

Date: Wednesday, 29 November 2017

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Tim Ward, Committee Officer  
Tel: 01743 257713  
Email: [tim.ward@shropshire.gov.uk](mailto:tim.ward@shropshire.gov.uk)

## PEOPLE OVERVIEW COMMITTEE

### TO FOLLOW REPORT (S)

Please note Agenda Item 7 - Placements for Looked After Children (LAC) item will now take the form of a presentation so there will be no report

- 7 Placements for Looked After Children (LAC)**  
(Pages 1 - 32)  
To receive a report from the Adoption, Fostering and Residential Placements Service Manager - to follow
- 8 Task and Finish Group - Corporate Parenting**  
(Pages 33 - 36)  
To agree the formation of a Task and Finish Group on Corporate Parenting and agree the Terms of Reference – to follow
- 9 Child Sexual Exploitation (Pages 37 - 44)**  
To receive a report from the Service Manager COMPASS and Assessment - to follow.
- 10 Ofsted (Pages 45 - 84)**  
To receive a verbal update on the recent Ofsted inspection from the Director of Children's Services

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<u>Committee and Date</u>	<u>Item</u>
<p>People Committee – children and young people</p> <p>29<sup>th</sup> November 2017.</p>	<p><u>Public</u></p>

## Early Help Family hubs

**Responsible Officer** Karen Bradshaw – Director of Children’s Services  
e-mail: Karen.bradshaw@shropshire.gov.uk Tel: Fax:

**1. Summary – This report highlights the detail for People Committee approval to progress.**

The Early Help Partnership in conjunction with Shropshire Council has aligned its Early Services to working with whole families across a 0 – 19 (upto 25 for a child with disability), and focussing its scarce resources on tackling the root cause of these families problems. Early Help Family Hubs are a way of bringing multi agency, multi disciplinary teams together. Co located, where possible, with the right skills mix to stick some of Shropshire's most complex families – like glue. This transformational change programme will ensure that families that don't need a children's statutory intervention – won't get one, ensuring high cost specialist services are dedicated to protecting children and young people from significant harm.

The recommendations in this report highlight the decisions and approvals needed to get the implementation plan under way. The delivery of Early Help Family Hubs will save £875,000 by March 2019, as a contribution to Shropshire Councils financial savings plan.

The Head of Early, Partnerships and Commissioning has supported a People Committee cross party task and finish group – to help with general understanding of the proposal, to facilitate a clearer knowledge of the evidence of need highlighted by robust data, and to provide the space and thinking time to ask relevant questions. The task and finish group recognises the need to develop more joined up Early Help Services via an Early Help Family Hub – combining resources and expertise of the Early Help Partnership.

## 2. Recommendations

- To comment on the general direction of:
  - The Early Help family hub model

- The savings programme associated with the delivery of Early Help Family Hubs – including the restructure and staff review
- The consultation programme to ensure citizens and the public are fully engaged in new service design and delivery from their experience
- The timescale for delivery
- Approve the closure of some children's centres which will be de registered/designated with the Department of Education.

## REPORT

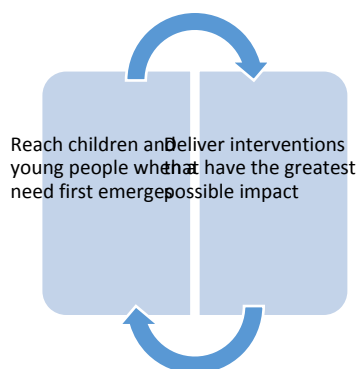
### Early Help Partnership Vision - Our shared commitment

Shropshire Councils Early Help Strategy sets out our shared commitment to deliver effective Early Help to children, young people and families. Shropshire's Early Help Partnership vision is that children and young people are at the heart of everything we do. They are important now and in the future, they are the next generation. Children and young people need to enjoy their childhood and adolescent years and grow up to be responsible citizens contributing to our County life.

It is our intention that children and young people have supportive families, live safe from harm, fulfill their potential, are healthy and have positive and fulfilling lives.

### What is Early Help

Early Help is an approach to maximise the chances of this vision becoming a reality for every Shropshire child and young person aged 0 – 19 years old and up to 25 for young people with Special Educational Needs and Disabilities. Early Help is a way of working that supports children in the early years of their lives, or early on in the emergence of a problem at any stage of their lives. Our definition of Early Help is one that can be practically applied by any professional in any context. Our definition of early help is to:



### Why is Early Help important

Early Help is a high priority nationally and in Shropshire for two key reasons. Effective Early Help has a positive impact on the lives of children and young people. This has been evidenced through several reviews - led by Graham Allen MP, Rt

Honorable Frank Field, Dame Claire Tickell, Professor Eileen Munro, Sir Michael Marmot in addition to Working Together (2013) and work by the Centre of Excellence in outcomes (C4EO) and more recently Ofsted.

Sir Michael Marmot underlined the significance of early help in the following way, *“Giving every child the best start in life is crucial in securing health and reducing health inequalities across the life course. The foundation for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and well-being”*

Effective Early Help has a positive impact on public finance in a context of significant financial pressures. Effective Early Help reduces demand for higher cost services. Conversely, late help has a high human cost and a high financial cost. Indeed the Early Intervention Foundation report estimated a £17 billion national cost of late intervention. Our aim is for a redirection of our finite resources from high cost, late intervention to prevention and early intervention support services. In this context, there is a strong motivation to get Early Help right in Shropshire.

### **Our Shropshire context**

Shropshire is a large, rural, sparsely populated county situated in the West Midlands. Latest mid-year estimates for 2015 show that Shropshire has a population of 311,380, of which around 59,300 are children and young people aged between 0-17. More of our population live in rural areas than in urban areas.

The majority of Shropshire’s children and young people are safe and in the community, do well at school, and are healthy. However, the number of children known to Children’s Social Care and having a Child in Need Plan, Child Protection Plan or being Looked After could be lower if Early Help supported families earlier before problems became a safeguarding concern.

Throughout 2016/17 Shropshire Council helped many young people. Whether through Early Help services, where we saw more families assessed for Early Help services or the Strengthening Families programme, which has now engaged with over 700 families. Children with higher needs entered the social care system where we saw a slight increase in the numbers of Looked after Children and stability within the number of Children on Child Protection Plans and Children in Need Plans. When children have the type of issues that require help from the Council, their education can suffer, attendance drops and crime can increase, including drugs and gangs.

The number of families accessing A&E rather than accessing local community Early Help Services is on the increase. The ‘toxic trio’ of domestic abuse, mental health issues, and drug and alcohol abuse are significant issues for some Shropshire parents, not helped by rural isolation, which impacts on their children. Some families have deeply entrenched multi-generational problems. It is clear that growing up in poverty has a negative impact on a child’s health and development. Not only is deprivation identified as a risk factor in itself, but it also contributes to other risk factors from early in life. Infants on low income families for example are less likely to be breastfed and more likely to be with a low birth weight, both of which factors are identified in increasing the likelihood of obesity. They are more likely to be fed sugary food and drinks, which increase the likelihood of obesity and tooth decay.

Furthermore, potential behaviour and resources that impact on cognitive development to ensure a child is ready for school has been linked to socio economic status of a child's parent, and there is a clear relationship between levels of deprivation with a Local Authority area and the health development of their children and young people.

Children's good development can be measured across three independent and reinforcing domains: development and school readiness (including communication and language), social and emotional development and physical health (including key indicators such as tooth decay and obesity) and harm (including avoidable injuries and A&E issues).

The primary objective of Shropshire's Early Help service is to close the gap between the most disadvantaged children and their peers in relation to these aspects of their development and life outcomes.

### **Shropshire's Early Help Strategic objectives**

- ✓ To identify the needs of children and young people and their families across a continuum of need
- ✓ To understand and respond quickly to the needs of children, young people and families
- ✓ To support the refocusing of resources from crisis intervention to prevention
- ✓ To support families to achieve their full potential and thereby mitigate the impact such as child poverty and health inequalities.
- ✓ To support an action learning approach that ensures learning and evidence informs future service design and delivery. This includes listening to what children and families have to say about what best helps to prevent problems occurring or escalating
- ✓ To provide the context for multi-agency partnerships to work together to improve outcomes for children, young people and families for generations to come

### **Early Help complementing existing strategies**

- Ensure Family hubs create new ways to access and use services through Shropshire Councils Digital Transformation programme – which aims to improve the customer journey. Including opportunities to utilise the Early Help module within Liquid Logic to share information which is proportionate, relevant and appropriate for those who need access.
- Making the most of co-location and collaboration by commissioning 0 – 25 public health nursing – using the Lancaster model of assessment for all key contacts to ensure optimum child development
- Utilise Shropshire's out of hospital transformation strategy – to drive integration - through the prevention programme work stream – Healthy Lives
- Joint partnership with the new 0 – 25 emotional health and well being services aimed at tackling issues related to mental health and increasing emotional health and well being
- Support the delivery of the 2/3/4 year old quality day care ensuring ease of access to quality pre school provision

- Supports the current Youth Activities commissioning strategy which aims to work with voluntary, community and independent sectors to deliver quality universal and geographically targeted youth activities across Shropshire
- Invest in phase 2 of the Strengthening Families (Troubled Families) with a focus on improving outcomes across six 'family issues': school attendance, children in need of help, adult worklessness, young people not in education, training or employment, children affected by domestic abuse and families suffering from long term mental and physical health.
- Ensure the SEN Early Help pathway support the implementation of appropriate level Education, health and social care assessment, to deliver more inclusive support to children with a disability or special educational need and their families

## **The principles of how the Early Help Partnership will work together**

The way that we work together is important. The following guiding principles set out the way we strive to work with families, together as practitioners:

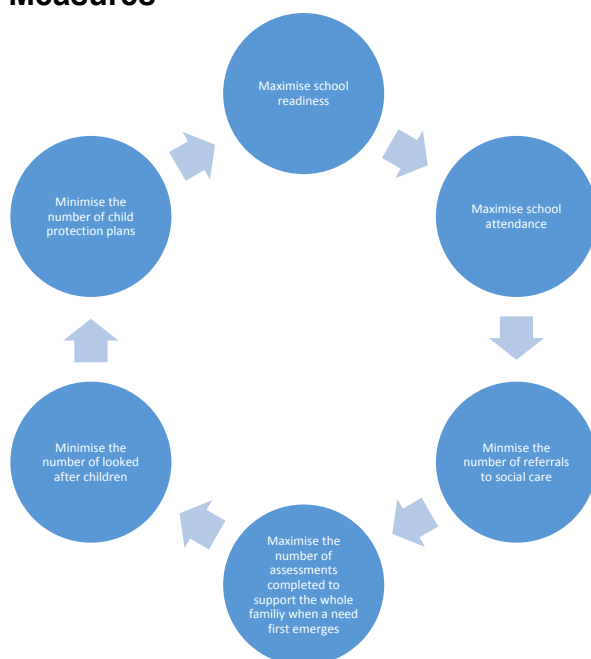
- The experience, well-being and giving children and young people a strong voice, is central to everything we do so children are safe
- Effective Early Help is the responsibility of everyone in Shropshire. This includes organisations working directly with children, young people and families such as schools, the police, the housing sector, Shropshire Councils services, Shropshire Clinical commissioning Group, Shropshire Community Health NHS Trust and community, voluntary and independent sector groups and organisations.
- Parents have the primary responsibility for the care and development of their children, growing up in a loving environment where there are strong attachments. The family is the primary resource. We believe that most parents want the best for their children. We will build trusting relationships with parents in order to support them and to build on the strengths and skills they have to bring up their children
- We will work with the whole family and recognise the uniqueness and diversity of each family and family member
- We will work with families to enable the development of positive extended family, personal and community networks so that families access positive informal support
- We will work with families to identify needs and root causes rather than with presenting issues at the earliest opportunity
- We will deliver and target the right evidence based support, at the right and will flexibly endeavor to ensure the best outcomes for children, young people and their families. We will stick with families rather than just referring them on
- We will regularly evaluate the impact of our work with individual families and learn from this through measuring success outcomes of interventions delivered and seeking feedback from children and families on their perceptions of the effectiveness of work with them
- We will involve families in shaping, designing and delivering support and services
- We will use shared resources and assets more effectively and creatively together. This includes buildings, finances and most significantly people – the strengths of families and professionals

## How will we know Early Help is working?

The overall aim is to develop a cohesive Early Help offer embedded within the whole family approach that builds protective factors and family resilience, enabling families to help themselves, reducing expenditure on costly reactive services. Our ambition is that families, particularly those with multiple and complex needs will have access to coordinated Early Help in accordance with need as soon as difficulties are identified. The offer is personalised, multi-agency and evidence based. Children and Young people in those families will live safe, healthy and fulfilling lives and develop into responsible citizens, thereby breaking the intergenerational cycles of risk and vulnerability. Families will become more resilient and develop capabilities to prevent and resolve problems. Social capital and resilience within communities will be identified and enhanced.

*Out of 125 Early Help practitioner survey respondents – 90% are confident identifying level of risk against the Shropshire Safeguarding Children's Board multi agency guidance on threshold criteria.*

## Early Help Measures



The following output measure which constitutes a proxy indicator of an effective coordinated Early Help offer will also be adopted:

- Increase in the number of open Early Help assessments completed per agency

An updated Early Help Performance management framework is currently being developed with partners – and will include measures to ensure that practice is informed by feedback from children and their families about the effectiveness of help, care and support they receive from the time it is first needed until it ends. In April 2016 a new data collection system - ECINS was introduced – in the long term the system will help to report and feedback progress against Early Help Measures – in the short to medium term it is vital that all staff who need access to the system and who are engaged in the delivery of Early Help services, know how to use the system, are

informed of its benefits and receive feedback about success and improvements that need to be made.

*Early Help Communications – 67% of the 125 respondents (Early Help Practitioner survey) feel changes in Early Help have been communicated very well or fairly well*

See appendix 1 for the current full Early Help Menu, with links to access contact details and more information.

