

# Inspection of Staffordshire County Council local authority children's services

**Inspection dates:** 6 to 10 November 2023

**Lead inspector:** Alison Smale, His Majesty's Inspector

<b>Judgement</b>	<b>Grade</b>
The impact of leaders on social work practice with children and families	Requires improvement to be good
The experiences and progress of children who need help and protection	Requires improvement to be good
The experiences and progress of children in care	Good
The experiences and progress of care leavers	Requires improvement to be good
Overall effectiveness	Requires improvement to be good

Services for vulnerable children and their families and for care leavers in Staffordshire need to improve. Since the last inspection, the quality of services to children in care has been sustained. While the quality of some help and protection services has improved, there has also been some deterioration and overall they continue to require improvement. Services for care leavers require improvement to be good, due to aspects of the offer to care leavers being wanting, such as the use of unsuitable short-term accommodation for some young people, which makes them more vulnerable, and difficulties in accessing the right health services at the right time. There is not a comprehensive approach to supervision and management oversight. Quality assurance and performance management are not robust enough to successfully improve service quality and ensure that leaders have a comprehensive and accurate overview of the service.

## **What needs to improve?**

- The quality and effectiveness of management oversight of contacts, referrals and assessments in the 'front door'.
- The effectiveness and impact of performance data and quality assurance to drive practice improvement.
- The effectiveness and oversight of allegations against those in positions of trust undertaken by the local authority designated officer (LADO) service.
- The effectiveness of partnership working, particularly with housing and health partners, to improve children's access to dentistry and for children in care with more complex health needs to get timely assessment and support and ensure that care leavers are not placed in unsuitable temporary accommodation.

## **The experiences and progress of children who need help and protection: requires improvement to be good**

1. Early help assessments are completed at the right stage to meet children's identified needs before they escalate. Early help assessments are of variable quality, but the majority include direct work with children and inclusion of their views, and lead to appropriate next steps.
2. Contacts and referrals are received by a county-wide children's advice and support team. Contacts and referrals progress in a timely way. Social workers in the front door respond to all tiers of contacts and referrals, including those for children who require universal services. This approach means that social workers triage children's cases at a very low threshold, as there is no input from early help at this stage. Family history is considered during screening to inform decision-making. Most contacts and referrals, including safeguarding concerns which require a strategy meeting, have appropriate outcomes. However, inspectors found that a minority of contacts deemed as 'no further action' should have received more follow-up and a clearer evaluation of the presenting information to inform this decision.
3. Insufficient management oversight of contacts and referrals in the front door leaves managers unsighted on risk to children and staff unsupported in their decision-making. During the inspection, senior managers responded to this lack of shared management of risk and decision-making and made plans to improve strategy meetings and increase dip sampling.
4. The response to children's safeguarding concerns out of hours is effective. A strong interface and collaborative working between day and night services who are co-located result in a well-planned response to children and families when they are in crisis.

