on their core mainstream use within the Wakefield model.

## 9.5 Complex Care Team

As Commissioner, I was invited to join social work staff in the complex care team. This was a highly experienced and positive group of social workers where considerable stability within the team had been experienced. The service was co-located with and had integrated line management with those responsible for other aspects of education health and care planning for children with complex needs. The co-location appears to work well and supports practice. Interestingly, case continuity and application of specialist knowledge is ensured by the service holding ongoing responsibility through proceedings and adoption for any child meeting the criteria for allocation within the team. To deliver this successfully needs good matrix management and support/training. The managers of the service talked positively of the increased levels of confidence they have that such arrangements are now in place. Care is needed that simplistic prescriptive visiting expectations across social care are meaningful to children and families particularly of children with complex needs.

## 9.6 Emotional and Mental Health Strategy

Partners led by health are undertaking some interesting improvement work to address recognised deficits in the current emotional and mental health provision. Well attended and inclusive seminars oversee this progress with detailed reconfiguration work of individual services progressing at pace. Important investment decisions have been made which should significantly enhance the capacity for specialist mental health support for children in care and overcome historic delays. At the same time public health led work on suicide prevention, reviews of CAMHS crisis intervention services to provide more flexible support and more sub regional work to reduce the need for CAMHS Tier 4 placements have progressed well. There is evidence that the voice of children and young people have strongly influenced the

direction taken. The reshaping of specialist provision is certainly welcome and creates future opportunities for further service realignment and potential future integration.

#### 9.7 Care leavers offer

In line with national expectations the LA have prioritised the development of their care leavers offer and have engaged young people in these discussions and reported to Corporate Parenting Committee on progress. The early work I saw had real potential but needed to be more ambitious about the nature and depth of the offer. The new online version looks richer and more young people friendly. Care is needed to ensure the offer is wide and inclusive. Such an approach could provide rich potential and result in the engagement of a wider range of other partners in making explicit contributions to the offer.

#### 9.8 Voice and influence work

The LA appears to have a strong history of engagement with and genuine listening to the voice of young people, both those young people who are in care and in the wider community. There is a significant history of work with the children in care council and leaving care forum to develop pledges/promises, to influence strategy and recruitment and to celebrate the achievements of young people in care. I saw evidence of this history being used to engage with members of the corporate parenting committee who welcomed creative opportunities being made available for members to meet informally with young people in care and care leavers. I also saw positive engagement of young people in the developing work on emotional wellbeing and feedback to the Improvement Board on the views of young people.

#### 9.9 The Electronic Social Care Recording System

The introduction of Electronic Social Care records nationally sought to support the delivery of effective social work practice through the availability of technology incorporating functionality including single data entry/workflow systems. These benefits have not been experienced in Wakefield to date. The current system is used by both Adult and Children's services but with very different levels of satisfaction. Children's services who use the same system nationally are limited and those that do so successfully do so after significant local investment in system development. The system is the source of consistent frustration for staff. As one said:

“It is hard to understand how a system of such limited configuration and source of widespread dissatisfaction could have been commissioned, particularly given the criticisms of an earlier version set out in Ofsted's 2016 SIF inspection report.”

That said, the deficiencies in case recording are not all attributable to the system, but lack of suitable guidance and oversight, limited investment in training, and pressure on case holders have all contributed to a culture in which all sorts of ‘work-arounds’ have been tolerated. The LA is working hard to now provide such clarity on how the system should be used which echoes the view of one member of staff who said:

“We need to stop the circle of perpetual moaning about the system and we need to learn how to use it and work with it.”

Despite this view the LA recognises that an early decision is needed as to whether they need to reconsider the recording system used. This decision is a real priority for the LA. Whatever the outcome the LA in parallel needs to progress the roll out of improved access to technology which supports more creative and agile working.

### 9.10 Sufficiency Strategy

The LA has rightly prioritised work on developing a high-level sufficiency strategy. Progress on developing rich analysis has been somewhat frustrated by the poor quality of management data historically. Nonetheless the LA fully recognise that there are major challenges around its sufficiency of local placements for children in the care system. Too many children are coming into care and are then placed outside of the LA disrupting their key relationships and limiting the nature of interventions the workforce can make. Placement choice is limited and on occasions residential care has been used where a child could have been placed in foster care if available. One worker talked with frustration of having to “separate a child from brothers and sisters and place for one night only in Blackpool before child could return to local placement the next day”.