## **EARLY HELP FAMILY HUBS – SUPPORTING TO CHILDREN TO THRIVE**

Shropshire Council and The Early Help Partnership Board is committed to exploring a new approach to working with families, children and young people. The new ways of working will emerge from a collaboration between services and communities and they will provide an engine for whole system transformation. The goal for this new way of working will be to support and sustain communities where children and young people can thrive.

These services will be universally available, but in those neighbourhoods and communities in Shropshire, where there is currently a higher number of children and families surviving not thriving, a focus on targeting resources will be needed. This may in some cases include co location of small teams who together form the basis of hub working, who are easily accessible within the community, or it may mean an integrated team that is identified as focussing on a neighbourhood and that spends time there understanding the community and becoming known to its residents.

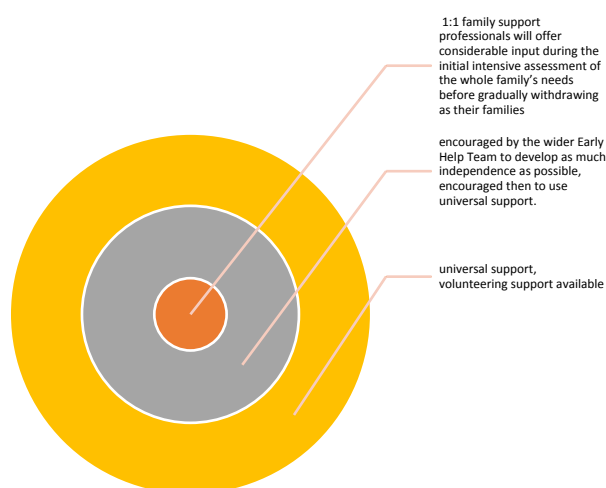
In communities that have a family hub, children, young people and families will be encouraged to use the space and access help from services when they need it, in other neighbourhoods, children and families will be able to access these family services via schools or via the main contact points of Shropshire Council using digital technology, or through other community facilities that already support and deliver Early Help – this is known as hub and spoke model.

Key design principles for new ways of working – creating solutions from a family's perspective

1. Offer simplicity and clarity of access to services and support for children, young people and families – if families need information to support their decisions and help them earlier then quality advice, information and advice will be available either through the Early Help web pages or through FPOC – there will no wrong door
2. The approach taken by all Early help staff will be to help families move from surviving to thriving – using the strengths and assets within the household
3. Professional family networks will be made up of staff that are well connected to each other and within communities, treat people with respect, are humane and form trusting relationships. The aim is to offer practical hands on support and to make their families stronger and independent.
4. 1:1 family support professionals will offer considerable input during the initial intensive assessment of the whole family's needs before gradually withdrawing

as their families, encouraged by the Early Help Team develop as much independence as possible, encouraged then to use universal support.

5. These professional teams will be trusted to be professional, working in small self-governing teams – providing a whole range of Early Help support services such as 1:1 family support, parenting groups and 1:1 parenting work, emotional health and well being support aimed at children, young people and parents, 0 – 25 public health nursing contacts alongside evidence based interventions that get to the root cause of families problems
6. Services will be responsive and quick to support, with staff that are doers and are able to adapt and change
7. Process and systems will be designed with service users and professionals and remove obstacles and bureaucracy to ensure 60% of any staff time is spent with families
8. Families want a professional who can listen to them, think together how they can pick up their lives, what help they need and what other people can do for them, this includes volunteering opportunities as some family networks are farther away – although this should be seen as an option not an obligation.
9. Where buildings are a feature, they will offer environments that feel safe and where children, young people and families feel welcome



Key partners see the value of Early Help Family Hubs and are flexible in their approach to co locating staff where possible – while understanding that a hub and spoke model will be required to ensure coverage for the whole of Shropshire. Ensuring every family that needs help knows where to get it.

## Family Hubs

**One hub** – will target practical hands support to a 0 – 25 population and their families based in the first instance on the cohort of Strengthening Families. This will differ per hub as demographics related to poverty and deprivation differ.

**One plan** - 1:1 family support will be available via one assessment and family plan with a differentiated response according to level of need. Having one named Early Help Worker with responsibility for all elements of the family plan reduces confusion, overlap and the possibility of inconsistent communication.

**One team** – one key worker across all levels of need - 1:1 family support professionals will offer considerable input during the initial intensive assessment of the whole family's needs before gradually withdrawing as their families, encouraged by the Early Help Team develop as much independence as possible, encouraged then to use universal support. The team will have a persistent, assertive and challenging approach who do not give up. As a well known and trusted range of organisations, working as one team can sometimes engage where statutory services can't. A dedicated Early Help worker will provide support at all levels of need and across the step up/step down boundaries for as long as a family needs it to be independent.

**One family** – the team adopts a family approach to assessment, planning and intervention

Understanding Shropshire's communities is central to a focussed use of resources. Good data and effective information sharing is key to understanding local need. Analysing data to propose likely need and testing proposals through robust governance with family hub teams and at locality level will help us to prioritise focus for activity and set up the tracking using the family web star outcome impact tool to see how positive an impact the team has had.

In Early Help Family hubs the aim is to offer a model of distributed leadership across a highly trained staff team allowing for dissemination of best practice and knowledge sharing.

By setting the boundaries of hub areas, by using data profiles including Strengthening Families data down to street level – which use a range of criteria eg parents who are unemployed, children and young people not attending school, anti-social behaviour, domestic abuse, children in need of help, families with long term mental and physical health needs – we have triangulated with first-hand knowledge of communities, likely needs and potential support we would offer to improve outcomes, and that geographic boundaries match community's needs.

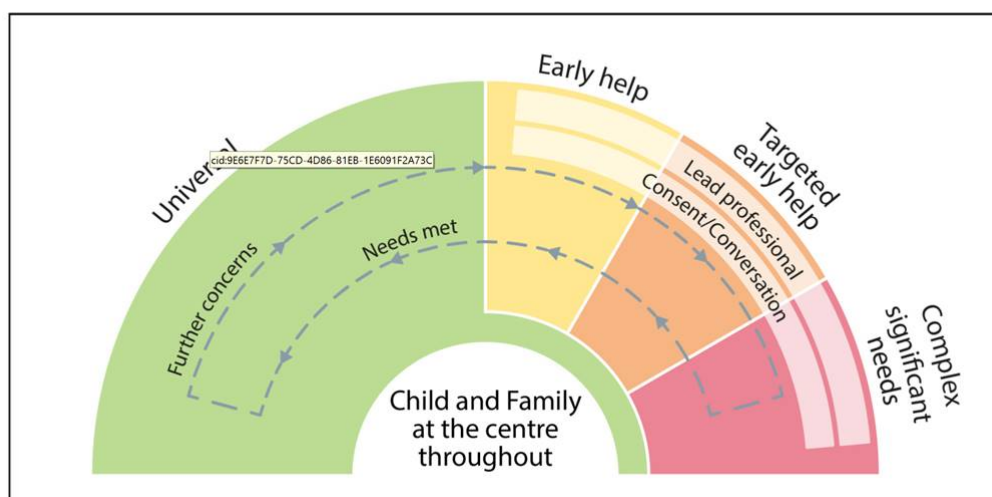
Whilst Shropshire is rich in Early Help and Prevention services – it needs co ordinating so that families do not receive multiple appointments and do not need to complete multiple referral forms to access the support they need.

By aligning with Shropshire's community resilience strategy which engages community groups and helps to build community capacity and family resilience, the aim is to help families to help themselves. There is a diversity of universal provision already provided in communities from job clubs, debt advice, all in breaks for children with a disability, youth activities, coffee mornings and social activities, stay and play sessions, family and adult learning activities, and sports clubs – information is available through Shropshire councils community directory. In order to avoid duplication – the hub team will build strong relationships with families and the local community to understand what their strengths are. A menu of provision will be available in each hub area and all known activities to support families will be available on the Family Information Service website that families can access and easily accessible Early Help web pages.

Our delivery model includes a continuum of Early Help provided by a range of organisations including voluntary and community groups addressing different levels of need. The family hubs will bring together an integrated multi-agency, multi-disciplinary team to ensure earlier identification of emerging need and to provide a faster response.

## Early Help graduated model

Continuum of need



Also known as the windscreen of need – provides the support available at all tiers of needs

## **The flow of work**

There are currently step down/up pathways that are supported by conversations between managers within children's social care and Early Help, that include planning and decision making – which is recorded on both Carefirst and Ecins. This planning helps to ensure that family's needs and ongoing support is clear and a handover period is in place to ensure there isn't drift and delay. Professionals and practitioners in Early Help are clear about the ongoing work that needs to be undertaken to have the greatest possible impact for children and young people.

An Early Help allocation panel helps to support the work being allocated to the right worker with the right skills and knowledge. In the future these allocation panels will be required in each hub to ensure the assessment gets swiftly underway with the most vulnerable families – who receive support from a key worker who has the most appropriate level of skills and knowledge to deliver interventions, practical hands on support, and sticks to the family like glue. There are a range of case studies below that takes a families birds eye view of what they can expect to receive, when they live in different parts of Shropshire.

### **Family case studies**

Every hub team will respond to family's needs and presenting risk factors – linked to the Strengthening Families criteria highlighted earlier in this report, until they are independent and would benefit from universal support.

#### **Harlescott – one family, one hub, one worker, one plan**

Where required the Harlescott family will be supported by intensive 1:1 family support – with an assessment of need undertaken and a family action plan created. The family may have come into the Early Help panel via a recommendation for Early Help accompanying a 'no further action' decision from assessment team in children's social care. The family have been checked against the 6 Strengthening Families criteria for an intensive family plan response. The team looking after the care of this family will look at baseline data with regards to anti social behaviour and co ordinated action against domestic abuse (CAADA). A dedicated member of this team will work intensively with this family for upto 12 months to a family plan which will seek to capture and address relevant risk factors (using Martin Calder risk assessment tool) to prevent escalation back into children's social care. If the child was subject to a child protection plan or child in need plan then the Early Help worker would liaise with the social worker who was allocated to ensure there is no resource duplication or inconsistent messages being given to the family.

#### **Oswestry**

The single parent family from Oswestry will have an open family assessment on their son which was undertaken by the school following identification of needs with regards to parenting capacity, re parenting skills and knowledge and health inequalities. The sons behaviour has been problematic and this and his health needs are impacting on his ability to thrive in school. A non intensive family support plan would be developed to address these issues. Elements of the plan will include: a named school Early Help worker who will support the family via evidence based approaches to develop their parenting confidence, safe and well check via the fire

service will ensure the home is risk free in connection to fire safety. In addition the family will be able to access evidence based parenting programmes based on the Solihull approach. Son able to access local universal youth provision to ensure he is socialising, meeting peers etc. Mum would be invited to attend smoking cessation, healthy eating – cooking on a budget delivered at the Centre down the road or appropriate family learning courses.

#### **Broseley**

A focus in the Boseley area is linked to deprivation aligned to health inequalities which demonstrate risk factors which are likely to be experienced by family's ie poor diet and social/financial exclusion. Local intelligence tells us that young teenage men hanging about outside pubs. A universal response would include information, advice and guidance on healthy eating – for parents and carers. Universal youth provision targeted at this area will engage the young men, (put their time to good use), themed support delivered by the school nursing service will be available in nearest secondary school. A universal response from organisations who deliver advice and support around worklessness eg job centre plus – will link parents to employment, training and skills provision across Shropshire.

### **Hub Team Development**

This will ensure the family hub team have an overarching quality assurance framework ensuring quality of practice in supporting families and the right tools to the job.

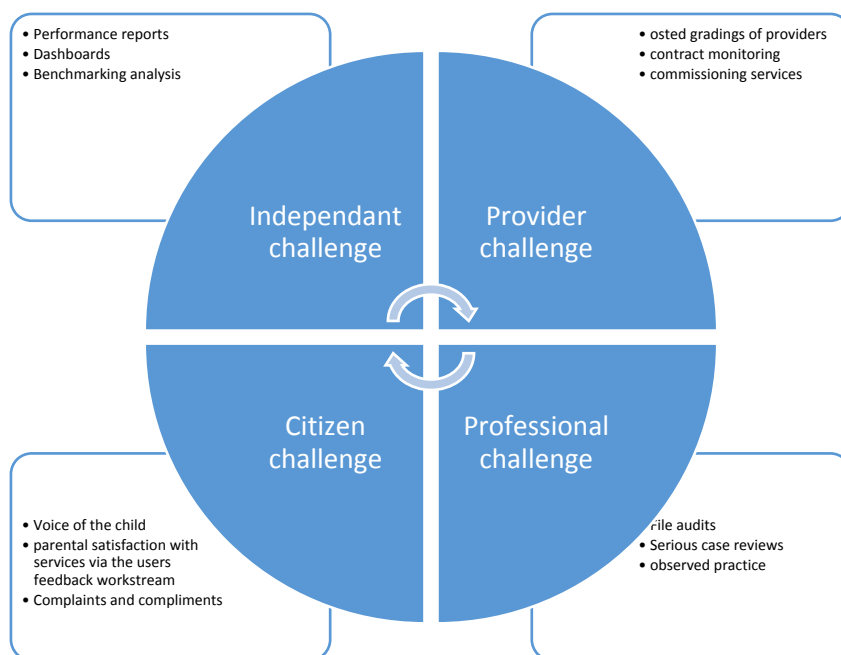
#### **Martin Calder – risk assessment**

Training will be available to children's social care and Early Help staff to ensure they understand how to use the tool to manage degrees of risk.

**Graded Care Profile 2** – validated assessment tool in aiding practitioners in the assessment of child neglect. It is a way of helping practitioners to understand how well a child is being cared for, across all areas of need where there are concerns of neglect.