5. When children are allocated a social worker to assess and understand their needs in more detail, managers do not provide social workers with sufficient oversight to promote more timely completion during the course of the assessment. Too many assessments take too long to complete, meaning children's needs are not always identified or addressed at the earliest opportunity. Completed assessments demonstrate careful consideration of children's needs and risks. Family history is considered and lateral checks build a complete picture of family circumstances. Decisions on the outcome of assessments are appropriate in line with children's assessed needs and risks.
6. The quality of work with children and their families who have a child protection or child in need plan is variable. Many children make some progress, for example in improved educational attendance and achievements, emotional well-being and their needs being better understood and met by their parents. A very small cohort of children stay on a plan for too long without sustaining sufficient progress. Too many child protection plans focus on the presenting needs of the parents and have less focus on the impact on children. They do not always provide enough clarity or measurable targets to hold parents to account. As a result, some children are not escalated to pre-proceedings early enough and they remain at risk of significant harm for too long.
7. Consideration about whether to consult and involve extended family members in safety planning when children are on child protection plans is not consistently applied for all children. The offer of family group conferences is not well embedded. As a result, they are not used in many situations where they would be helpful. This means that plans are not supported by wider family members, which could further reduce risk of harm.
8. The LADO service, which is responsible for managing allegations about adults who work or volunteer in positions of trust with children, does not have adequate capacity to manage all allegations made about professionals who pose a risk to children in an effective manner. Despite capacity in the service being increased, the high workload means that not all cases have a multi-agency safeguarding meeting. As a result, there is not always effective and coordinated risk assessment and planning about the person of concern. Senior managers do not have an accurate oversight of the quality and performance of the LADO team. The local authority does not have a clear system to measure timeliness and performance. There are no measurable targets and tangible outcomes to demonstrate whether children are effectively safeguarded as a result.
9. Most management supervision records are of poor quality. There are significant gaps in supervision of children's cases in some parts of the service. Supervision does not capture reflection on the impact of planning and social worker intervention for children or their lived experiences and risk of harm. Supervision across all teams, recorded as key decisions, is brief, descriptive and lacks reflection or further detail about the impact of intervention on children. A lack of critical evaluation means that management oversight and supervision does not assist social workers to progress children's situations sufficiently.

10. Social workers visit children regularly, including unannounced visits. The quality of direct work with children varies, but most have relationships with children which enable them to understand their views, some of which are incorporated into assessments and plans.
11. Disabled children in need benefit from social workers who have a thorough understanding of their needs. They are strong advocates and enable children to participate in everyday activities and to be part of their community through bespoke packages of care. Children are visited frequently in line with their needs and seen alone where appropriate. Records are detailed and sensitively written to children. Children who have a package of support which is reviewed do not have their needs assessed regularly enough.
12. Effective arrangements are in place to identify children missing full-time education. Most of these children have either been permanently excluded or face serious medical issues. Well-considered procedures are in place to ensure that these children access education as quickly as possible. These arrangements are well implemented and ably managed.
13. Well-organised and highly effective approaches are in place to safeguard children who are electively home educated.
14. The child exploitation team provides an intensive oversight of children at risk of criminal and sexual exploitation. Multi-agency child exploitation meetings and mapping are used to good effect to share information and intelligence which contribute to plans which reduce risk to children.
15. Most young people who present as homeless receive a detailed assessment of their needs, their wishes are clearly recorded and their rights and entitlements explained to them. As a result, these children are afforded suitable accommodation and support with their finances, education and training.
16. Children who live in private fostering placements receive an effective service. Children are seen in a timely way. Assessments are strong. Children's views are clearly evidenced throughout, with their wishes and feelings clearly recorded. All relevant checks are completed. Children continue to be visited regularly, with six-monthly reviews taking place, to ensure that the placement continues to meet the child's needs.

## **The experiences and progress of children in care: good**

17. Most children come into care appropriately and at the right time to ensure their safety and well-being. Plans for permanence, including early permanence, are mostly timely and made in the best interests of children. This enables stability when they are no longer able to remain at home. Decisions for children to return home are appropriate. Purposeful assessment and work are undertaken with children to support them living safely with their family members, to avoid further episodes of care.