In the past 2 years the care population has increased from 477 to 562. Whilst the LA is keen to describe how this reflects growth in care populations nationally, the reality is that this increase over two years of approx. 18% compares with a national increase of 10% during 2010-17. Within that data we also see increased numbers of children living in residential care and living external to the LA.

I would recommend that:

- The LA commits to developing a far deeper understanding of the care population including an analysis of the reasons for entering and leaving the care system. This analysis is crucial to future target setting and appropriate investment.

In the interim the LA is leading some interesting projects to enhance local availability of placements. New investment in a family network carers team will be of value but it should also create capacity within the mainstream fostering service to better progress new applications/training and support to carers within the LA. New and

creative recruitment strategies are appearing to have some impact with 27 interests recorded in the most recent quarter compared with only 28 in the full 2017/18 period. 19 of those new interests have been in the past month. The LA is also enhancing placement options in new specialist independent units and exploring the opening of 2 bedded units under single management. They have certainly responded positively to the Ofsted challenge concerning young people living in bed and breakfast accommodation.

This work is important and needs to be viewed alongside a parallel focus on preventing the care population increasing further. The LA needs to be able to respond creatively within extended families and communities. The need to increase resilience within individuals and communities whilst also enhancing the resources that can be brought to bear to support those young people in crisis and on the edge of care must be prioritised. Without such work the effectiveness of the work on sufficiency will be seriously undermined.

#### 9.11 Workforce Recruitment and Staff Development

Much has been done to address the challenge Ofsted posed regarding workers who are in their first year of practice. Workers have previously described the outdated language from a line manager of “on my first day at work I was told to get my coat back on and attend court”. Newly qualified staff now have access to a social work academy and experience protected caseloads and access to improved induction and ongoing training. Newly qualified staff are now spending 2 days a week away from their usual team locations on those occasions working on or reflecting with others on their caseload or receiving more seminar/lecture opportunities. This is significant progress in my view and as staff described:

“The new ASYE academy is highly supportive and has allowed newly qualified staff to reflect on their practice in a safe place.” (Social Worker)

It was also encouraging to see the appetite from partner agencies at Improvement Board and the LSCB to engage with and contribute to the success of the academy programme. The LA recognises that many new recruits to social work in Wakefield will be newly qualified and it is now paying far greater attention to their continued training and development. They will be the more experienced staff of the future if they are nurtured and as a result retained.

In seeking to stabilise the workforce the LA has introduced a system for retention payments. This has received a mixed response from the workforce given the payments are only for staff in certain teams. This is not an unusual approach from the LA. The scheme is a simplified version of successful approaches undertaken in other LAs in similar circumstances.

The LA does recognise the importance of valuing existing staff including those who have suffered professionally from previous working environments. I met staff who had returned following periods of stress related sickness and who were able to recognise differences made in workload and support. I also met and heard from others who remain unsure as to whether the expressed commitments of senior leaders will actually be delivered. As the practice model becomes ever more clearly defined then the training and development opportunities for all staff needs to be enhanced. There is interest in seeing whether the learning from the academy model can be proportionately extended to encompass a clearer CPD offer both to experienced staff and to managers/leaders. The Teaching Partnership may have an important role to play in any such development. There is also a need to continue to review local implementation of the national skills and competency framework and subsequent progression routes.

Whilst the LA has been successful in recruiting senior leaders and newly qualified staff the investments being made in social work capacity are not being matched by success in the recruitment of experienced staff. Care is needed that the LA does not view this as somewhat inevitable given the Ofsted judgement and creativity and innovation in their communication to the wider regional and national social care workforce is needed.

#### 9.12 Developing a Wakefield Practice Model/System

Children's services for understandable reasons have not yet developed a clear and coherent practice model for the social care workforce in Wakefield. Inevitable because the work to establish this needs to be agreed across a leadership team which is only currently being fully established. They recognise the importance of such work and of ensuring historic deficiencies in consistent implementation of agreed strategy are not repeated. They are committed to learning from elsewhere and recognise the powerful impact that investments in restorative strengths-based approaches have had. They are keen to build and extend their existing work on Signs of Safety but to embed/enhance and supplement with greater capacity around for example Family Group Conferencing. They aim to have reviewed and developed their casework approach by Feb 2019. Care is needed during this intervening period to ensure that social workers get consistent messages about practice expectations. The arrival of confident interim managers versed in models and approaches from elsewhere brings with it the risk that space could be filled in a way which creates inconsistencies in approach and language.

