

Children's Services Peer Challenge

West Berkshire Council

28-31 January 2025

Feedback report





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1. Executive summary

The appetite and enthusiasm for change in West Berkshire is clear from all the people the peer team spoke with. It is also clear that the workforce is committed and well connected within their communities. Work is being undertaken in a number of change projects and there is now a need for prioritisation to ensure that each element is planned, delivered and appropriately supported to achieve the desired outcomes.

Leadership and management have a clear focus and are working towards improving quality of social work and education practice. There is a clear understanding of the crossover and co-dependency within children's services, which is beginning to bring benefits for children and their families.

There is strong political and corporate support for children's services. The lead member is passionate and informed about the service and what it is trying to achieve. The authority is facing high levels of financial uncertainty and within this very challenging environment the Council has ensured that children are prioritised.

There are good operational relationships, both within children's services and with partner organisations, that are used to ensure services are delivered. However, frontline effectiveness needs to be matched with greater strategic focus and alignment, so that collective effort is being directed where it is most needed to deliver the agreed outcomes.

The 'golden thread' connecting frontline practice, through service plans to directorate and corporate objectives was underdeveloped. There was little evidence of informed challenge to ensure that projects are monitored, with a clear understanding of milestones, delivery, resources and timescale.

There is partnership oversight at a high level from police, ICB and the Children's Safeguarding Partnership. However, it was less clear how this translated to priorities at a West Berkshire level and how the shared endeavour was being delivered jointly with partners. There was limited evidence of partnership governance arrangements and impact monitoring at a local level. Partners could not articulate what for them was specifically a West Berkshire priority.

There is a clear recognition that social workers and managers' caseloads are too

high. Recruitment and development programmes are in place with the aim of bringing these down. However, these will take time to reduce caseloads to the preferred levels and in the meantime workplace demands are high. Managers are multi-tasking, leading on operational and strategic work whilst also being the main delivery agent on some of the projects.

There are clearly high levels of activity. In the absence of clear partnership strategies people are finding work arounds and ingenious solutions to meet the needs of West Berkshire's children.

2. Key recommendations

There are a number of observations and suggestions within the main section of the report. The following are the peer team's key recommendations to the council:

2.1 Clarify and strengthen the governance and delivery arrangements for early help with partners

Early help is a key area to be developed to ensure a positive impact on the numbers of children in need, child protection plans and the stability to deliver the family safeguarding model. Addressing the strategy, action plan, and partnership buy-in as a priority is necessary to ensure that the impact is clearly demonstrated.

2.2 Use governance structures to develop resilience; not just a one council approach, a whole West Berkshire approach

Ensure full engagement from the integrated care board (ICB) to shared priorities, actions and possibly funding. A partnership rich, strategic SEND board could be put in place to map out joint commissioning work as well as the development of shared priorities related to health, SEND and voluntary services support. A review of Education Partnership arrangements may be prudent to explore a forum to agree joint endeavours between schools and the local authority outside of statutory and school led forums. Agreements need to be in place for complex needs with a shared commitment to partnership solutions and shared funding agreements.

2.3 Review governance and programme management arrangements

There are a number of initiatives being taken forward at the same time, including workforce development, the embedding of the family safeguarding model and the child in need pilot (CiN). Determine which areas of work are priorities at any one moment. Ensure that attention is given to these and outcomes achieved against defined strategic objectives, so that focus can then shift to another area.

2.4 Undertake a desktop review of children missing education

Consider commissioning an independent and external review of existing practices and governance arrangements so you are satisfied that they are fit for purpose.

2.5 Review the SEF to fully reflect achievements, developments and future direction

The current SEF document does not provide a full and evidenced portrait of the challenges for children and their families in West Berkshire - and how these are being addressed. There is a clear self-awareness within the service that is not fully replicated in the SEF, which should be redrafted as a priority.

3. Summary of the peer challenge approach

3.1 The peer team

Peer challenges are delivered by experienced elected officer peers. The make-up of the peer team reflected the focus of the peer challenge and peers were selected on the basis of their relevant expertise. The peers were:

- Stephen Kitchman, Director of Children's Services, LB Bexley
- Warren Petitjean, Service Manager in Children's Social Care, Newcastle City Council
- Oluwatoyin Akinrinlade, Service Manager in Family Safeguarding Service (East), Hertfordshire County Council
- Eddie Huntington, Assistant Director Education, Inclusion and Achievement, Stockton-on-Tees Borough Council
- Jonathan Trubshaw, LGA Associate, Peer challenge manager

3.2 Scope and focus

The peer team considered the following themes which form the core components of all Children's Services Peer Challenges:

1. Leadership and management, including vision and strategy
2. Effective practice and impact on outcomes for children and families
3. Resources and capacity – are leaders creating the right environment for good social work practice?