**Quality assurance framework** – continuous improvement framework articulates how the Early Help Partnership alongside Children's Services manages and measures quality. Improving the consistency in the quality of work improves outcomes for Shropshire's children. This supports the development of a culture that expects and values high standards that improve the quality of services for users and carers. These aspirations and standards drive up expectations, improve learning and strengthen outcomes and impact. It is informed by learning from audits, single agency learning reviews and serious case reviews overseen by children's services and Shropshire's Children's Safeguarding Board. It has close links to the workforce development strategy 2016 and supports a workforce that ensures that children and

young people in Shropshire are kept safe through high quality services provided by qualified, resourced and a skilled children's workforce.



Family Web star – outcome impact tool – already used for supporting and measuring change. Family web star both measure and supports progress for service users towards self-reliance, independence other goals and sustained progress. The family web star is designed to be completed collaboratively as an integral part of key work in plotting where the family is on their journey, with positive practice in relation to tracking individual development and progress against multiple vulnerabilities.

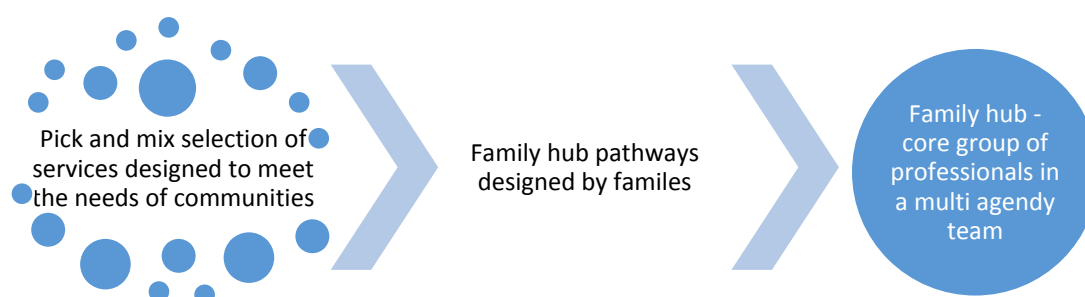
### Early Help Family Hubs – refocussing capacity

Because of the transformational nature of this work and to ensure that staff on the ground are engaged in operationalising the strategy into reality – aligned with making the savings a reality it is envisaged that the implementation spans two financial years, ie August 2017 – to the end of March 2019. The reality is that some areas of Shropshire are needier than others and tend to be concentrated in market towns. Given the rural nature of Shropshire – there is still a requirement to reach out to other parts of Shropshire where issues are being highlighted through schools.

Given a savings target of £875,000, there will be a need to rationalise the number of buildings used to deliver family hubs. Given the scale of the savings this has impacted on front line staff – in particular Children's Centres and Targeted Youth Support staff.

To mitigate against the risk of escalating costs in children's social care – it will be essential that the Early Partnership supports delivery – and all Early Help providers play their part in delivering quality Early Help services with a relentless focus on the most vulnerable families. This diagram highlights the move to fully integrated teams working together from different disciplines – using the skill and expertise of the whole team to support children and young people 0 – 19 and upto 25 for families with a child with disability. Whilst there is a nucleus of core service professionals, families will be supported by the wider early help and prevention system which includes

GP's, schools, voluntary and community sector, commissioned youth activities, day care sector and specialist services.



## Financial and premises modelling

This section of the report describes how the savings will be implemented and when.

	C.C	Description	Budget (as per Samis)	Below the Line Costs	Savings	Net Budget excl BTL
	30D03	Children's Ctr Phase 2 Gen	314,890	43,690	- 875,000	1,146,200
	30D05	Craven Arms Area CCtre	93,050	34,760		58,290
	30D14	Nth Shrewsbury Area CCtre	168,640	59,940		108,700
	30D15	Oswestry Area CCtre	144,960	66,040		78,920
	30D17	Bridgnorth Area CCtre	51,470	14,860		36,610
	30D18	Whitchurch Area CCtre	92,580	34,670		57,910
	30D20	Central Shrop East CCtre	54,280	23,360		30,920
	36901	Targeted Youth Support	540,040	13,200		526,840
		<b>Current Budget</b>	<b>1,459,910</b>	<b>290,520</b>	<b>- 875,000</b>	<b>2,044,390</b>

The premises highlighted defines the current thinking of family hub sites of which there are 8 suggestions – further work is underway to consider impact on Education strategies which include schools admissions need to provide extra education space, and the 2/3/4 year offer to provide quality day care. When the hubs are delivered there will be 6 in total. A hub in the Bridgnorth area of Shropshire is a requirement given the evidence of the level of need, and the opportunity to co locate an Early

Help hub partnership team. As yet no site is fit for purpose, and a further conversation with asset management will be required to find a solution to this issue. Where buildings are not required and are currently designated as a children's centre they will be designated.

Premises we own?					Premises we lease/pay maintenance fees		
Bishop's Castle Primary	Stokesay Primary, CA	St Lawrence Primary, CS			Rocksprings, Ludlow	Pontesbury Medical Centre	
Sunflower House	Honeysuckle Lodge	Buttercup Lodge	Richmond House				
Woodside Primary	Holy Trinity, Oswestry	Holy Trinity Demountable	Baschurch Village Hall	Morda Primary, Oswestry	The Centre, Oswestry	St Martins School	
St Mary's Bluecoat	Albrighton Primary	St Andrew's Primary, Shifnal			Severn Centre, Highley		
St. Peter's Primary, Wem	Longlands Primary, Drayton	Ellesmere Primary	Whitchurch Infant	Market Drayton Infant			
Meole Brace Primary	Crowmoor Primary						

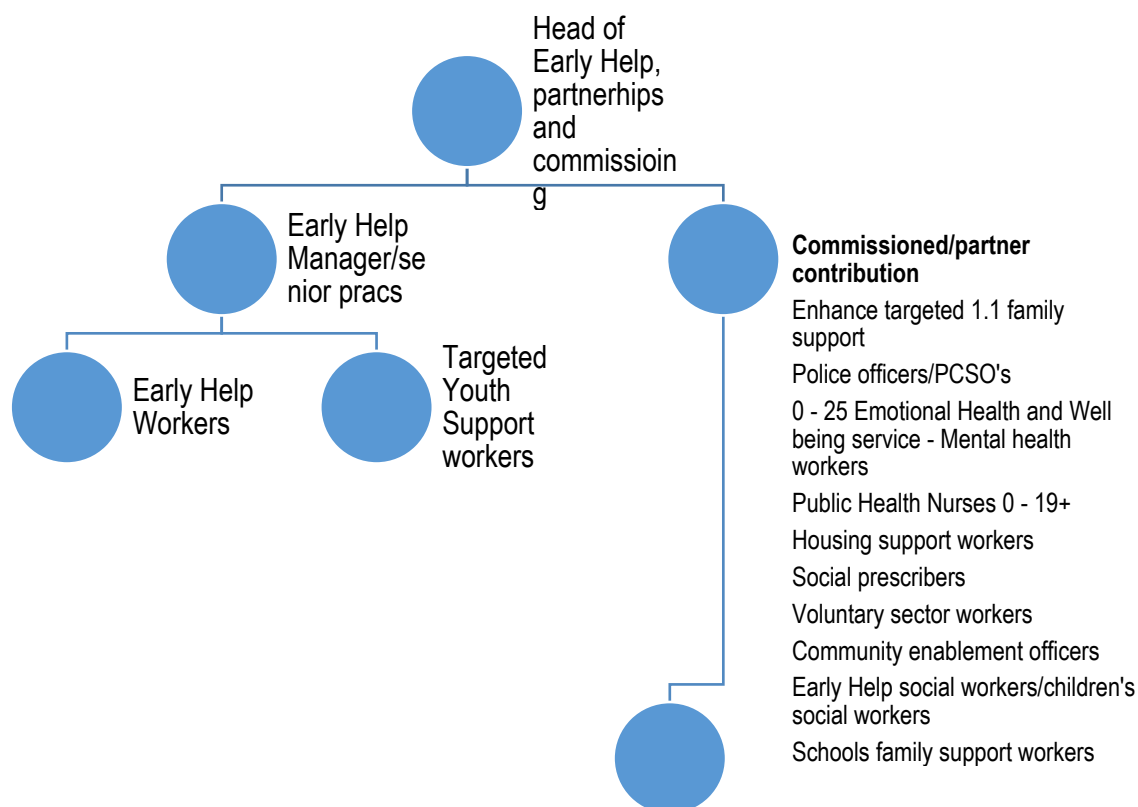
## Savings proposal

The option below provides the detail related to the savings programme – at the level required there is an impact on front line staff – the risk will be mitigated against by ensuring that vacancies and reductions by natural wastage will be brought forward first before front line posts are reduced and lost. The detail below provides the current whole time equivalent staff and the reductions proposed (in blue). The proposal below also highlights a level of income generation by working closely with schools who have indicated that they would be interested in jointly commission family support workers the costs of which will be matched by the Troubled Families grant until March 2020.

							Option 1
<b>Savings Options</b>		<b>Current FTE</b>	<b>Proposed FTE</b>				
		<b>52.7</b>	<b>33.1</b>				
<b>Expenditure Reduction</b>							
<b>Contracts</b>							
SYA Contract Saving (already achieved)				-		32,500	
				-		<b>32,500</b>	
<b>CC Staffing</b>		<b>40.7</b>	<b>24.0</b>				
Not backfilling any vacancies		5.9	-	-		142,630	
EH Managers		2.0	2.0				
Area Leaders		3.2	2.0	-		48,580	
Family Support Workers		25.6	20.0	-		145,040	
Business Support		2.7	-	-		56,920	
Cleaning Assistant		0.4	-	-		6,970	
Creche Co-ordinator		1.0	-	-		24,760	
Creche Staff (All on casual hours)		Casual	-	-		64,580	
Creche Staff (Current Pressure)							
Travel Reduction, as the result of above changes (estimate)				-		5,000	
				-		<b>494,480</b>	
<b>TYS Staffing</b>		<b>12.0</b>	<b>9.1</b>				
Senior Practitioner		1.0	1.0			-	
Youth Workers		7.5	5.0	-		100,940	
Support Workers		2.5	2.5			-	
Clerical Assistants - (0.4FTE managed vacancy)		1.0	0.6	-		7,550	
				-		<b>108,490</b>	
<b>Family Information Service</b>		<b>2.6</b>	<b>1.0</b>				
Co-ordinator		1.0	1.0				
Information Assistants (0.6FTE not occupied)		1.6	-	-		41,870	
				-		<b>41,870</b>	
<b>Premises (estimate)</b>							
Reduction of buildings occupied		25 Buildings	6 Buildings	-		281,350	
				-		<b>281,350</b>	
<b>Income Generation</b>							
Schools Pilot (Current Pressure)						30,000	
Schools Pilot (Targeting 1/4 of PS's - £4k each plus match funding from SF)							
Parenting Team (Self-Funding)							
Leasing Properties to generate income (to be reviewed)							
						<b>30,000</b>	
		<b>Saving Achieved</b>		-		<b>886,820</b>	
		<b>Saving Target</b>		-		<b>875,000</b>	
		<b>Surplus / (Pressure)</b>				<b>11,820</b>	

## Early Help family hub proposed structure

The diagram below ensures the skill mix for multi agency, multi disciplinary teams, co located in a family hub.



## Engagement

If approval is given to proceed evidence from work already undertaken in 4 pilot sites will help to provide structure and lessons learned. Front line staff and managers have great ideas about how family hubs can be implemented with a focus on improving outcomes for families in communities where children and young people can thrive.

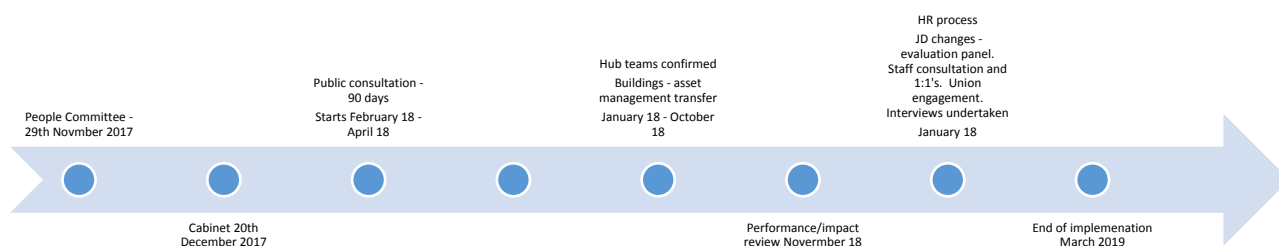
A parent/carer/agency consultation will take place with parents/carers, children and young people to understand both positive and negative impact on the closure of children's centres and to have due regard to limiting discrimination – see Equality Impact Assessment below for detail.

## Mobilisation and Implementation

A phased approach to implementation will be planned to ensure family hubs are up and running, full effect of savings programme completed by March 2019.

Workstreams to ensure implementation will be developed through the Early Help Partnership Board – Chaired by the Head of Early Help, Partnerships and Commissioning with the support of a project manager. An implementation plan outlining key tasks, lead roles and timescales will be in place to ensure delivery milestones are met and risks to final completion mitigated against.

## Timeline



## Risks

- Project management methodologies drive programme delivery – but doesn't change hearts and minds and staff feel excluded from design
- The Early Partnership of stakeholders, and organisations don't provide the support to ensure whole family working is undertaken, meaning that less families have access to quality support that gets to root cause of families problems
- Public concern and a negative response to the changes leads to decisions not being approved and timescales for implementation slips
- Other savings programmes being delivered within Shropshire Council directorates ie public health – increases the savings target in Early Help and more front line staff are lost

### 3. Risk Assessment and Opportunities Appraisal

#### Equality Impact Assessment – development of Family Hubs – closure of children's centres

Shropshire Council is committed to promoting equality and participation in all its activities, whether this is related to the work we do with our external stakeholders or whether this is related to our responsibilities as an employer. As a public authority we are also required to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations when making decisions and developing policies. To do this, it is necessary to understand the potential impacts of the range of internal and external activities on different groups of people.