Importantly, a real and welcome drive is underway to achieve far greater compliance around the requirements of Working Together and the timeliness of particular actions e.g. assessment completion/reviews/statutory visits etc. Progress is being made and I witnessed some really creative engagement of staff in enhancing understanding of

thresholds and the requirements of national guidance. This focus is again both right and totally understandable given the stage of improvement work they are at. It does however need to be supplemented with a greater focus not just on compliance and when staff are required to do things, but also on quality and what they actually do when they visit. Work is needed to enhance the tools and skills consistently available within the workforce to address the challenges families are experiencing. Without such a parallel focus the LA runs the risk of being compliant but of not affecting change in the lives of children and young people. They also run the risk of simply escalating, in an ever-timelier way, increasing numbers of cases through and into the child protection and care system. This is not good for children and families and would see newly prioritised funding evaporate in additional placement costs. The implementation of a rich practice and support model delivered through a partnership workforce with enhanced capacity, training and management support is a priority.

When reflecting in this section of the report on particular work streams and strategies it is telling not only about the volume of work underway but also the complexity of that improvement work. Given this, it feels important that the LA accesses all forms of support and evidence to inform the development of Wakefield practice. I would therefore strongly recommend that the LA forms an active collaboration with a research partner(s). It is helpful that the LA has renewed its membership of Research in Practice. The Director of that well-respected national organisation is keen to ensure the full benefits of that membership are utilised. They can for example on receipt of the improvement plan, map available research evidence against each of the planned areas of activity. In addition, the LA may want to explore further enhancement of their work within the local Teaching Partnership.

## **10. Practice Analysis:**

### **10.1. Audit Activity: East Riding County Council July/August 2018**

In response to the 2018 Ofsted findings the service commissioned 5 external auditors led by the East Riding to undertake a rapid review of large numbers of open cases. Auditors were allocated a geographical area with the notion that they would be alert to any themes and trends within the locality. For purpose of moderation they rotated areas half way through the programme. The work began in early July 18 and concluded in early September 18.

Around 1000 cases were audited which constituted approximately 40 % of all open cases. This has been a significant and important exercise. The cases provided a sample across the area and specialist teams. Cases were RAG rated and all those rated as Red were immediately referred on to managers. Towards the end of the audit activity a small proportion of the Red cases were revisited and in the main auditors found that recommendations had been acted upon. The RAG ratings were



roughly evenly split between Red, Amber and Green classifications but with significant variations across the localities.

The findings of the auditors mirrored the observations made by Ofsted in the June 2018 inspection. Importantly however, the East Riding led work has now translated into some ongoing involvement to provide both positive coaching of individuals/teams but to also support the development and implementation of a new QA framework for social care. Work on the latter is advanced and I have confidence that the practical mainstream approach being taken will be successfully implemented.

## 10.2. Case observations with East Riding

Over the course of two days I looked at over 20 cases currently allocated in children's social care. This work was undertaken with PIP staff from East Riding – a previous AD and an existing LSCB Chair – both had been involved in the larger scale audit activity described above. This joint activity was viewed as important to both ease navigation through the social care system but more importantly to enable a consistency of dialogue and feedback on the viewed standard of practice. We were particularly keen to see whether the work of the LA to reduce caseloads and enhance management oversight was having any early impact on the quality of delivered practice. As a consequence, our deliberate focus was drawn to work undertaken in September/October period rather than earlier activity. Cases were randomly selected by administrative staff rather than put forward by staff from the LA. We also took the opportunity to revisit cases audited previously by the ER team where further work was clearly identified to see whether that work had now progressed.

## Key findings

### Strengths:

- We saw some examples of good prompt assessment activity engaging others well with clear evidence of impact in promoting better outcomes for children and young people.
- We saw the ability to creatively develop and use appropriate placements in both extended family settings or in mother and baby foster placements that enhanced the assessment process.
- We saw some social work practice that was clear, open and explicit with families about LA concerns and expectations of improvement.
- We read of actions on historic cases previously rated Red to reallocate/update assessments or close which addressed historic deficiencies in practice.