In addition to these questions, the council asked the peer team to provide feedback on:

1. Is there evidence that the Family Safeguarding Model is being utilised to its full potential
2. Is there evidence of Management Oversight, Case Supervision, which is child led, and child centred and of good quality, with evidence of the child's voice throughout
3. Is there evidence of good decision making when children are considered to be at risk of harm
4. Is there evidence of Child Protection oversight from Child Protection Chairs
5. Is there evidence of children being safeguarded who are not in full time education?

3.3 The peer challenge process

Peer challenges are improvement focused; it is important to stress that this was not an inspection. The process is not designed to provide an in-depth or technical assessment of plans and proposals. The peer team used their experience and knowledge of children's services to reflect on the information presented to them by people they met, things they saw and material that they read.

The peer team prepared by reviewing a range of documents and information in order to ensure they were familiar with the council and the challenges it is facing. The team

then spent 4 days onsite at West Berkshire, during which they:

- Reviewed 16 children's files
- Gathered information and views from more than 40 meetings, in addition to further research and reading.
- Spoke to more than 75 people including a range of council staff together with members and external stakeholders.
- Obtained feedback from a number of families who currently access help and support from West Berkshire children's services, or families who recently no longer need help and support.

This report provides a summary of the peer team's findings. In presenting feedback, they have done so as fellow local government officers and members.

4. Feedback

4.1 Leadership and management, including vision and strategy


There is clear and visible management and leadership support available to the staff. People interviewed said that managers are accessible and that there was a positive work culture.

The lead member is well informed on the issues for children's services and is passionate about the wellbeing of children and their families in West Berkshire. A clear dashboard of indicators would help in the effective challenge of the service. The use of data would also help the lead member to promote the achievements in children's service's, both inside the council and to partners.

Strategy and governance arrangements are not fully developed or utilised to effectively monitor progress. Detailed action plans, with clear milestones, are not always in place, so the informed use of resources cannot be objectively challenged. Evidence and data are currently held in numerous places, so that effective monitoring against milestones is not straightforward.

4.2 Effective practice and impact on outcomes for children and families

The peer team spoke with frontline practitioners who are clearly passionate about



working for West Berkshire and their children and families. People want to work for the council and have developed practical relationships with partner organisations to ensure solutions are found.

There is good practice evidenced in some of the case files reviewed, with evidence of family voice being gathered and recorded. Supervision was reported as taking place and recorded. More specific actions with allocated timescales are needed so that impact can be evidenced. Structured oversight and feedback are necessary to ensure activities meet strategic goals and facilitate learning.

As an example of good practice, the peer team observed a core group meeting which was well attended by relevant professionals. There is evidence that where possible, and age appropriate, the child attends their meeting and contributes to plan. The social worker was empathetic yet rightly challenged mother, whilst giving her a choice as to what support will help move the family forward. The multiagency network also rightly contributed, and collaboratively shared necessary actions - which all felt were achievable by the next meeting.

4.3 Resources and capacity – are leaders creating the right environment for good social work practice?

The Council acknowledges the resource challenges faced by children's services and there is corporate support available to address these issues.

There is strong evidence of some innovative work to recruit additional social workers, including maximising how the apprenticeship levy is used. Further consideration now needs to be given to wider workforce issues including wellness, so that the existing strong work on retention is famed and monitored within an overarching strategic framework. Multi-agency training and development, through the safeguarding partnership, appears to have been suspended. The workforce strategy should be brought forward as a priority and an annual training plan for children's social care implemented. The impact of learning and development could be monitored through the social work health-check - along with other workforce issues.

4.4 Is there evidence that the Family Safeguarding Model (FSM) is being utilised to its full potential?

In the peer team's view, the FSM is an appropriate model for West Berkshire to adopt. It aligns with and supports the council's goals. Partners are being included, and practices are being adjusted to align with the model.

The investment in training and the opportunities to train, were seen as positive by staff and there was evidence in some of the children's files seen that the FSM was working well with examples of impact included. There has also been recruitment of some multi-agency staff to implement the model, which is seen as beneficial for the ongoing development of the model.

Staff are enthusiastic for the model and West Berkshire is connected with a wider FSM community of practice that facilitates the ongoing learning, development and knowledge regarding the model.

There has recently been a relaunch of the model with training and drive to increase uptake. The specifics of the FSM's strategic oversight regarding what is being refreshed and the methods used are not clear. It would be beneficial to have an implementation plan with an evaluation schedule, including clear milestones and a plan to sustain developments. It is also important to be clear who is leading the strategy, holding partners to account and monitoring progress.