#### Evaluation Decision

There are four options open to you if you find a significant difference:

1. No barriers or impact identified, therefore activity will **proceed**.
2. You can decide to **stop** the policy or practice at some point because the evidence shows bias towards one or more groups
3. You can **adapt or change** the policy in a way which you think will eliminate the bias, or
4. In **extreme cases** or where **positive action** is taken you can **justify it**. For example, if the policy would require the use of animals in the research in a particular country. You've looked at the policy or practice from every angle, considered all available options carefully, and there still seems no other proportionate way to achieve the aim of the policy or practice. Then you are going to continue with this policy or practice knowing that it may favour some people less than others.

In most cases, where disproportionate disadvantage is found by carrying out EIAs, policies and practices are usually changed or adapted. In these cases, or when a change has been justified you should consider making a record on the project or the corporate risk register.

Depending on the nature of the policy change, event or funding activity, the responsibility of who should complete the assessment, who should be consulted, and who should sign off the EIA will vary. Ultimate responsibility on whether an EIA is required and the Evaluation Decision(s) made after completing the EIA lies with the SRO, budget holder, project board or the most relevant senior manager. Further advice is available from your Equality, Diversity & Inclusion lead contact, HR, Peer Review Team, or the Events team.

## Equality Impact Assessment

Question	Comments
1. Policy/funding activity/event being assessed	The development of Early help family hubs – and the closure of some children’s centres. Consultation with the general public and those who are affected the most.
2. Summary of aims and objectives of the policy/activity	<p>Shropshire Councils financial constraints means that it is necessary to deliver a more focussed and targeted Early Help service to support Shropshire’s most vulnerable families, and stop them from being inappropriately referred to children’s statutory safeguarding services, if they don’t need to be. A savings programme £875,000 is necessary – in order to find this level of savings – rationalising buildings first before front line staff reductions is possible. The creation of family hubs in the most deprived areas of Shropshire will help teams to focus their skills and knowledge in supporting families to be more resilient. Services will be provided by skilled teams that ensure the wider Early Help Partnership is able to contribute resources and staff to provide skills mixed teams.</p> <p>Proposals will be required to make the case for the specific intractable development challenge(s) they will address and explain why the proposed Family Hubs is the most appropriate approach. Each Hub will be required to demonstrate a well-integrated, interdisciplinary approach, research excellence and a realistic pathway to impact.</p> <p>Priority will be given to proposals that address really challenging problems with genuinely radical and potentially transformative approaches.</p> <p>Assessment of family hubs will be developed by use of detailed data and evidence specifying areas of greatest need, whilst ensuring robust universal provision is also available.</p>
3. Is it possible the proposed change in policy or activity could discriminate or unfairly disadvantage people?	A consultation period is established to ensure key line of enquiry can be facilitated with the public, stakeholders, staff and organisations across Shropshire. We aim to reach people most in need of help – there are currently families getting support from a number of organisations to help with problems they are

<p><i>(Advice should be sought from HR. If not relevant, record reasons and evidence; the remainder of the form need not be completed)</i></p>	<p>facing as a family, but this support isn't always joined up. The causes confusion and frustration for the family and it doesn't always make things better quickly or in a way that lasts. The Early Help Family Hubs will support families earlier, so their circumstances improve quicker and problems don't become too difficult to manage. To do this we aim to bring together all the people/practitioners who work with children and young people and their families in those early days when problems are getting tough, by creating 6 Early Help Family Hubs. The new service would be modelled around family workers who will be based in the community so they are closer to where the families who need our support live. This means that they can reach out to work with families at home or in places they are most comfortable</p>
<p><b>4. What involvement and consultation has been done in relation to this policy?</b> <i>(e.g. with relevant groups and stakeholders)</i></p>	<p>The development of this proposal has engaged with stakeholders from the wider Early Help Partnership through an Early Help Conference held in July 2017. Key lines of enquiry/questions raised asked stakeholders to prioritise the needs of families and the support they need in the future to improve outcomes for children and young people. Using data from the Strengthening Families cohort down to street level, JSNA and A&amp;E data to ensure stakeholders could prioritise areas where the most vulnerable families live. In the main stakeholders agreed that multi agency, multi disciplinary teams, co located where possible would be a solution to focussing resources on the most vulnerable.</p>
<p><b>5. Who is affected by the policy/funding activity/event ?</b></p>	<p>Children and Families Staff</p>
<p><b>6. Arrangements for monitoring and reviewing actual impact of the policy/funding activity/event</b></p>	<p>Monitoring and review will primarily through Council's scrutiny function, approval and decisions will be via Council and Cabinet which ever is most appropriate.</p> <p>In addition, the Early Help Partnership board will play a vital role in ensuring stakeholder engagement and delivery.</p> <p>To help minimise the potential impacts of this we have ensured that the call for outline proposal will be open for as long as possible and a minimum of 90 days, to ensure both</p>

	market town and rural engagement can take place.
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<b>Group</b>	<b>Is there a potential for positive or negative impact?</b>	<b>Please explain and give examples of any evidence/data used</b>	<b>Action to address negative impact (e.g. adjustment to the policy)</b>
<b>Disability</b>	Potential negative impact – however based on current policies this is very low risk.	Data is collected regarding disability at proposal stage  Adjustments will be made throughout the consultation process where appropriate.	A flexible approach will be necessary to ensure disabled stakeholders, parents or children can engage in consultation, via a range of means email, questionnaire, and venues with disabled access, without discrimination.
<b>Gender reassignment</b>	Potential negative impact – however based on current policies this is very low risk.	Data is collected regarding gender at the proposal stage.	A flexible approach will be necessary to ensure stakeholders, parents or children can engage in consultation, via a range of means email, questionnaire, and venues to help ensure unbiased consultation  Flexible terms and conditions are in place to appropriately support applicants who require time to attend psychiatrist/psychologist appointments or who are undergoing gender reassignment involving medical interventions.  Adjustments are made throughout the consultation process where appropriate.
<b>Marriage or civil partnership</b>	Impact expected to be neutral.		
<b>Pregnancy</b>	Potential		A flexible approach will

<b>and maternity</b>	negative impact – however based on current policies this is very low risk.		be necessary to ensure stakeholders, parents who are pregnant or who have young children are able to access the consultation and engagement process. Adjustments can be made throughout the consultation process where appropriate to assist individual mothers.
<b>Race</b>	Potential negative impact – however based on current policies this is very low risk.	Data is collected regarding race at the proposal stage, and forms part of the Shropshire's context for describing the demographics of the county	Throughout the consultation, those delivering the consultation activity are required to follow best practice in taking positive steps to ensure those members of the public who are from a racial minority are fully engaged and their views collected.
<b>Religion or belief</b>	Impact expected to be neutral.	This information is collected as above	As above
<b>Sexual orientation</b>	Potential negative impact – however based on current policies this is very low risk.	This information is available at proposal stage.	Throughout the consultation, those delivering the consultation activity are required to follow best practice in taking positive steps to ensure those members of the public who are from the LGBT community are fully engaged and their views collected.
<b>Sex (gender)</b>	Potential negative impact – however based	Data is collected regarding gender identify	Throughout the consultation, those delivering the consultation activity are

	on current policies this is very low risk.	at the proposal stage	required to follow best practice in taking positive steps to ensure those members of the public who are men and women, are fully engaged and their views collected.
<b>Age</b>	Potential negative impact – however based on current policies this is very low risk.	Data is collected regarding age at the proposal stage.	Throughout the consultation, those delivering the consultation activity are required to follow best practice in taking positive steps to ensure that children and young people are fully engaged and their views collected.

#### Evaluation Decision: Proceed

1. No barriers identified, therefore activity will **proceed**.
2. You can decide to **stop** the policy or practice at some point because the data shows bias towards one or more groups
3. You can **adapt or change** the policy in a way which you think will eliminate the bias
4. In extreme cases or where positive action is taken you can **justify it**.

**Will this EIA be published: Yes**

**Date completed: 15/11/2017**

**Review date (if applicable): N/A**

#### 5. Financial Implications

The Early Help Family Hub model will ensure £875,000 is saved by co locating multi agency, multi disciplinary teams in areas of greatest need. Whilst ensuring those families that don't live in these areas have access to Early Help services when they need the, with robust universal services that will up and sort out issues emerging really early on. Given the transformational strategy to deliver family hubs to focus on Shropshire's most vulnerable families – the timescale for delivery is by March 2019.

## 5. Background

### **Early Help Family Hubs – refocussing capacity**

Because of the transformational nature of this work and to ensure that staff on the ground are engaged in operationalising the strategy into reality – aligned with making the savings a reality it is envisaged that the implementation spans two financial years, ie August 2017 – to the end of March 2019. The reality is that some areas of Shropshire are needier than others and tend to be concentrated in market towns. Given the rural nature of Shropshire – there is still a requirement to reach out to other parts of Shropshire where issues are being highlighted through schools.

Given a savings target of £875,000, there will be a need to rationalise the number of buildings used to deliver family hubs. Given the scale of the savings this has impacted on front line staff – in particular Children’s Centres and Targeted Youth Support staff.

To mitigate against the risk of the loss of Shropshire Council’s paid employees – it will be essential that the Early Partnership supports delivery – and all Early Help providers play their part in delivering quality Early Help services with a relentless focus on the most vulnerable families. This diagram highlights the move to fully integrated teams working together from different disciplines – using the skill and expertise of the whole team to support children and young people 0 – 19 and upto 25 for families with a child with disability. Whilst there is a nucleus of core service professionals, families will be supported by the wider early help and prevention system which includes GP’s, schools, voluntary and community sector, commissioned youth activities, day care sector and specialist services.

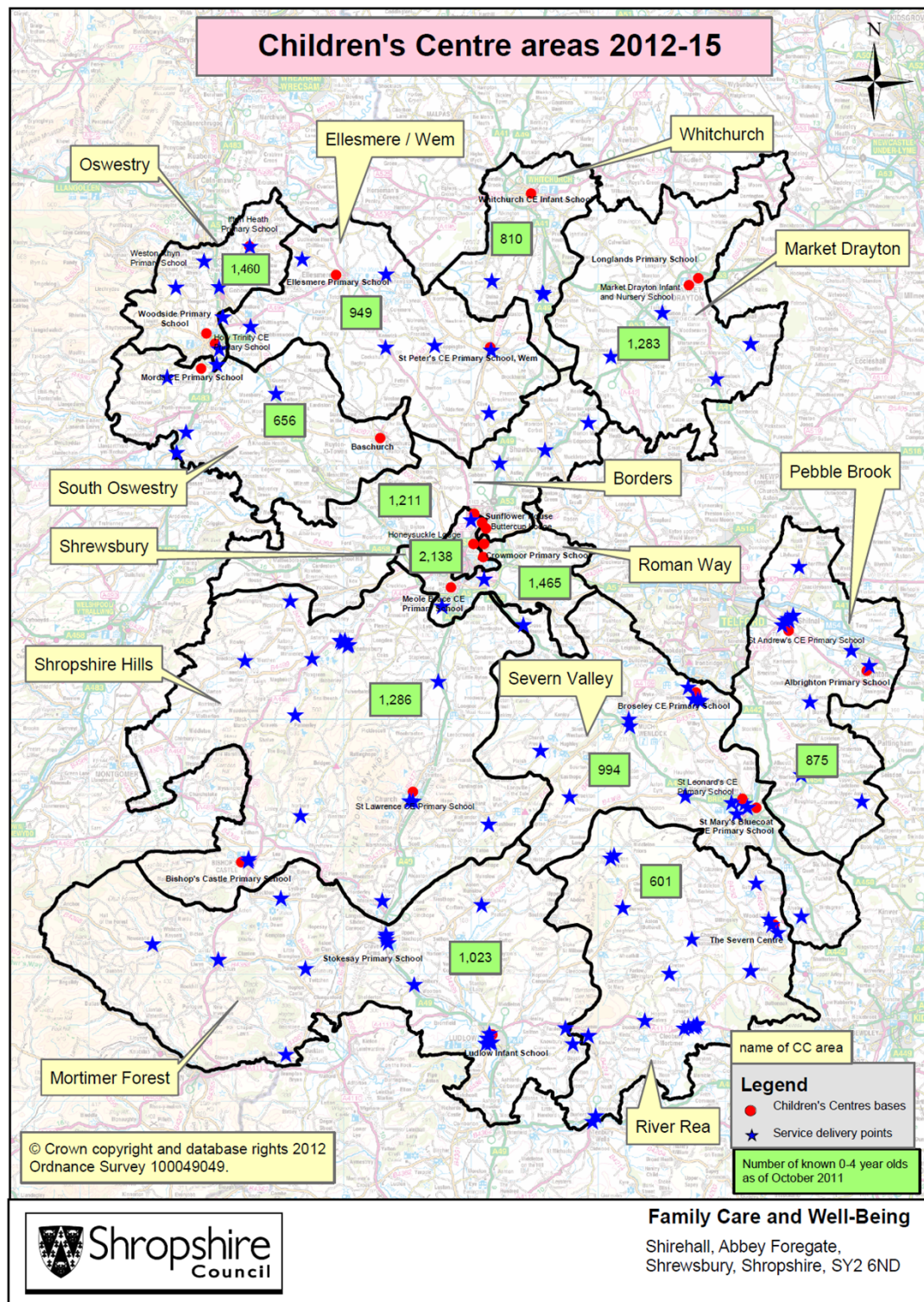
## 6. Additional Information

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder) Cllr Nick Bardsley</b>
<b>Local Members: Scrutiny – People Committee – children and young people</b>
<b>Appendices</b>

**Appendix 1 – Children’s Centres map**

**Appendix 2 – Early Help offer/menu**

## Appendix 1 – Children's Centre map



## Appendix 2 - Shropshire's Early Help Offer

Links to sites providing information, advice and guidance on a wide range of issues as well as activities and organisations available to young people and their families on a universal, Early Help and targeted levels of need.