18. Children enjoy stable relationships with their social workers. Children's wishes and feelings inform their planning. Most children's care plans are comprehensive and address their needs. Most children attend or participate in their reviews. Minutes of review meetings capture children's wishes and are thoughtfully written to children. Most children benefit from a permanence plan by their second review. Family time is appropriately promoted and includes clear plans and practical arrangements for children to spend time with those who matter to them.
19. Visits to children by their social workers are regular and reflect their needs. Social workers have a strong understanding of each child's experience. Workers spend time with children to ensure that they have a solid grasp of their interests and aspirations. Records are sensitively written to children, to help them understand why decisions were made should they wish to view their records in adulthood.
20. Children are supported to understand their rights and entitlements and know how to raise concerns. Children are routinely offered an advocate, should they need one, to help provide independent support with any complaints or concerns they may have.
21. Achievements and participation in the children in care forum are celebrated several times a year. Strategic arrangements to gather the feedback of children and young people through the Voice Project, linked forums and participation surveys are strong. Hot topics inform action planning and feed into wider strategic and service development through the corporate parenting board. Councillors visit children and young people in their forums to seek their views and build relationships.
22. Children who are at risk of going missing, exploitation or substance misuse are supported to help keep them safe and reduce risk. Not all return home interviews are timely. When they are completed, there is exploration of where the child has been and risks, but they lack sufficient risk assessment or recommendations to mitigate identified risks.
23. Most children's health needs are identified swiftly when they become looked after and regularly reviewed at children in care reviews. Social workers have strong oversight of children's health needs. They prioritise routine health appointments, although approximately a third of children are awaiting a dental appointment. For some children with more complex health needs, their needs are not being met effectively, resulting in escalation to health partners on a case-by-case basis, which can cause delay for a small number of children.
24. Children in care attend school regularly. They study a broad range of subjects and make academic progress over time. The virtual school ensures that children's emotional needs are addressed well. Professionals work together effectively to help children make good progress from their start points. The proportion of children in care who achieve GCSEs by the end of key stage 4 compares favourably with children in care nationally. Nevertheless, there is still more to do

to ensure that all pupils achieve their full potential. Sometimes children's targets are not precisely aligned to their academic abilities or needs.

25. Most children in care live in safe and stable homes which meet their needs within Staffordshire. Matching is well considered for children to ensure that their individual needs are met. Sufficiency challenges are being addressed to increase local fostering capacity for children. Effective plans are in place to recruit foster carers. This is showing early signs of success in increasing the number of foster carers, although it is too early to see whether this will have a sustained impact on sufficiency of homes available to children within the local authority. Use of unregistered children's homes is minimal and oversight and responsibility for children in unregistered children's homes is systematically overseen by the director of children services, with additional safeguards in place.
26. Foster carer assessments are robust and training generally meets the needs of foster carers. Fostering panel members are professionally curious and make recommendations based on the strengths and vulnerabilities of foster carers. The fostering panel provides a rigorous quality assurance function that ensures that there is good oversight of the quality of assessment and will challenge managers when practice results in children's safety and welfare being compromised.
27. Leaders and managers have operational overview of the regional adoption agency (Together4Children). Detailed plans are in place to continue to improve outcomes for adopters. Most children benefit from timely planning at the earliest opportunity, and this includes brothers and sisters living together and matched with their adoptive parents. For a small number of children, this work is not strong or timely. Life-story work is embedded in practice and books are meaningful and individualised. They sensitively capture children's family and past experiences to help them understand reasons for coming into care. Later life letters provide further detail about why decisions were made to help provide further clarity into adulthood.
28. For some unaccompanied asylum-seeking children, there is a short delay before social workers make a first visit to assess their circumstances and determine their age. Unaccompanied asylum-seeking children live in suitable accommodation that meets their needs. Initial health needs are well assessed and appropriate emotional and mental health support is provided where needed. Social workers ensure that young people are active participants in their local community, attend their place of worship, local football clubs and the hub established for these young people.
29. Opportunities are routinely explored for children to remain within their own families when it is no longer safe to live with parents. Decisions for children living with kinship carers are appropriately considered and permanence is mostly secured through special guardianship arrangements, which helps children thrive. For a very small number of children placed with kinship carers, practical support and resources are being put in place to overcome personal and practical challenges to enable longer-term stability for children.