High caseloads are impacting on the implementation of the model. Evidence from the practitioners who the peer team met was that enthusiasm for FSM is high although workload constraints mean that they cannot implement all the elements that they would like to. Balancing caseloads would facilitate a more consistent application of the model by social workers and a stronger fidelity to the model would have a greater impact on outcomes for children and their families; the peer team is aware that this is understood and is a focus for senior leaders.

A dashboard for monitoring the effectiveness and impact of using the FSM would be helpful. Currently, interventions are not always analysed for impact. Bringing together selected existing data to provide overall impact would help to focus on areas of the model that need to be embedded and developed.

In the files seen by the peer team there was little evidence of cultural genograms. The broader system generated genograms were in files and these now need to be enhanced so that there is the right level of information presented to align with the right support.

Staff are growing in confidence in using Motivational Interviewing (MI) to work with children, young people and their parents to bring about sustainable changes. However, the use of Family Safeguarding Modules (programme designed to work with parents) is still in the infancy stage. The children services ICT system creates the modules as a tick box exercise and is linked to statutory visit instead of schedule of intervention completed with parent(s), stepparents for best outcomes for their children.

The peer team observed a group supervision with positive and appropriate involvement from relevant adults' workers. Key issues were identified, action agreed to provide a prompt response, and updates provided on progress. Overall, the evidence from supervision demonstrates the benefits of the family safeguarding model in providing effective services to children and their families.

4.5 Is there evidence of management oversight and case supervision, which is child led, and child centred and of good quality, with evidence of the child's voice throughout?

There are data reports on the frequency of supervision, and this is tracked by the performance board. Supervision is recorded in case files and there is evidence in the structure of supervision that the FSM is clearly being adopted.

The peer team was impressed by the evidence of clear child's voice and family feedback in the case files seen. The case files demonstrate a commitment to engaging with families and this was well recorded. The child's voice was also clearly present in the documentation from conference meetings, and this should be seen as positive practice.

However, there is no clearly articulated system for ensuring that the child/family feedback collected is comprehensively interrogated so that good practice is highlighted and learning is shared across the teams. A quality assurance system that identifies themes from children and families feedback and creates a programme of activities that systemically lead to influence and changes in practice would be of benefit.

Staff spoke positively about the work culture within West Berkshire, describing being

well supported by a responsive leadership and management team. Frontline workers said that there was a 'no blame' culture and that they felt safe to make decisions, which were well supported. Managers were available and accessible when needed for advice and guidance.

Most supervision, evidenced from the files seen, was task orientated with limited evidence of reflection. When reflective supervision is provided this needs to be recorded to demonstrate the breadth and depth of practice within West Berkshire.

For some of the task orientated supervision there was limited specificity regarding the actions identified, with unclear expectations as to what the outcomes should be or the timescales within which the actions need to be undertaken.

There is a strong commitment to auditing case files, reinforced by a quality assurance approach that prioritises learning. However, not all files identified for audit were seen within the timescale and there was no obvious mechanism for escalating or exempting files. This can result in trends being formulated on a smaller than ideal sample size.

4.6 Is there evidence of good decision making when children are considered to be at risk of harm?

A consistent observation from the peer team is that management, at both team and service levels, is available and accessible to all staff. Managers are present and approachable, allowing staff to confidently address issues. The co-location of all children's services provides advantages in support and decision-making processes.

The peer team received positive feedback from partners on the responsiveness of the service. When an immediate safety concern for children arose, managers and frontline staff handled the situation promptly and comprehensively. This means that children are seen, appropriate decisions are taken in line with procedures and that these are recorded in the case files.

Evidence from some internal partners suggested that the implementation of some, non-urgent, decisions took longer than was expected. There was also limited evidence of partner involvement in group supervision. This may be a limitation of the FSM templates and clarification is needed when recording the involvement of others

e.g. adult services.

Social workers appreciate that they are able to chair their own children in need (CiN) reviews and this was seen as evidence of managerial trust. However, when there is a decision for closure or step-down, additional managerial oversight – potentially from a different team – would provide increased rigour. Enhanced management oversight of plans may also help reduce rereferral rates.

Conference chairs hold a pre-meeting with social workers before a conference takes place. This routine step builds in a positive element of quality assurance. However, there appears to be a high percentage of s47 enquiries that go to an initial child protection case conference where a plan is then not made. Senior leaders provided a narrative behind these percentages, including a large sibling group in one family, if not supported on child protection plan at conference, affects the overall percentage. This may be an area that leaders wish to explore further to evidence narratives within data reports and thematic audit activity.

