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Dear Ms Butler

Focused visit to West Sussex children's services

This letter summarises the findings of a focused visit to West Sussex children's services on 20 October 2020. The visit was carried out by Tracey Scott, Margaret Burke, Joy Howick, Dominic Stevens and Kathryn Moles, Her Majesty's Inspectors.

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

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

This visit looked at the quality and impact of key decision-making across help and protection, children in care and services for care leavers, together with the impact of leadership on service development.



Overview

Strengthened corporate and partnership working has resulted in vulnerable children receiving targeted support during the pandemic. This joined-up approach enabled an effective response to the emerging challenges. Higher than national average school attendance and an early return to face-to-face visits helped to ensure that professionals maintained sight of, and contact with, vulnerable children. Staff report feeling well supported, with equipment, flexible working and help from their managers, who are readily available.

Improvement work has continued throughout the pandemic. Progress has been made to varying degrees in response to the serious safeguarding concerns that were identified at the ILACS inspection in February 2019, when overall effectiveness was judged to have serious and widespread weaknesses. A permanent senior leadership team is now in place; this is a positive development after a period of instability and change. Senior leaders have a good understanding of the strengths and weaknesses in the service. Many of the building blocks for improvement have recently been put into place or are imminent. At times, the pace of change and the impact on children have not been sufficient. For example, too few disabled children are receiving help and support that are based on an assessment of their current needs. Work to address this has been very slow.

Practitioners are tentatively optimistic about the future. They have noticed and welcomed a shift in culture and the increased visibility of managers. Management oversight and supervision, while mostly regular, are not consistently addressing the lack of progress of plans to ensure that children's daily lives are improved.

What needs to improve in this area of social work practice

The areas for improvement continue to be those that were identified at the ILACS inspection in February 2019, with one additional area for improvement that was known to leaders and is highlighted within their self-evaluation:

the timeliness of assessment of disabled children's needs and the subsequent provision of support.

Findings

- Most children receive a timely and appropriate response when contacts are received into the Multi-Agency Safeguarding Hub. For a small number of children, the response is appropriate but not swift enough. This is particularly the case for children experiencing domestic abuse. The rationale for decisions about the support these children should receive is not always evident.
- During the early stages of the pandemic, referrals to children's social care reduced dramatically, but they have since returned to pre-lockdown levels. Overall, West Sussex has not seen the surge in referrals they anticipated



when schools returned in September. Leaders consider that higher than national average school attendance throughout the pandemic, and an early return to face-to-face visits, were key factors in this, as children continued to be seen by professionals.

- The response to child protection concerns is proportionate and prompt. Not all relevant partners routinely contribute to strategy discussions. Inspectors noted that, as in many local authorities, there was an absence of health professionals in some of these meetings during the NHS response to COVID-19.
- Child protection enquiries are prompt and investigative actions are undertaken. Actions are mostly timely, with appropriate outcomes. However, in a minority of investigations, key information is not fully recorded, meaning that important details to inform future analysis and decision-making are missing.
- The quality and impact of children's plans are variable and are hindered by reasons other than COVID-19. Plans are too often focused on parental issues, with insufficient attention to children's life experiences. The rationale to step children's plans down to either child in need or early help is not always clear or complete. Insufficient consideration is given to the lack of sustained or effective change or the progress children and families have made. Some children experience multiple referrals or plans before they get the help that they need.
- Too few disabled children and their families receive an effective service. A large number of children's assessments are out of date and their current circumstances and needs are unassessed. Although no disabled children were seen to be at risk of harm because of this, and most are being visited, work with disabled children lacks pace, direction and organisation. This means that the needs of children and families are not always understood or met within a reasonable timescale.
- Oversight and coordination of allegations of abuse against adults have been strengthened, with sound decision-making and management oversight, and increasingly effective reporting.
- Attendance at school was promoted successfully during the time when schools were not fully open due to COVID-19. Appropriate focus has been given to vulnerable pupils, and sensible decisions have been made about whether they were best served at home or at school during this time.
- The response to children who go missing and child exploitation is underdeveloped, and systems and processes to support children who are missing and/or at risk of exploitation are not coherent enough. For instance, there is no consistent understanding of where records about children's return home interviews or safety plans should be stored, or how and when this information should be used to inform assessments and planning for children. Many children are still either not being offered a return home interview, or,



when they take place, they are not of sufficient quality to inform future safety planning effectively.