## **The experiences and progress of care leavers: requires improvement to be good**

30. Most older children in care are able to develop a meaningful and trusting relationship with their personal adviser (PA) before they reach 18. Most PAs understand young people's needs well and encourage them to make positive progress in key areas of their lives. Care leavers have confidence that PAs will be there to support them at the most difficult times in their lives. PAs support many care leavers to achieve their aspirations. They are encouraged to maintain relationships with people who are important to them. Care leavers in custody receive support from PAs that is mostly effective, through regular visits and support.
31. Most pathway plans are well written to the young people, with their views fully incorporated into the plan. Most young people are involved in co-producing their plans with their PAs, which clearly identify that they understand their rights and entitlements. As a result, most care leavers are able to make progress in many areas of their lives. When care leavers reach 21 years old, if wanted they continue to benefit from support from their PA, with pathway plans which make it clear what that support will look like. A few pathway plans are not updated when the young person's circumstances significantly change within the six-month review period, meaning they do not reflect the young person's changed needs when they move into a different type of accommodation which may have less support on site. For a small number of care leavers, pathway planning is not starting soon enough and decisions regarding their next steps are made too late and result in the young person feeling unprepared for adulthood.
32. Young people are supported to ensure that their health needs are prioritised. They are able to access both universal and specialist health services. PAs place strong emphasis on their emotional well-being and encourage them to access services when appropriate. However, there is a shortfall for some care leavers, who experience delays or they are unable to get dental appointments.
33. The local authority's local offer to care leavers is basic, which results in PAs having to prioritise and work creatively to maximise opportunities for care leavers, due to limitations in the offer. Examples of this are choosing to use the monthly leisure funding to pay for driving lessons instead, to supplement the driving lessons offer, which would only pay for a couple of driving lessons at most. The offer does not include broadband or Wi-Fi access, which enables young people to access information they rely on to keep in touch, or employment through ring-fenced apprenticeships across the local authority.
34. Most care leavers live in suitable, safe accommodation that meets their needs. The Aspire programme supports some young people to make informed choices about where they will live. When young people do not initially succeed in their first choice of accommodation, they can access a second bursary to support them with buying resources for their home.

35. When care leavers live in unsuitable accommodation, they are well supported by their PAs and are proactively encouraged to apply for suitable accommodation. Despite the local authority working closely with housing departments through housing partnership meetings, a small minority of care leavers have been placed in bed and breakfast accommodation by local housing departments for a short time, which can increase their vulnerability, before being found suitable accommodation.
36. Care leavers are supported to ensure that they are helped to access education, employment and training opportunities. This support is provided mostly through a well-organised approach to planning. Care leavers express very strong positive opinions about the quality and impact of this support. Young people's aspirations and ambitions are embedded in post-16 personal education plans. PAs continue to encourage them to pursue these ambitions. However, the local authority does not currently have an apprenticeship scheme across the council. Leaders know further work is required to help more care leavers to access education, employment or training.
37. Care leavers who are unaccompanied asylum-seeking young people are well supported. They are able to access appropriate accommodation and employment, and to pursue their religious and cultural needs. Interpreters are used as needed to ensure a clear understanding of their wishes, and to ensure that care leavers understand their legal rights and are supported to plan for all potential outcomes to their asylum application. The emotional needs of care leavers who are unaccompanied asylum-seeking young people are well understood, and they are supported to address these needs. It is positive that in Staffordshire, the care leaver offer is available in various formats, including multiple languages.

### **The impact of leaders on social work practice with children and families: requires improvement to be good**

38. Some aspects of services to vulnerable children have been sustained or improved through improvement plans and significant investment as part of a broader transformation programme. This includes services for children in care, children who are unaccompanied asylum seekers, and opportunities to hear the voice of children and the IRO service. However, there are other parts of the service where the impact of practice has deteriorated. Leaders actively oversee and engage in key committees and boards to scrutinise and monitor progress. There are areas of the service where leaders have been overly optimistic about the impact of changes made due to gaps in their oversight in some parts of the service, such as the front door and effectiveness of the LADO service.
39. Engagement in key partnerships has not resulted in consistently sufficient progress. Significant gaps in health services provided by the integrated care board are taking too long to address effectively. There continue to be gaps in health provision for children, in particular child and adolescent mental health services for children with the most complex needs, ongoing lack of capacity for

assessment of children's health needs, and access by vulnerable children and young people to dentistry is poor.