- We saw use of the new MARF and some good referrals from partner organisations e.g. school and health.
- We recognised good examples of partner organisations going the extra mile in the interests of children's wellbeing e.g.
  - ✓ Deputy head and colleague at school doing home visit when child had not attended;
  - ✓ Midwife thoroughly investigating previous history of another sibling born in the NW England;
  - ✓ A nursery worker feeding back play activity session with a child on a CPP; and
  - ✓ A GP making appropriate referral on case of FGM.
- We saw evidence of an EDT service which acted proactively on at least two cases e.g. to directly engage with a family on a hospital ward to develop a safety plan.
- We saw good engagement with voluntary sector partners e.g. Domestic Violence service and Turning Point (drug and alcohol).
- We saw the LA increasingly using Signs of Safety language and tools in their recording.
- We saw consistently good engagement of young people and a culture which valued their views.

### **Strengths but.....**

- We saw increasing evidence of management and oversight recording but.....we saw different ways that recording occurred (which could be just historical) e.g. child care supervision form/case note/reflective case discussion and when we did see the latter we saw more about process compliance recorded than actually reflection on the case dynamics.
- Whilst some workers are seeking to apply evidence based intervention (e.g. Deluth model) we were again concerned this was individually adopted rather than part of any agreed casework approach.
- Whilst we saw effective engagement of others e.g. the Edge of Care team in delivering agreed interventions, we felt that again the choice of intervention was overly reliant on relationships and individual determinism.
- We saw strong examples of collaborative crisis interventions but for less urgent work we felt some opportunities for earlier engagement particularly around domestic violence cases may have been lost.

### **For consideration:**

- The electronic recording system is difficult to navigate and it is difficult to identify locations of running records with a plethora of recording documentation used.
- Reassurance is still needed that behind the drop in unallocated cases is not the continuation of team duty calls/visits with subsequent inconsistencies for families.
- Plans often describe the need for assessment as though they are all the same and without clearly differentiating the method of assessment to be used.
- We saw on one case continued inconsistency of worker with 3 allocations to a case within one month.
- The need to sharpen the discrete intervention offer described above also applies to partners to overcome the culture behind the language described on one case as “the CAMHS crisis team do not visit the home”.

## **11. The Presumption: Alternative Delivery Models**

- 11.1 The Commissioner is asked to specifically “advise and report to the Minister on whether an alternative delivery and governance arrangement for childrens social care, outside of the operational control of the Council is required”.
- 11.2 The detail included in this report is to help evidence the conclusion that in my assessment an Alternative Delivery Model is not required in Wakefield. Put simply, it is difficult to fully see what an ADM could provide which is not already in place. Whilst there is evidence that an independent trust model can be a catalyst for change particularly where there is a dysfunctional political or corporate environment and where there is a case for “freeing” the children’s leadership from certain local bureaucratic or other constraints, I did not find such a constraining scenario evident in Wakefield. Political leadership have unequivocally accepted the findings of Ofsted and have put in place confident leaders, managerial and political, able to access potentially sustainable resourcing to deliver the necessary changes. There is no senior organisational denial or resistance.
- 11.3 It is highly questionable as to whether an ADM would bring improvements/additional skills or increased talents to the leadership team which is now locally in place and beginning to make an impact. Indeed, the delays and disruption that would necessarily be involved through the introduction of any ADM could disrupt the now rapidly developing improvement programme. Staff and partners have growing confidence in the cultural change and improvement work underway and this could again be frustrated. Wakefield has increasingly demonstrated that it now has considerable corporate engagement and capacity to effect change. The new leadership team has a strong grasp of what is required and ‘what good looks like’.

11.4 However, it is also relatively early days on a complex and challenging improvement journey. Given this and the recommendation not to seek an ADM I would also recommend that:

- Commissioner oversight should continue with further reviews and assessment of progress against the findings of this first review in around 6 and 12 months. These further reviews do not reflect any caution concerning the decision not to recommend an ADM at this stage. They do reflect recognition of the scale of the task new leaders are tackling.
- Alongside this the Independent Chair of the Improvement Board should produce quarterly progress update reports for the Minister.
- The Commissioner continues to receive papers but not attend the Improvement Board.