- [Early Help Website](#)
- [Family Information Service \(FIS\) information and resource packs](#)
- [Family Information Service Directory](#)
- [SEND Local Offer](#) - For families with young people with Special Educational Needs and disabilities.
- [Shropshire Youth Association](#) - Positive Activities, youth club based activities, voluntary youth sector. (This link can break [general information can be found here](#))
- [Energize - Sports Partnership](#) (NB this link can break [general info can be found here too](#))
- The local authority has sports development officers who can help young people and families' access sport clubs and activities. Contact Sean McCarthy 01743 255933

Early Help happens across a huge spectrum of services – here are some of the most widely used which can complement Early Help and Social Work plans and could be utilised as part of step down processes.

- Schools Pastoral Support – does vary hugely but please do consider the support the school can provide
- [Targeted Mental Health Support \(TaMHS\)](#) Schools have staff trained to deliver these interventions. Renee Lee (01743 253942) can tell you which school is trained to deliver each programme.
- [Increasing Access to Psychological Therapies \(IAPT\)](#) CBT approach to mental health support from young people aged 16+ (once their exams are finished)
- [Young carers project](#) Delivered by Carers Trust 4All [Referral Form](#)
- [School Nurses](#)
- [Health Visitors](#)
- [Family Nurse Partnership](#) Intensive support for pregnant teenagers.
- [All In short breaks for children with SEND](#)
- [Understanding your child online and groups](#)

- [Universal children's centre services](#) A range of group sessions across the county.
- [West Mercia Women's Aid](#) Support for women in abusive relationships – including Freedom Programme which is also delivered currently by Children's Centres. Current CC booking line 01743 253942

### Targeted Early Help

These services are either in house or are commissioned by the Local authority and should be considered once the above options have been taken into account.

TYS, Lifelines, Children's Centres (targeted support), Parenting and EnHance require referrals through the [Step down process](#) on the procedures online pages.

- [Targeted Youth Support \(TYS\)](#)
- [Lifelines](#)
- [Targeted Children's Centres support](#)
- [Parenting Team](#)
- [EnHance](#)
- [Autism West Midlands](#)
- [Child and Adolescent Mental Health Service \(CAMHS\)](#)
- [Shropshire Strengthening Families](#)

**TYS and CSE** – please note Targeted Youth Support will support young people on CIN and CP plans where there is an assessed CSE risk. Please complete a Request for Intervention Form, found on the Early Help website [forms page](#) and drop it in to COMPASS along with a copy of the Social Work plan.

**Stepping Down to Targeted Early Help** - Please follow the processes [here](#) on the Shropshire Council Procedures on line pages.

**Additional services of interest** focusing on young people who have been involved in low-level crime or anti- social behaviour. See referral forms attached to the email.

[ARC - Accessing Resources in the Community](#) Mentoring programme funded by the Police and Crime Commissioner for 17-25 year olds. Delivered by YSS.

More Than Sport - a diversionary project hosted by Energize using the power of sport and volunteering activities linked to sport, for example, catering, grounds maintenance. Young people 16-24 years. No link available, contact Nick Herbert 01743 297194



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## Terms of Reference for the Inquiry into Corporate Parenting

### Context

Councillors and officers of the local authority, collectively as 'corporate parents', have a statutory duty to take an interest in the wellbeing and development of children in the care of a local authority.

This role of corporate parent to looked-after children is carried out by all councillors, regardless of their role in the Council. However in practice the duty is discharged through a framework of officers, elected members and groups.

- Every Councillor should be familiar with the profile of looked-after children in the county and how the Council looks after children in its care. They should also be aware of their duties as corporate parents.
- Officers and bodies with statutory oversight roles, such as the Independent Review Officer, the People Overview Committee and Shropshire Safeguarding Children Board, should ensure that the Council and its partners have the frameworks, policies and people that it needs to provide effective support to looked-after children.
- The Portfolio Holder for Children and Young People and Director of Children's Services have specific responsibilities to "to act as effective and caring corporate parents for looked-after children, with key roles in improving their educational attainment, providing stable and high quality placements and proper planning for when they leave care."<sup>1</sup> In particular they are responsible for ensuring the Council:
  - appoints a Corporate Parenting Board to ensure the Council and partner agencies carry out their responsibilities towards looked-after children;
  - makes elected members and officers aware of their responsibilities as corporate parents;
  - appoints a Children in Care group that gives looked-after children the chance to shape and influence the parenting that they receive;
  - produces a strategy for corporate parenting; and
  - recruits officers with specific statutory duties with regard to looked-after children, such as the virtual school head, and independent reviewing officer.

This framework is central to ensuring that Shropshire Council provides high-quality services to looked-after children.

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<sup>1</sup> Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services, Department for Education, April 2013

## **Objectives**

- To examine how the Corporate Parenting Panel ensures that it understands the profile of looked-after children in the county, and the outcomes for looked-after children compared to their peers including:
  - keeping safe;
  - staying healthy;
  - achieving in school and training; and
  - making a successful transition to adulthood.
- To understand how the Council ensures that its officers and elected members understand their responsibilities as corporate parents.
- To scrutinise the structures in place to support looked-after children in Shropshire, in particular the Children in Care Council, Children's Charter and Corporate Parenting Panel.
- To look at the effectiveness of Regulation 44 visits by corporate parents.
- To learn how looked after children and care leavers understand the support available from corporate parents.

## **Information Required**

Statistics on looked-after children in Shropshire

Shropshire Corporate Parenting Strategy 2016-2018

Agendas and minutes of Corporate Parenting Panel

Agendas and minutes of Children in Care Council

Sample Regulation 44 visit reports

Induction and Regulation 44 training material

## **Methods to be used**

Hearing from the Portfolio Holder for Children and Young People, Director of Children's Services and Looked-after Children Service Manager.

Examining agendas and minutes of Corporate Parenting Panel and Children in Care Council meetings.

Scrutinising Regulation 44 visits training and reports

Listening to Children in Care Council members.

Looking at examples of good practice from other similar local authorities.

Hearing from Corporate Parenting Panel members.

Developing recommendations based on the findings of the inquiry.

## **Timescales**

The task and finish groups will present its final report to the People Overview Committee at its meeting on 14 March 2018. The report and any agreed recommendations will be present to Cabinet on 21 March 2018 and to Council on 17 May 2018.

DRAFT

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## Committee and Date

People Overview Committee

29<sup>th</sup> November 2017

## Item

**9**

Public

## CHILD SEXUAL EXPLOITATION

**Responsible Officer: Jeanette Hill, Service Manager COMPASS and Assessment and Dot Johnson, CSE Co-Ordinator**

e-mail: [jeanette.hill@shropshire.gov.uk](mailto:jeanette.hill@shropshire.gov.uk); [dot.johnson@shropshire.gov.uk](mailto:dot.johnson@shropshire.gov.uk)

### 1. Summary

This report provides current information regarding child sexual exploitation (CSE) and missing in Shropshire.

### 2. Recommendations

Scrutiny Panel to note the information.

## REPORT

### Current picture of CSE in Shropshire:

At present in Shropshire, CSE is an identified risk for 72 children, mostly females, only five are male (6%) and some of these children are children who are placed here from other local authorities. The breakdown of the risk level is as follows:

Being exploited: 1

High: 11

Medium: 30

Low: 30

All children who are identified at risk of CSE are tracked to ensure that the risk level is being appropriately managed and that the work being carried out with these children is effective and reducing the risk. All the children identified at a risk level medium and above have allocated social workers and their risk addressed either through Children in Need plans or Child Protection plans.

The child who is identified as *Being Exploited* is a Shropshire child placed in a specialist care facility out of county, she is not currently being exploited but she has been groomed to such an extent that if she were to go missing she could easily fall prey to perpetrators who would recognise her vulnerability.

### **Missing:**

The links with children who go missing and CSE are strong. Almost all of the children currently tracked for CSE have been reported missing or have had unreported missing episodes. School attendance can be very poor and we see many cases where attendance and/or truanting at school is being monitored by the Education Access Service, and is a concern. Not all children who are reported missing will be sexually exploited, however, the greater the number of missing episodes the risk of them being exploited or becoming engaged in criminal activity, increases. In Shropshire we hold a Missing Intervention meeting whenever a child has had three missing episodes within a 90 day period. If the child is already known to children's services their plans are reviewed accordingly to address the risk of running away and if necessary a re-assessment of their needs. If a child is not known to our services then agency checks may be made and a discussion with the family to see if the family might benefit from having a social work assessment carried out to address the needs and to put support in place.