- For some children, particularly older children, although decisions to bring them into care are appropriate, this happens late, in the light of often chronic histories of neglect or exposure to domestic abuse. Most recent decisions to bring younger children into care show a more proportionate and timely response to neglect and harm. Although not yet consistent, improving use is being made of the pre-proceedings stage of the public law outline and earlier legal gateway meetings to progress plans for children.
- When children can no longer live at home, most benefit from living in placements that match their needs well. Assessments of most children's initial health needs are not timely. Senior leaders are aware of this and have taken strategic and operational steps to improve this performance, but this has not been effective enough or sustained to date.
- Most children and young people in care have continued to make progress despite the impact of COVID-19. Children's emotional and physical health needs, access to leisure activities and hobbies, and school attendance, have been well considered and supported. Throughout the pandemic, children in care have continued to spend time either virtually or face to face with their family. Since the national lockdown began in March, the head of the virtual school has made use of opportunities to improve working practices, such as attendance at PEP meetings. This has supported communication between schools, families and the virtual school about children's needs and experiences, particularly for those who were not attending school during the summer months. Leaders know that there is further work to do to improve the quality of PEP records so that they accurately represent the views of all involved and identify appropriate targets that support children's learning.
- Social workers spend time with children and many have positive relationships with them, although some children do not benefit from relationship-based social work support due to frequent changes of social workers. Purposeful work helps children and social workers to understand children's experiences, wishes and feelings, and contributes to the decisions that are made about children's lives.
- Early consideration is given to permanence planning for children, but this does not always lead to decisive action. Parallel planning and plans for permanence are not always in place or are not sufficiently effective to avoid children, including very young children, having a number of moves before they settle in their permanent home.
- Children's care plans generally contain appropriate actions, but these are not always sufficiently child-focused or clear. For some children and young people, actions are split across multiple plans or documents and are not sufficiently tied together. This makes it more difficult for children, family members or professionals to know who is doing what and by when.



- Children's review meetings are generally attended by children, relevant professionals and family members, when appropriate. Children's views are heard and considered when plans and decisions are made, and children's progress is routinely reviewed. Social work reports for reviews, and subsequent independent reviewing officers' reports, are written to children in the first person. They provide a clear and child-focused account of children's current circumstances, their progress and any pressing issues, decisions or agreed actions.
- The 'footprint' and impact of independent reviewing officers and child protection chairs in tracking the progress of agreed actions between reviews are inconsistent.
- Social workers and personal advisers are effective in supporting care leavers. Risk assessments demonstrate thoughtful practice with careful consideration of care leavers' unique vulnerabilities. An early return to face-to-face visits and proactive support and encouragement for young people to attend and engage with community health services have ensured that young people's needs were well considered and supported during the pandemic.
- Pathway plans are completed with care leavers and their voices are captured well, but at times these plans lack aspiration, particularly in relation to accessing good-quality education, employment and training. Plans are not always supported by clear and relevant objectives. Work to develop how the virtual school supports personal advisers to promote high aspirations is in its infancy.
- Virtual school leaders are determined to continue to improve educational provision for children in care and care leavers. Some useful plans are in place for the future development of the school, linked to appropriate priorities. While the impact of existing work can be seen for some children, the overall pace of improvement remains slow. Recent appointments to the virtual school team are intended to support this work, particularly at post-16, but it is too soon to see the result of this investment.
- Arrangements for supporting unaccompanied children arriving in the UK are established and effective. Early consideration is given to the risks and potential harm that children may have experienced. The local authority responded particularly proactively to these challenges during COVID-19. This included supporting additional children through the national dispersal scheme. Strong partnerships and strategic arrangements enabled a responsive approach to new and changing routes into the UK. Effective use was made of an isolation hub to manage the COVID-19 risk, complete assessments, mobilise immediate support and gather young people's views to inform future accommodation need.
- Leaders have continued with planned improvement work during the pandemic and know the service well. Corporate and strategic governance has been strengthened, a permanent senior leadership team is now in place and the new team is in a stronger position to bring greater stability and consistency.



Many of the plans to improve the service have taken time to embed, have recently been implemented or are imminent. This has taken some time, and the change and impact for children that leaders anticipate have not been seen yet.

- Management oversight and supervision, while mostly regular, are not consistently addressing the lack of progress of plans in order to ensure that children's daily lives are improved. Overall, supervision lacks focus on the child's experience, and critical analysis and reflection are not evident enough.
- Comprehensive performance reporting provides an effective line of sight to practice. Leaders know the service well and are clear about which steps to take next to make improvements. There are some positive early signs that plans are beginning to have an impact. Practitioners report a shift in culture and express tentative optimism, a sense of ownership and direction.
- When practice deficits are highlighted, steps are taken to address the concerns. However, the work that is needed is not always completed quickly enough. For example, in February 2020, senior leaders recognised a potential practice concern in the support that disabled children receive. A subsequent review highlighted that disabled children do not receive an effective service. Plans that were put in place to complete a number of out-of-date assessments for disabled children have been very slow to complete. Although they are being visited by social workers and support staff, many of these children are still awaiting an up-to-date assessment of their current circumstances to inform decisions about the level and nature of support they now need.
- A recently implemented three-tiered approach to auditing that includes social worker, team manager and moderator has the capacity to support reflection and learning. However, this potential is not yet realised. This is because, overall, audits are over-optimistic, lack analysis or critical reflection and cannot be relied on to provide an accurate picture of social work practice. Audits are not having sufficient impact on progressing children's plans. Senior managers are aware of this and are refocusing their attention from the quantity to the quality of audits.
- Children's case records are not always clear or easy to navigate. Chronologies and case summaries are not always updated, and it is hard for anyone reviewing these records to understand the child's journey. This will also make it difficult for children to understand their story and why decisions were made for them.
- Practitioners say they have been well supported by their managers during the ongoing pandemic, with clear and regular communication about practice expectations, access to appropriate IT equipment and a flexible and sensitive approach to their personal circumstances. While caseloads are reducing, they remain high for some social workers and personal advisers.



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

Yours sincerely

Tracey Scott Her Majesty's Inspector