40. While there are a range of forums and performance reports at all levels of the organisation to provide leaders and managers with updated information, this inspection identified gaps. Performance management arrangements have not been strengthened sufficiently since the last inspection to ensure progress in key areas. As a consequence, leaders and managers are not sufficiently sighted on some areas of the service and their ability to review performance effectively and progress improvement is hampered, for example the performance of the LADO service; drilling down into the data to improve their understanding of initial assessment timeliness and the accuracy of health assessment data for children in care.
41. Despite being clearly identified as an area of improvement at the last focused visit in 2022, senior managers have not addressed the quality of supervision and management oversight of frontline practice to ensure more consistent practice. Most practitioners report positively about their experience of supervision, but supervision of practice in Staffordshire is currently high support with low critical evaluation and challenge, with some areas of the service having limited or no management oversight. The quality and extent of management oversight of practice, including practice scrutiny by senior managers, require further development. In some parts of the service, the checks and balances required to ensure sustained safe practice are not in place, for example the oversight of contacts, referrals, initial assessments and oversight of the response to allegations against professionals and volunteers working with children.
42. Leaders do not have sufficient line of sight on the quality of practice, which has led them to be overly optimistic about the effectiveness of practice in some parts of the service, despite this being identified as an area for improvement in the focused visit in 2022. Since the focused visit last year, the quality and extent of quality assurance have deteriorated. Despite quality assurance reports identifying that too few audits are completed in children's social care, leaders have not done enough to ensure that they have sufficient oversight to comprehensively understand practice. Both the volume and the scope of the authority's audit programme are limited. Audits do not address all parts of the service and they are not consistently completed. As a result, senior managers have not been aware of or understood the impact of some of the issues raised by inspectors during this inspection. For example, deficits in the LADO service had not been identified, nor the lack of management oversight at the front door and initial assessments, resulting in delays for children's needs being assessed.
43. Action taken by leaders to implement more opportunities to listen to children has resulted in children having a stronger voice, which is starting to influence changes in the services they receive. There are many forums to enable children in care and care leavers to influence policy and service development through the corporate parenting panel, the children in care council and the care leavers forum. Despite this, inspectors heard from children that there continue to be

frustrations which take too long to resolve, which are sometimes based on inaccurate communication with children.

44. The corporate parenting approach has developed since the last inspection but is not yet sufficiently strong across the council as a whole. There have been some achievements against the promises. These include the launch of Mockingbird foster placements and the expanded capacity of the virtual school. Helpful initiatives like the House and Aspire projects have been implemented which are supporting care leavers. Furthermore, the local authority's agile investment to expand the specialist unaccompanied asylum-seeking children's team, when faced with a significant increase in the number of children, has maintained a high-quality service to this very vulnerable group of children. Limitations in the effectiveness of strategic partnership mean that while there is colocation of housing officers with children's services, a small number of care leavers are placed in inappropriate housing for short periods. Career opportunities for care leavers are underdeveloped both by the council as corporate parents and with community partners.
  
45. The local authority's workforce strategy is comprehensive. Investment in social work career progression is a positive development and the impact on workloads can be seen in some parts of the service. The social work apprentice programme is enabling the local authority to 'grow its own' social workers who are committed to working in Staffordshire. The training offer for those working within children's social care is comprehensive, providing core and specialist training linking to key service strategies and enabling staff to develop their careers and skills. Staff like working in Staffordshire. They feel well supported in their teams and by managers, but this is at the cost of insufficient challenge. Practitioners are committed and understand the principles of strength-based practice used in the local authority's restorative practice model. Leaders recognise that more needs to be done to ensure consistent practice across the service to benefit children and families.

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Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: [www.gov.uk/ofsted](http://www.gov.uk/ofsted)

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