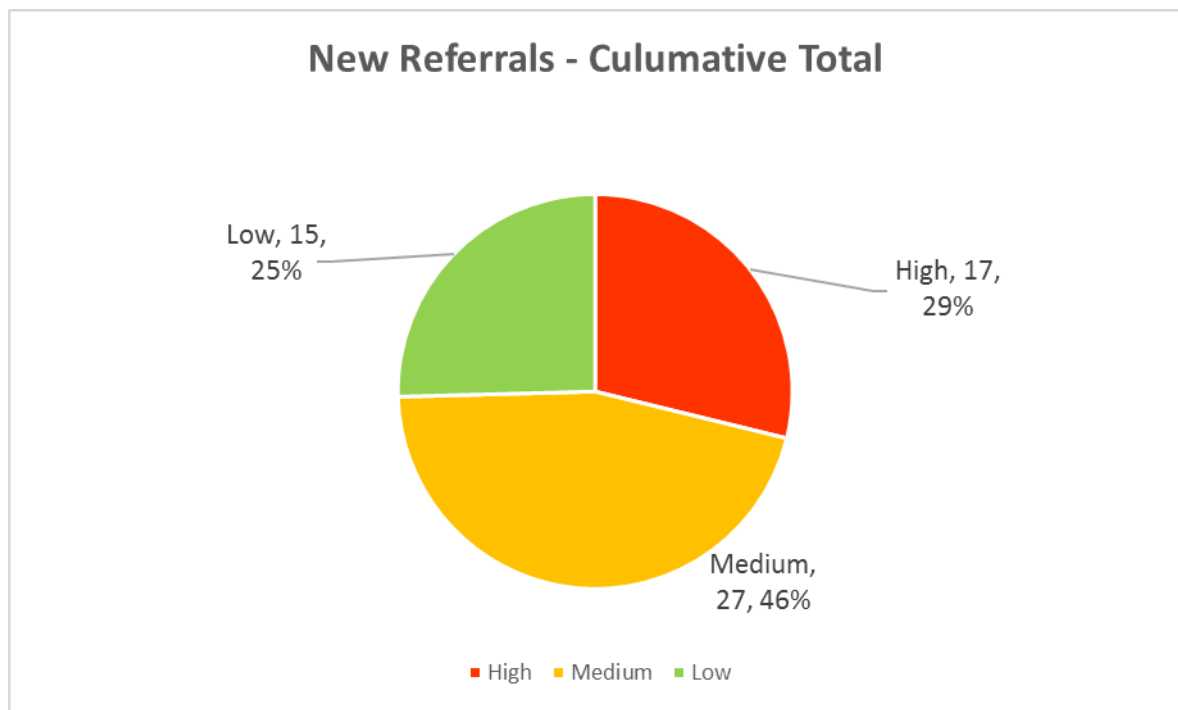
### **CSE Triage:**

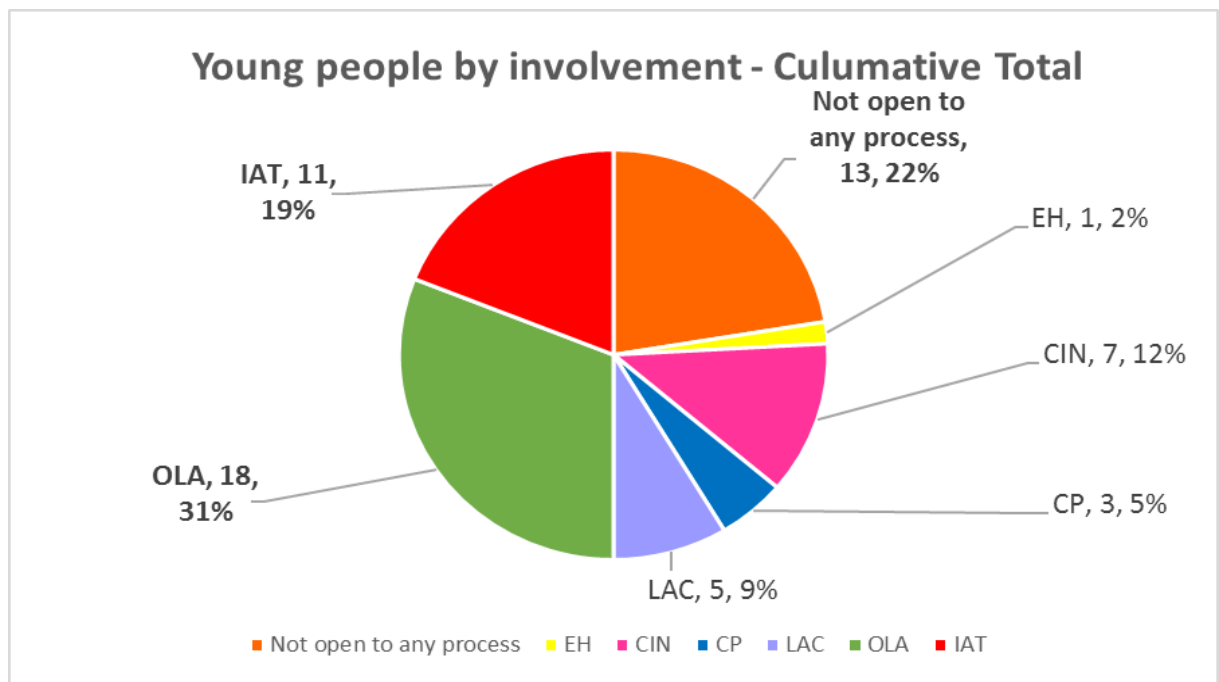
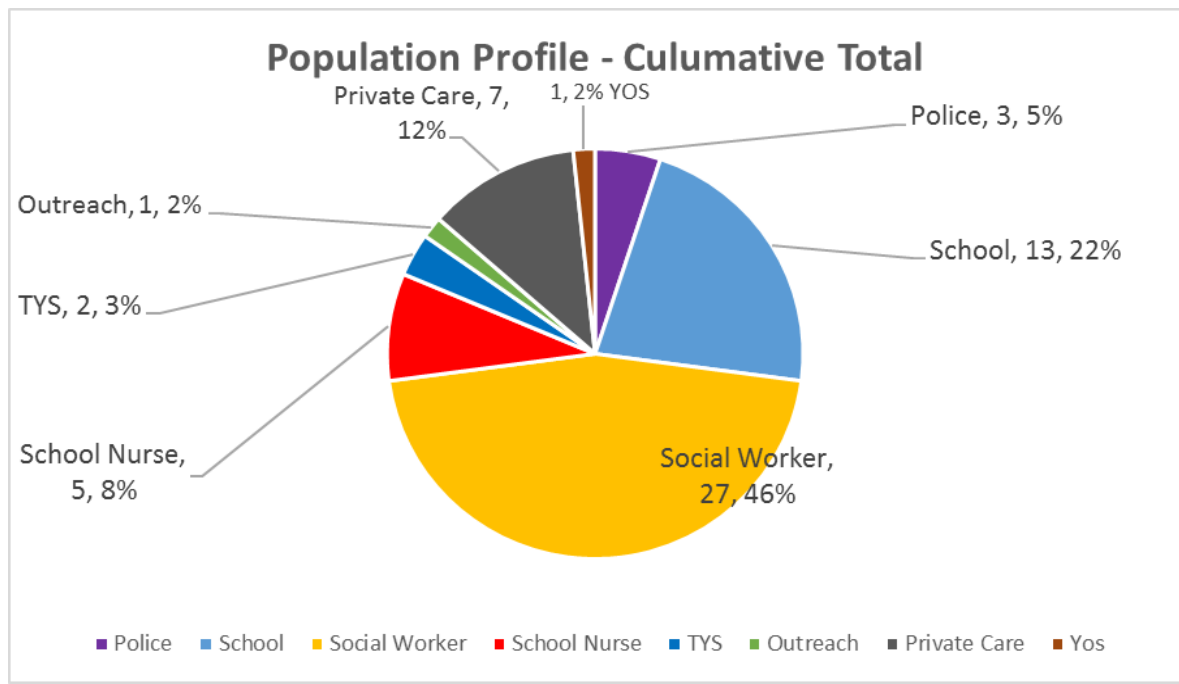
A weekly triage is held to discuss any new referrals that have been received, and to agree the risk level identified. Any updated referrals that have been submitted to demonstrate a reduction or increase of risk are also discussed. A CSE tracker is updated to reflect the current risk level for every child that it referred into safeguarding for CSE. Triage is carried out by Social Care Service Manager with Strategic responsibility for CSE, CSE Operational Lead and representatives from West Mercia Police CSE team. Triage allows us to share information, to receive and give updates on current cases and investigations, and to have an overview of the CSE picture in Shropshire and the effectiveness of the work that is being carried out with the families, to address the risks for their child.

### **CSE Panel:**

A monthly panel is held to discuss, at a strategic level the picture of CSE in Shropshire. A monthly update is presented to demonstrate the levels of referrals for that month, where they are being referred from and the nature and themes being identified. Discussion is held to acknowledge any information received in relation to newly identified perpetrators and where they are operating and who they are linked to, either perpetrator or victims? Updates on known or new hotspots identified in the county as being used for exploitation and how we can disrupt this. If a new referral has been received for a Shropshire child who is identified at high risk or being exploited, that case will be discussed from a strategic perspective to consider the implications for us strategically. What activities do we have concerns about, who we have concerns about and how, as a multi-agency panel our individual service area can work together to tackle and address the risks for Shropshire? The CSE panel comprises of managers and safeguarding leads from a variety of agencies, including social care, police, education, health, mental health, colleges, targeted services, substance misuse, sexual health, 18+ team and is chaired by the Service Manager with Strategic responsibility for CSE.

### **New CSE Referrals April to November 2017**





### **OFSTED reflections (embargoed until 24<sup>th</sup> November 2017)**

We have had some very positive feedback following the OFSTED inspection in regard to management of CSE and children who go missing, key highlights include:

- Children who go missing from home or are at risk of child sexual exploitation are identified quickly by effective partnership working in Compass, and receive a timely assessment.
- Specialist workers are allocated promptly with swift completion of return home interviews and child sexual exploitation risk screening tools.
- Once needs are identified, children and families are offered a range of services.
- Cases are reviewed regularly at well-attended monthly panels with clear actions to reduce risks for children.
- Rigorous arrangements trace children who go missing from education.
- Multi-agency partners respond appropriately to children who experience risks associated with offending, misusing drugs or alcohol, being sexually exploited or going missing.
- Effective plans help to reduce the risk of harm or actual harm for the vast majority of these vulnerable children.
- Children receive timely return home interviews when they have been missing.
- The local authority has undertaken significant work to safeguard children at risk of child sexual exploitation, built on well-established strategic and operational relationships with partners such as West Mercia police. This has enabled rigorous responses to safeguard children and young people who go missing or who are at risk of sexual exploitation. A recently formed task and finish group is scoping work to align gangs, missing children and county line vulnerabilities linked to the child sexual abuse strategic group.

### **CSE Case Study – AB**

\* all identifying features have been removed and the case anonymised to protect the identity of the young female – parental consent has been obtained to tell her story.

### **Background:**

AB came to children's services attention in September 2012, she was then 14 years old and was being taken by her distant cousin, a 16 year old female to meet with Asian males her cousin was meeting online, via various apps but the meet-ups were being arranged via Blackberry Messenger (BBM), BBM allowed users to broadcast open messages to anyone who had the app. The cousin used it to request lifts from their hometown to a local train station. Men would come to the town and pick the girls up and drop them off at the station.

The girls would then catch a train to Birmingham, once there, they would once more broadcast an open BBM message requesting to be picked up from Birmingham city centre to be taken to various parts about 4/5 miles outside of the city centre. They were always picked up. They would meet with various males in parks, street corners, were taken to parties and in one instance were being taken to a hotel, when fortunately police intercepted the vehicle and found the girls with two males.

This pattern of behaviour continued for several weeks. AB was sneaking out of her home in the early hours of the morning, not returning home at her curfew time and refused to attend school. AB's parents struggled to cope and were frightened that their daughter may one day be found seriously injured or worse. The girls were being supplied with alcohol and cannabis by the males they were meeting, and this in itself was an issue because of how it affected both girls ability to function. Neither of the girls understood at the time that they were at risk of significant harm and believed all of the males they were meeting to be their friends, not as men who were grooming them for their own gratification. At the time of this situation for AB, CSE was just starting to be fully understood in Shropshire. AB's exploitation was occurring against the back drop of the Rotherham cases being brought to huge public attention via the national press because of the successful prosecution of a gang of Asian males for sexually exploiting white females in Yorkshire. Although AB and her cousin were always picked up by Asian males as a consequence of their broadcasted BBM messages to meet with Asian males, it remains a rare incidence of CSE in Shropshire which involved Asian males as perpetrators, overwhelmingly we continue to see white male perpetrators.

### **SCIE review:**

This case was subsequently used as a case study for a SCIE review for Shropshire to learn from the family's experiences, and to see if we as a local authority could improve how we managed cases of this nature in future. It proved very beneficial and changed the way we started to assess and track cases where CSE was identified as a risk for a child.

### **5 year follow up – mother's reflections:**

Happily, the situation for AB improved significantly and the following is a current update for AB written by her mother;

*AB was in such a bad place a few years back, on the verge of if not involved in child trafficking through no fault of her own. She struggled for friendship and clung onto a certain person that offered her this (or that's what she thought)!! This friend actually led her into one of the most dangerous escapades a young girl could be involved in!! This 'friend' would entice her off to all sorts of places to meet up with young Asian men that she had contacted on line and had never met or even spoken to before. Soon enough the distance this friend was taking her was miles away from home at all hours of the day and night. Eventually, after many months of her going missing and us reporting it to the police we had the involvement of her school, Police, Social Services,*

*Education Welfare officers, Barnardo's and Targeted Youth. She had put herself in so much danger that she was placed on a child protection scheme by Social Services and was red flagged on the police database as highly vulnerable.*

*There is nothing worse for a parent than sitting at home wondering where your child is and if they are safe. This happened on many days/nights throughout a 12 month period. On one occasion the police had been searching for her in Shrewsbury, Wolverhampton, Telford, Kidderminster and Worcester working on information they had picked up and she was eventually found walking along a road in Birmingham. She had no idea of the danger she was in and would not accept that she had done so. She was of the opinion that nothing can hurt me I'm invincible!*

*This situation went on and on getting worse and worse. She would not listen to anyone who tried to help her and was of the opinion that we were all just trying to spoil her fun! Targeted Youth became involved and soon the situation started to improve. Dot sat and talked to AB about how she felt, what she wanted to do and reasons behind her actions without judging her or lecturing her as that obviously wasn't going to work. AB eventually began to trust Dot from Targeted Youth and built up a really good relationship with her. She helped in so many ways. Not just with the problem of putting herself in danger but also with building her self-esteem and confidence.*

*Involvement from the police and council helped to move the 'friend' and her family out of the area. They also served a harbouring notice on them to stop any contact of any kind between them and AB. This was a huge step forward. AB was so low, hurt and confused by all that had gone on and had no friends and no confidence or self esteem whatsoever. Dot helped her to look forward again and to build her confidence to become who she is now.*

*AB is now one very confident and head strong young lady. She works full time for our local supermarket, is learning to drive, has just moved into her own home and is always out and about with new friends. God only knows where we would all be right now without the help and guidance from Dot and all the other agencies involved. it could have been a very different outcome. I will never be able to repay all those people for what they did at what was a very traumatic time for us all.*

*Thank you again*

*Mum*

### **3. Risk Assessment and Opportunities Appraisal**

(NB this will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

There is a risk associated with CSE and is therefore a continued risk for vulnerable children and young people in Shropshire.

#### 4. Financial Implications

This is an update report and so has no financial implications.

#### 5. Background

This update report is the latest in a regular series of updates on CSE for Scrutiny Committee.

#### 6. Additional Information

None

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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Presentation on CSE to Young People's Scrutiny Committee 24 June 2015

Update on CSE to Young People's Scrutiny Committee 1 February 2017

<b>Cabinet Member (Portfolio Holder)</b>
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Cllr Nick Bardsley

<b>Local Member</b>
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All Members

<b>Appendices</b>
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None



## Committee and Date

People Overview Committee

29<sup>th</sup> November 2017

## Item

10

Public

### **OFSTED INSPECTION OF SERVICES FOR CHILDREN IN NEED OF HELP AND PROTECTION, CHILDREN LOOKED AFTER AND CARE LEAVERS and REVIEW OF THE EFFECTIVENESS OF THE LOCAL SAFEGUARDING CHILDREN BOARD**

**Responsible Officer** Karen Bradshaw, Director of Children's Services  
e-mail: karen.bradshaw@shropshire.gov.uk Tel: (01743) 254201

## **1. Summary**

A team of 9 inspectors from Ofsted spent four weeks in the Children's Services directorate from 11<sup>th</sup> September to 5<sup>th</sup> October 2017 inspecting services for children in need of help and protection, children looked after and care leavers. They also undertook a review of the effectiveness of the Local Safeguarding Children Board. The inspectors met a wide range of staff, Members and partners, spent time with the various social care teams as they went about their day to day work, accompanied social workers on scheduled visits and case reviews and examined a vast amount of data.

Their report was published on 24<sup>th</sup> November 2017 and the overall judgement for Shropshire's services for children in need of help and protection, children looked after and care leavers is "Good", which represents an improvement since the last inspection of children's social care in 2012. The report is attached at Appendix A.

It is recognised that Shropshire Council's children's social care is still on a journey of improvement and there are recommendations made within the report. We are required to draw up an action plan for these recommendations within the report and return this to Ofsted within working 70 days.

## **2. Recommendations**

Scrutiny is asked to note the attached report and approve that the report and action plan be considered at a future meeting.

## REPORT

### 3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Impact on Children and Vulnerable Adults, Risk Management, Human Rights, Equalities, Community and other Consultation)

There is a risk to the safeguarding of vulnerable children and young people in Shropshire if the appropriate level of service is not provided, as well as to the reputation of Shropshire Council should services fall below acceptable standards.

### 4. Financial Implications

There may be financial implications for Shropshire Council both in maintaining progress and in meeting some of the recommendations made by Ofsted within the report.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

None

**Cabinet Member (Portfolio Holder)**

Cllr Nick Bardsley

**Local Member**

All Members

**Appendices**

Appendix A Ofsted Report

# Shropshire

## **Inspection of services for children in need of help and protection, children looked after and care leavers**

and

## **Review of the effectiveness of the Local Safeguarding Children Board<sup>1</sup>**

Inspection date: 11 September 2017 to 5 October 2017

Report published: 24 November 2017

<b>Children's services in Shropshire are good</b>		
<b>1. Children who need help and protection</b>		Good
<b>2. Children looked after and achieving permanence</b>		Requires improvement to be good
	2.1 Adoption performance	Good
	2.2 Experiences and progress of care leavers	Requires improvement to be good
<b>3. Leadership, management and governance</b>		Good

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<sup>1</sup> Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspections Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

## Executive summary

Services to safeguard children in Shropshire are good. Since the last inspection in 2012, the senior leadership team, supported by strong corporate services, elected members and partner agencies, has systematically developed and improved services for children. Leaders have a good understanding of their roles and communities. This has helped to consolidate and build effective partnerships to address key local issues. A particular focus on early help services for children who need help and protection or are at risk of child sexual exploitation, neglect and/or domestic abuse has led to strong operational practice in these areas, supported by a keen culture of learning and improvement.