4.7 Is there evidence of Child Protection oversight from Child Protection Chairs?

There is a permanent, stable and experienced team of child protection (CP) chairs and this provides consistency in decision making. Conference chairs hold a pre-meeting with social workers before a conference takes place. This routine step builds in a positive element of quality assurance.

The conference chairs in conjunction with the social workers prioritise the need for the child's voice to be heard at conference. Age appropriately, children are invited to their conference, and they adopt the 'opt out' approach, promoting expectations of inclusion from the onset. Advocates are used appropriately to support children to amplify their voices in conference. The peer team found in one of the casefiles that they reviewed, a report completed by the child's advocate - voicing her views about mother's partners, her mother and her social worker and what she would like to see happen.

The conferences observed by the peer team were well chaired with the chairs

actively looking to include parents and children's voice.

There was evidence of appropriate escalation by the chairs. This was seen by the peer team during care reviews and confirmed during the focus discussion.

From the review undertaken of children's files, it was noted that there could have been more consistent engagement of fathers in the child protection process. Whilst noting this as a development area for many local authorities, the involvement of fathers and mother's partners appear to be limited to them attending a meeting and/or being present during home visits. Concerted efforts need to be made to explore the history of fathers/mother's partners and collaboratively agree on the right change work required resulting in best outcomes for children and young people.


Child protection plans are often very detailed and long, containing a high number of actions – sometimes with a list of sub-actions. The peer team understands that this issue is currently being considered, particularly how to appropriately reflect the involvement and concerns from the various members of the multi-disciplinary teams. Where practical, plans should be made with a focused actions that are easily understandable and achievable. This would help with the time spent monitoring, as one plan reviewed had over 30 actions listed.

The CP chairs also take on the role and responsibilities of independent reviewing officers (IROs). The peer team received some comments that caseloads were high and capacity may be an issue. Although the data suggests that caseloads appeared to be manageable this may be an issue to review, as well as an assessment of capacity to further support the case file auditing process.

Conference and review timeliness is low. The reasons as to why this is not at one hundred percent should be investigated and actions determined to address the issues. This should also apply to understanding the reasons for repeat CP plans and identifying the support that children and their families are accessing.

4.8 Is there evidence of children being safeguarded who are not in full time education?

There was evidence that the individual agencies are aware of the statutory requirements regarding children not in full time education (FTEd). Partnership



working between the whole of the education department – including special educational needs (SEN) - and children's social care is being strengthened further. Children's social care and education being on the same floor of the council's offices has helped people exchange information and work to a one council ethos.

The schools that met the peer team are confident that there is oversight of children not in FTEd. This was supported by evidence in some of the case files that social workers considered oversight to be in place. The head teachers showed that they were knowledgeable about their students and their situations. There was also good evidence of effective practice from the youth justice service with children not in FTEd, which is of particular importance given the level of exclusions and suspensions within the cohort.

Alternative provision was seen to work effectively in most cases. The iCollege appears to work well, with most children entering and leaving the provision as intended. There was an example of one child who had stayed longer in iCollege with no scope of next step in view. It is however noted that this is an exception rather than the norm.

The role of the virtual school, although not explored in depth, appears to offer potential for further enhancement of support for children in need. In line with the increased extended duties of the virtual school, there is greater freedom to develop this service to support the needs of those not in school or in part time education. Those working in the virtual school recognised this and are considering how the offer can be extended. Any developments should also include the strengthening of strategic oversight for children not in FTEd, including mechanisms for monitoring and ensuring that no children become stuck in the alternative provision. The links with key educational partners in schools along with more structured planning for support to understand and negotiate support towards re-integration rather than a permanent move out of school into another non-special school provision could include an enhanced training offer as well as challenge when moves are not in the child or young person's best interests. Where a move to a special school is needed this should follow direction from further multi agency decision making. In this way AP could be developed to support the young person and the school and not a shortcut to specialist provision. The challenge of the virtual school could be essential to its long-term success.



5. Next steps

It is recognised that senior political and managerial leadership will want to consider, discuss and reflect on these findings. Both the peer team and LGA are keen to build on the relationships formed through the peer challenge and the LGAs Children's Improvement Adviser will also be in touch to discuss any further support that can be offered to support the implementation of recommendations in this report.

In the meantime, Mona Sehgal, Principal Adviser (mona.sehgal@local.gov.uk), and Helen Watson, Children's Improvement Adviser (helen.watson5@icloud.com) are the main contact between your authority and the Local Government Association.