## 12. Concluding Analysis:

I have used the structure of the “seven enablers for improvement” model to provide further concluding analysis.

### **LEADERSHIP & GOVERNANCE: In Wakefield:**

There is now ongoing and effective dialogue between elected members and senior officers. Accountability has been enhanced.

Important steps have been taken to deliver the necessary long-term political commitment to investment, leadership and scrutiny.

There is a significant degree of stability of political leadership and a wider council senior management team more closely engaged with understanding and supporting required improvement.

The LA has very successfully recruited to enhanced capacity in key children’s leadership roles and is not reliant on senior agency staffing. The staff appointed are highly credible and have relevant experience of working in LAs facing similar challenges.

### **STRATEGIC APPROACH: In Wakefield:**

The ambitions of the new leadership team are shared and frequently communicated and discussed with staff and partners.

At no stage during my involvement has the LA or partners demonstrated a lack of honest self-appraisal or attempted to defend a poor-quality service.

They have co-created a detailed improvement plan located within a wider set of priorities and established a clearer vision and strategic governance arrangements with partners.

They have been open to challenge, honest about the issues faced and have engaged the expertise of others to support effective delivery of the improvement plan.

#### **WORKFORCE: In Wakefield:**

They have made progress in reducing the numbers of staff on long-term sickness absence.

The expansion of the social work staffing complement has inevitably led to the use of significant numbers of agency staff. The LA has successfully recruited to new senior roles on a permanent basis and have had some success in recruiting front line staff, but more is needed to recruit experienced practitioners.

They have made progress in reducing the workload of social workers to more realistic levels and have staged ambitions to go further (<20 per SW).

They have introduced a retention payment scheme to acknowledge the contribution of experienced staff in locality teams but need to go further to enrich the professional development offer to staff across the whole service.

They have established a better offer to social workers in their ASYE with an academy which is valued by attendees.

#### **PARTNERSHIP: In Wakefield:**

They have established strong relationships with leaders across partner organisations who are actively engaged in supporting and at times leading improvement activity.

Examples are emerging of joint commissioning and redesign of services on a partnership basis but much more is achievable.

The LSCB has a highly experienced chair and is now better placed to positively contribute to specific activity within the improvement plan.

There are clear lines of accountability across partner agencies for progress on agreed areas of work.

### **PRACTICE & SYSTEM: In Wakefield:**

The challenge to improve practice and systems remains very significant and the issues faced have persisted over time.

There is considerable improvement activity necessarily underway to enhance practice within the LA.

This includes work to review the role and capacity within the early help offer; to further enhance MASH arrangements; to revisit capacity and role of edge of care/Family Group Conferences; to improve access to emotional and mental health services; to create more local and family-based care arrangements etc.

There is also a recognised need to further develop a more consistently applied model for work with children and families building on the existing Signs of Safety approach.

The LA is still significantly challenged to currently meet Working Together expectations on decision making on new contacts/referrals and subsequent assessment completion rates. Neither are statutory expectations on visits to children in need, on child protection plan or in care being consistently met.

The LA and partners are using data better to create greater levels of dialogue, improved analysis and subsequent more relevant improvement activity.

An early decision is needed on the Electronic Social Care recording system.

### **IMPROVEMENT & INNOVATION: In Wakefield**

There is a commitment to reverse historic challenges in following through effective implementation and delivery of agreed strategies.

There is evidence of innovation within the organisation but historically this appears individually generated rather than the product of a wider system and culture.

The LA is open to learning from elsewhere and have generated meaningful partnerships with 3 high performing LAs who are supporting specific improvement activity sometimes on a partnership basis.

The LA is keen to maximise its membership of Research in Practice and thereby increase the evidence base behind strategic and operational improvement activity.

**RESOURCES: In Wakefield**

The LA has acknowledged that historically the strategic and financial planning of children's services have not been closely aligned.

They have made immediate investment to fund the current improvement plan.

They have agreed a medium-term financial strategy which expresses the ambition to see ongoing significant additional resourcing of children's services. This agreement in principle needs to be followed through into the annual budget setting processes.

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