Children and their families benefit from an extensive range of well-coordinated, multi-agency help and support, including early help services. For most children, strong social work practice enables them to achieve positive outcomes. Senior leaders, managers, staff and partner agencies work well together to ensure that services are continuously improved over time. They are ambitious in their drive to make sure that all children's needs are met well and that their safety and welfare are promoted. The recruitment of a number of senior managers in the last 18 months has led to a reinvigorated focus on practice improvement in safeguarding children and more recent practice improvement in looked after children teams and the care leavers service.

Good understanding by partner agencies of the thresholds for access to children's social care means that most referrals are appropriate and timely. Children at risk of immediate harm receive a good response. Strategy discussions take place promptly and include relevant agencies, resulting in appropriate outcomes. Partner agencies respond robustly to concerns where children are exposed to domestic abuse, parental substance misuse and parental poor mental health. Children in need and child protection services support families well. Child protection conferences are well attended and there is a strong focus on achieving positive outcomes for children.

Social workers know the children with whom they are working well. They use a wide range of creative and effective direct work to understand the views and circumstances of children. The majority of assessments are timely and of good quality. Most plans are child focused and reviewed regularly.

Inspectors found that some social work practice needs to improve further. For example, some assessments and plans require more depth and detail, case recording is not comprehensive and up to date for all children, and management oversight of the timeliness of contacts in the Compass service could be enhanced. Inspectors found that, for a few 16- and 17-year-old homeless young people, some assessments were not timely enough. While bed and breakfast accommodation was used inappropriately, this was for very few children.

Arrangements for identifying and responding to children at risk of sexual exploitation or going missing from home, school or care are good, with effective strategic and

operational arrangements in place to ensure a multi-agency response to safeguard all children.

Practice improvements are supported well by comprehensive performance information that enables effective monitoring. The robust quality assurance framework and good use of audits and peer reviews contribute effectively to performance information and practice improvements. Managers know very well the strengths and weaknesses of their services, and accurately assess their own performance. Management oversight and supervision of social work practice require further strengthening so that all children benefit from effective and timely decision-making and planning, particularly for permanence. While social work recruitment and retention have been a challenge, senior leaders and elected members have robustly supported building up a strong, trained workforce to meet the high-quality social work practice expected by the local authority.

Children become looked after when risks escalate, mostly in a planned way and when it is in their best interests. Innovative and effective edge-of-care services help to make sure that children become looked after only when this is needed. Most children return home with plans to provide appropriate support.

Most children live with suitably experienced foster carers who support them well and provide stability and access to a wide range of activities. Social workers visit children regularly and know them well, although some children looked after have had too many changes of social worker. Children see their families regularly, but family contact is not considered carefully enough for all children. Children's achievements are celebrated and they participate in the corporate parenting panel and service developments.

Assessments and care planning for children looked after, particularly to achieve permanence, require more focus so that all children, including those who are long-term fostered, are supported to achieve timely and positive outcomes. The local authority is already working on this. Most children looked after achieve well in primary school and make good progress to narrow the gap with their peers at secondary school. The virtual school is improving the quality of personal education plans, but targets in these plans are not specific enough.

Adoption is a strength. Children who need adoption are matched well and placed very quickly with adopters. Prospective adopters are assessed and trained to a high standard. The quality of post-adoption support is exceptional.

Most care leavers are in regular contact with their personal adviser and live in suitable accommodation. While there are clear plans to improve support for independent living, these have been slow to develop. More care leavers are staying in education, employment or training immediately after they reach 18, but this figure declines for older care leavers. Further work is required to provide more apprenticeships, to improve participation of care leavers in their planning and in service developments, and to ensure that detailed information about their entitlements is available.

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## The local authority

### Information about this local authority area<sup>2</sup>

#### Previous Ofsted inspections

- The local authority operates two children's homes. Two were judged to be good in their most recent Ofsted inspection.
- The last inspection of the local authority's arrangements for the protection of children was in January 2013. The local authority was judged to be adequate.
- The last inspection of the local authority's services for safeguarding and looked after children was in March 2011. The local authority was judged to be adequate for safeguarding children and good for children looked after.

#### Local leadership

- The director of children's services has been in post since April 2013.
- The chief executive has been in post since November 2012.
- The chair of the Local Safeguarding Children Board (LSCB) has been in post since December 2016.
- The local authority has commissioned a range of external services across children's social care and early help. These services include:
  - recently recommissioned overnight short breaks and community support for children with a disability
  - a specialist service to support children who have disabilities and/or special educational needs and/or autism
  - an independent visitor and an independent advocacy service for children looked after
  - residential care for children and young people
  - adopter and foster carer recruitment and some post-adoption services
  - a support service for Shropshire's young carers
  - a commissioned service that delivers targeted one-to-one early help family support, along with financial support to a local youth association that delivers infrastructure support and advice, including children's safeguarding training, to all voluntary sector youth provision across Shropshire
  - a public health nursing service (including health visiting and school nursing).
- The local authority uses a relationship-based practice model of social work. A risk assessment framework to complement the model has been introduced recently.

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<sup>2</sup> The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was available.

This is designed to optimise the social worker's role to appropriately identify and respond to risk.

### **Children living in this area**

- Approximately 59,386 children and young people under the age of 18 years live in Shropshire. This is 19% of the total population in the area.
- Approximately 13% of the local authority's children aged under 16 years are living in low-income families.
- The proportion of children entitled to free school meals:
  - in primary schools is 9% (the national average is 15%)
  - in secondary schools is 9% (the national average is 14%).
- Children and young people from minority ethnic groups account for 4% of all children living in the area, compared with 21% in the country as a whole.
- The largest minority ethnic group of children and young people in the area is Mixed ethnicity, which accounts for 2%.
- The proportion of children and young people who speak English as an additional language:
  - in primary schools is 4% (the national average is 21%)
  - in secondary schools is 3% (the national average is 16%).

### **Child protection in this area**

- At 11 September 2017, 1,208 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 1,181 as at 31 March 2017.
- At 11 September 2017, 194 children and young people were the subject of a child protection plan (a rate of 33 per 10,000 children). This is a reduction from 240 (40 per 10,000 children) as at 31 March 2017.
- At 11 September 2017, two children were living in a privately arranged fostering placement. This is no change from the situation at 31 March 2017.
- In the two years before this inspection, five serious incident notifications were submitted to Ofsted and one serious case review was completed.
- There was one serious case review ongoing at the time of the inspection.

### **Children looked after in this area**

- At 11 September 2017, 318 children were being looked after by the local authority (a rate of 54 per 10,000 children). This is an increase from 291 (49 per 10,000 children) at 31 March 2017. Of this number:
  - 83 (or 26%) were living outside the local authority area
  - 66 were living in residential children's homes, of whom 59% live out of the authority area

- one was living in a residential special school,<sup>3</sup> and was living out of the local authority area
- 217 were living with foster families, of whom 19% live out of the authority area
- 18 were living with parents, of whom a very few live out of the authority area
- 20 were unaccompanied asylum-seeking children.

■ In the last 12 months:

- seven children were adopted
- three children became subjects of special guardianship orders
- 98 children ceased to be looked after, of whom 10% subsequently returned to be looked after
- six children and young people ceased to be looked after and moved on to independent living
- one young person ceased to be looked after and was living in a house of multiple occupancy.

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<sup>3</sup> These are residential special schools that look after children for 295 days or less per year.

## Recommendations

1. Ensure that a clear system is established to enhance management oversight of initial contacts, so as to avoid any delays and to monitor timeliness and effectiveness.
2. Ensure that all children have information added to their electronic records, regardless of the level of concern, particularly for domestic abuse level one notifications, and that records completed by the emergency duty team are immediate.
3. Ensure that all brother and sister groups have a case record as a result of a contact received in the Compass service.
4. Ensure that assessments for children looked after and their families are comprehensive and analytical, to inform timely care plans and decision-making effectively.
5. Ensure that all plans, including children in need plans, child protection plans, care plans and pathway plans, have clear overall objectives and timely specific actions.
6. Ensure that effective management oversight and case supervision influence and ensure the achievement of children's plans.
7. Ensure that arrangements for permanence planning are robust and that permanence plans progress within the child's timescale, to avoid children experiencing delays.
8. Ensure that children who are looked after have assessed contact agreements with their families that are sufficiently detailed and ensure that contact supervisors are specifically trained in supervision.
9. Improve children's engagement and participation, and ensure that the information shared and the numbers of children participating in their child protection conferences are collated for future learning and service delivery.
10. Ensure that care leavers have the opportunity to access apprenticeships to increase their opportunities for education, employment and training.
11. Improve the arrangements for preparing care leavers for independent living, ensuring that they have appropriate opportunities for participation and that they know what support they can expect under the Shropshire 'Pledge'.
12. Ensure that all homeless young people aged 16 and 17 years are offered appropriate accommodation.

## Summary for children and young people

- Social workers in Shropshire are working hard to keep children safe. They work with other staff in health, education and the police services to make sure that children are listened to and, where children have concerns or are not being looked after properly, they try to make children's lives better.
- If a child is at risk of sexual exploitation or goes missing from home, social workers respond quickly to provide them and their families with help and support.
- When parents have difficulties in looking after their children, social workers try to make sure that children can remain safely with their family. If this is not possible, children are able to live with other families who make sure that they are cared for well.
- Social workers try to make sure that, where possible, children return home as quickly as possible. In some cases, social workers need to do more to ensure that there is enough help and support to make the return home successful.
- If a child needs a new permanent family because they cannot live at home, this happens quickly. If children need to stay with foster parents for a long time, decisions to confirm this as a permanent arrangement need to be made more quickly so that children understand what is going to happen as early as possible.
- Some children who are looked after by Shropshire have experienced too many changes in social worker, and this means that it is more difficult to make a relationship with their social worker. The authority is working hard to make this better.
- When young people leave care, the authority makes sure that they have a suitable place to live. More needs to be done to ensure that young people also have more chances to improve their lives by staying in education, having a job, being an apprentice or being trained for a job.
- When a young person is ready to live on their own, more help and support are needed to make sure that they are well prepared. The local authority needs to do more to ensure that care leavers know what help they are entitled to after they leave care.
- Shropshire celebrates the achievements of children and young people in care. Young people say that they enjoy this, and many consider their social workers and personal advisers to be supportive. The authority could do more to hear and listen to the views of young people leaving care.

<b>The experiences and progress of children who need help and protection</b>	<b>Good</b>
<p><b>Summary</b></p> <p>Services to safeguard children are good. Children and their families benefit from an extensive range of well-coordinated, multi-agency support, including early help services, children's centres and targeted youth services. These are helping to support children and families at the earliest opportunity. Arrangements to escalate children's cases to social care when risks increase are robust.</p> <p>A good understanding of the thresholds for access to children's social care means that most referrals from partner agencies are appropriate and timely. The multi-agency Compass service ensures a robust and prompt response to immediate concerns. However, some contacts can lead to delays when parental consent has not been obtained or more information is needed. Children at risk of immediate harm are responded to well. Strategy discussions take place promptly and include relevant agencies and result in appropriate outcomes. Partner agencies attend timely child protection conferences where there is a strong focus on achieving outcomes for children.</p> <p>The majority of assessments are timely and of good quality. They are analytical and supported by chronologies. However, early help assessments do not always focus enough on the child's lived experience and diversity. Social workers know the children with whom they are working well. They use a wide range of creative and effective direct work to understand the views and circumstances of children. Most plans are child focused and reviewed regularly. A small number of plans are lengthy, and are not specific enough for families to understand what is required of them. Most children's records are up to date. For a small number of children, recording does not provide an up-to-date overview of their circumstances.</p> <p>The local authority responds robustly to concerns where children are exposed to domestic abuse, parental substance misuse and/or parental poor mental health. Arrangements for identifying and responding to children at risk of sexual exploitation or going missing from home or school are good, with effective multi-agency responses.</p> <p>Assessments of young people aged 16 and 17 years who present as homeless are not always timely enough, resulting in the provision of appropriate accommodation not being considered quickly enough for a very small number of young people. Inappropriate bed and breakfast placements are commissioned, but for very few young people.</p> <p>The management of and response to allegations against people who work with children are timely and effective, with appropriate actions taken to safeguard children in Shropshire.</p>	

## Inspection findings

13. The quality of the local authority's safeguarding practice is good. Children and their families receive a prompt and effective service when information suggests that they require help and support.
14. Social workers see children regularly and alone. They engage in direct work and provide highly effective support to children in need of help and protection. Social workers are confident and skilled practitioners, and they develop meaningful relationships with children. Inspectors saw some excellent examples of imaginative ways of using a range of tools to elicit children's views, wishes and feelings.
15. Children have access to well-structured and timely early help services, provided by a wide range of professionals. Consequently, children are being protected from harm. The pathway into targeted early help provision is clear. Early help social workers provide consultation with professionals and offer advice, help and support. They also attend early help professionals' meetings where necessary. Weekly early help professionals' meetings act as a key transfer point for discussion. As a result, children and their families are offered help when needs and concerns are first identified, with effective escalation to statutory services if required.
16. A coherent strategy underpins early help services. Partners regularly attend monthly performance meetings with the local authority and feel engaged with service planning and delivery. Comprehensive data and performance reports detail the positive impact of early help, with many families moving on to closure and avoiding being stepped up to statutory intervention.
17. A web-based electronic information sharing system supports multi-agency partnership working. A comprehensive assessment framework ensures a holistic focus on the needs of all family members and measures outcomes. Children and families also benefit from parenting and child support from children's centres, supplemented by a commissioned service providing direct work with children. However, in terms of quality, some early help assessments focus too much on the needs of parents. The voice of the child is not consistently included and lacks effective analysis. The local authority recognises that there is more to do to strengthen these assessments and early help plans, and to provide relevant training to upskill partners.
18. Thresholds are well established and applied consistently, resulting in proportionate action to protect children. An effective and mostly timely response is provided when concerns for children are raised with the Compass service, which is where all enquiries are received about concerns for the welfare or protection of children and young people. While case recording was up to date, only information for the eldest child in a sibling group is recorded on concerns forms, so information about any younger brothers and sisters is

not separately recorded or available for future reference on the electronic system. (Recommendation)

19. Consent to share information is understood well and appropriately sought in the majority of cases seen by inspectors. In a small number of cases, some delays occur when parental consent and/or more information is needed for lower-level concerns but has not been sought already by the referrer. The impact of this for children is that there is sometimes a delay in progressing a contact and in determining the threshold for a referral. Inspectors saw evidence of appropriate management oversight and decision-making within the Compass team. However, a clearer, more structured system would ensure tighter monitoring of any future delays for children and their families. (Recommendation)
20. When consent is obtained and all relevant partner agency information has been received, effective decision-making means that cases are closed, transferred to early help or progressed to a referral when a social work assessment is identified.
21. Immediate safeguarding concerns are recognised without delay and promptly progressed by the Compass team. Relevant partners and a team manager from the assessment team attend strategy discussions that are timely and result in swift actions and outcomes. Transfer to an identified allocated social worker is prompt. Child protection enquiries are of a good standard. Social workers see children alone, multi-agency checks are thorough and there is a clear analysis of risks, resulting in proportionate decisions leading to child protection conferences when necessary.
22. Child protection conferences are timely. They are sensitively and effectively chaired and well attended, and they facilitate effective information sharing and engagement by partner agencies. Conference chairs use a red, amber and green (RAG) rating of practice following case conferences. This provides additional management oversight and feedback to social workers, and leads to improvements in practice.
23. When concerns do not meet the threshold for child protection, good partnership working leads to effective assessments and support under children in need arrangements. Effective partnership working results in positive outcomes for most children. The majority of statutory assessments are timely and of good quality. They include family histories and research. They also identify risks, manage strengths and are supported by comprehensive and up-to-date chronologies. Diversity issues are not always well considered or detailed. For example, ethnicity is recorded, but other issues are not always fully explored. In most cases, assessments lead to child-specific care plans. Children who are subject to child in need or child protection plans have their plans reviewed regularly. A robust and clear protocol for consideration of risks and concerns, or 'step up' or 'step down' arrangements, ensures that consideration is given at each review so that children are safe and receive the

most appropriate intervention. A small number of plans are too long. They contain generic or unrealistic actions with unclear timescales. The use of the terms 'ongoing' and 'to be reviewed at core group' does not assist families or professionals to understand the timescales in which change must occur for the child. (Recommendation)

24. Disabled children receive comprehensive social work assessments, with specialist support provided by social workers in the disabled children's team. When ongoing needs are identified, these children receive a highly effective and proportionate service from experienced social workers who recognise children's support needs while protecting them from harm.
25. Management oversight is clearly evident through regular and effective formal supervision. Most supervision records contain reflection on practice, with clear actions for social workers to progress. However, the quality of these records in some of the case management teams is not as clear in terms of monitoring children's plans and progressing to achieve outcomes effectively.
26. The number of children subject to child protection plans at the time of the inspection (194) has been reduced significantly since March 2016 (266). All child protection plans that have been in place for nine months are robustly monitored by senior managers. This additional level of scrutiny and evaluation makes sure that there are no delays in planning for children where changes are not sustained and children remain at continued risk of harm.
27. The emergency duty team provides an effective out of office hours response, but children's records are not always immediately updated. This means that up-to-date information is not available for staff if they need to make urgent decisions.
28. Arrangements for the identification, intervention and management of significant issues of harm by adults in formal settings such as multi-agency risk assessment conferences (MARAC) and multi-agency public protection arrangements (MAPPA) are robust. Domestic abuse notifications are received and considered daily by the multi-agency domestic abuse triage meeting in the Compass service, consistently attended by a wide range of key partners. Recent changes to commissioning arrangements for health colleagues are designed to enable them to attend on a regular basis from November 2017, giving a more robust contribution to the decision-making to protect children. However, there is no recording on children's files of lower-level concerns, where the child is not known to the local authority. This affects the local authority's ability to provide a comprehensive chronology from the earliest concern and to inform future decision-making.
29. Children who go missing from home or are at risk of child sexual exploitation are identified quickly by effective partnership working in Compass and receive a timely assessment. Specialist workers are allocated promptly and return home interviews and child sexual exploitation risk screening tools are swiftly

completed. Once needs are identified, children and families are offered a range of services. Cases are reviewed regularly at well-attended monthly panels with clear actions to reduce risks for children. Rigorous arrangements trace children who go missing from education.

30. A clear joint working protocol with partners supports effective practice and identification of vulnerable children and young people who may be at risk of radicalisation. All schools are aware of the 'Prevent' duty and the training available, and the vast majority of schools have undertaken workshops to raise awareness of Prevent (WRAP) training. The 'Prevent' duty is a mandatory part of multi-agency safeguarding training. Guidance and training focused on forced marriage and female genital mutilation also ensure that the workforce maintains up-to-date knowledge to protect vulnerable children. These sensitive topics are kept live, despite the low incidence within the local authority area.
31. Social workers undertake appropriate assessments for homeless 16- and 17-year-olds. However, they are not always timely enough, meaning that, when suitable alternative accommodation is necessary, any decision that a young person should become looked after is not always considered as quickly as possible. A small number of young people in the last year have been placed inappropriately in bed and breakfast accommodation until more permanent arrangements could be made. (Recommendation)
32. Children at risk of harm from professionals who care and work with them are protected well and in a timely manner. The local authority has a comprehensive model of tracking, monitoring and analysing data to inform future training and awareness raising for partners.
33. Private fostering arrangements are assessed in a timely way, although improvements to initial notifications to the fostering service would improve the timeliness further. A suitability forum meets to consider whether private fostering arrangements are appropriate. When children are assessed as requiring ongoing child in need support, a children's social worker is allocated promptly.
34. Arrangements for children to participate in their child protection case conferences are weak. Some children are supported to contribute to their plans, or to attend their meetings, and a commissioned advocacy service is available. However, the local authority does not capture specific data or information around children's participation in case conferences to inform future service delivery or learning. (Recommendation)

<b>The experiences and progress of children looked after and achieving permanence</b>	<b>Requires improvement to be good</b>
<p><b>Summary</b></p> <p>Decisions to look after children and young people are mostly timely, planned and made in their best interests. The use of the Public Law Outline (PLO) is well embedded. In a very small number of cases, permanence care plans are not clear enough. Strong and effective edge of care services to prevent children becoming looked after are in place. Some children return home without thorough enough plans to ensure appropriate support.</p> <p>Most social workers visit children regularly and know them well, although some children have had too many changes of social worker. Assessments of some children's needs lack depth. Care planning requires more detail and management oversight to ensure timely outcomes for children. Independent reviewing officers (IROs) regularly review care plans, and more robust and recent scrutiny is beginning to improve practice, particularly for permanence. Inspectors found that some children wait too long to have long-term fostering formally agreed.</p> <p>Effective multi-agency services and responses are in place for children who experience risks associated with offending, misusing drugs or alcohol, being sexually exploited or going missing. Most children live in stable foster homes and have access to a wide range of activities. Children see their families regularly, but assessments and contact agreements do not evidence careful enough consideration of children's needs for contact. Children's achievements are appropriately celebrated, and they participate in the corporate parenting panel and service developments.</p> <p>Most children looked after go to good or better schools and attend well. They achieve well in primary school and make good progress to narrow the gap with their peers in secondary school. The virtual school is improving the quality of their education plans, but targets in these plans are not specific enough.</p> <p>Adoption is a strength. Children who need adoption are well matched and placed very quickly with adopters. Prospective adopters are assessed and trained to a high standard. The quality of post-adoption support is exceptional.</p> <p>Most care leavers are in regular contact with their personal adviser, and live in suitable accommodation where they are safe. Improvements to the support provided for independent living are in place, but have been slow to develop. More care leavers are staying in education, employment or training immediately after they reach 18, but the proportion declines for older care leavers. Further work is needed to provide more apprenticeships, to improve participation of care leavers in their planning and service developments and to ensure that detailed information about their entitlements is available.</p>	

## Inspection findings

35. Children become looked after when they need to be, in a planned and mostly timely way, and in response to escalating risks. Most assessments help to inform correct decision-making. A small number of assessments do not always contain enough detail so that plans for children to be looked after are sufficiently purposeful and clear enough, particularly for young babies.
36. The use of the Public Law Outline (PLO) is well established. Legal planning meetings are held regularly and chaired by a senior manager. Letters before proceedings meetings enable concerns to be shared with families and to ensure that they are encouraged to access legal advice and advocacy. The local authority has developed a good reputation for bringing cases to court in a timely way. The quality of court work is well thought of by the courts and the Children and Family Court Advisory and Support Service (Cafcass). Training, readily available legal advice and the support of a principal social worker mean that most social workers feel well supported when working within legal proceedings. In a small number of cases, inspectors saw permanence plans that were not sufficiently clear or formulated soon enough, or that were changed during the course of proceedings. The local authority is fully sighted on these issues and has strengthened senior management oversight and legal planning meetings to make sure that plans are robust.
37. Services for children who need permanence, but for whom adoption is not appropriate, are not yet consistent enough. The service is developing a permanence tracker. This includes all children who have a permanence plan, with the aim of strengthening senior and team management oversight and the grip on permanence activity other than adoption. This is a positive step, but it is not yet fully in place.
38. For children who cannot live with their immediate family, social workers identify connected persons as soon as possible. Assessments of connected persons are completed in a timely way and to a good standard. The local authority has increased the number of special guardianship orders (SGOs) over the past year. In the majority of cases looked at by inspectors, there was timely and concerted action to support connected carers in securing an SGO. Children subject to SGOs are making significant progress emotionally, socially and developmentally from their starting points.
39. Sound assessments and multi-agency decision-making about most children who could return home result in successful reunification. Very effective edge of care services, including short breaks, outreach services and family group conferences, prevent children from becoming looked after and support children returning home. Some children, particularly older young people, return home without a robust enough assessment and support plan to ensure that arrangements are appropriate and sustainable.

40. Many children enjoy positive relationships with their social workers, who see them alone and undertake purposeful work with them to understand their wishes and feelings. However, inspectors saw that caseloads remain high for some social workers. Children who met inspectors had experienced changes in social workers, which affected the quality of their relationships and the knowledge that social workers had about them.
41. The local authority's strategy to support schools in protecting children from bullying, including on social media, is comprehensive. Work centres on the healthy child programme and extends the role of the personal, social, health and economic (PSHE) education adviser to public health. Resources for schools are good, and include e-safety procedures, policies for acceptable information technology use and resources specifically designed to combat child sexual exploitation. Good use is also made of the well-designed whole-school 'Respect yourself' resource pack, the 'Digital romance' research project and the 'Grooming – it could happen to you' resource pack.
42. Multi-agency partners respond appropriately to children who experience risks associated with offending, misusing drugs or alcohol, being sexually exploited or going missing. Effective plans help to reduce both the risk of harm and the actual harm for the vast majority of these vulnerable children. Children receive timely return home interviews when they have been missing. Where children have repeatedly gone missing and are exposed to increased risks, appropriate protective action is taken. However, risks associated with going missing are not always fully analysed, as management comments are not evident on all return home interview records to provide oversight and assurance that children are safeguarded appropriately.
43. Most children's cases seen by inspectors have regular health assessments, but the system and data to support this process are not robust enough, and a few children's health assessments are delayed. This has been challenged by the corporate parenting panel and is being closely monitored to ensure that performance is overseen and information about children's health needs is comprehensive.
44. Shropshire's children looked after mental health practitioner provides a valued service for assessment, consultancy and training of staff and carers. This service builds resilience and the capacity to offer therapeutic parenting and care.
45. Children looked after attend school regularly, especially at primary level. Most children attend schools judged to be good or better, both in and out of the county. Only a few children looked after attend the local authority's very effective alternative provision. When they do so, they remain registered with their original school. Carefully assessed and supported in the alternative school, the vast majority return successfully to their original school within a term. The virtual school provides effective support and increasingly vigorous oversight to schools to account for their use of pupil premium funding to

support the educational progress of children looked after. However, too many personal education plans have targets that are neither specific nor measurable. The virtual school team rightly sees that this is an area for development. Despite this, children looked after make better progress than those nationally in most measures at key stage 1 and key stage 2. They achieve marginally less well at key stage 4, but the differences are not significant.

46. Rigorous arrangements trace children who go missing from education. Educational welfare officers (EWOs) are in close contact with all the schools and monitor attendance continuously. This means that EWOs are able to pre-emptively identify children who are likely to go missing.
47. Children are supported to enjoy a range of social, educational and recreational opportunities. This was confirmed by what they told inspectors, and in their assessments and plans.
48. The vast majority of children live in stable foster homes where their foster carers provide positive support and care, and advocate for them. Placements for brothers and sisters together are considered carefully and provided, where they are available and in the children's best interests. The local authority recognises that, for children who have more complex and challenging needs, the range and choice of placements are not always available.
49. The local authority has introduced a disruption panel to improve sufficiency and support placement stability. This panel considers potential issues arising in more fragile placements and what further support and help foster carers might require, particularly for those experiencing difficulties in caring for older children. A strategic priority for the service is to recruit more foster carers. This is based on the knowledge and the projections about children who need to be looked after.
50. The local authority recognises that more needs to be done so that children who are long-term fostered have their care confirmed by formal decision-making about permanence, and so that any uncertainty that they may experience while waiting for a decision is minimised. In a small number of cases, there was some drift and delay for children waiting to be found long-term carers, and a greater focus on purposeful and targeted family finding is required. Three life-story workers have developed positive skills in life-history work that sensitively helps children to understand their lives. This service is mainly provided for children whose plan is adoption, and is not as available for those with other permanence care plans.
51. Most assessments, while undertaken regularly for reviews, are not sufficiently detailed in terms of considering all relevant information, critical evaluation and analysis, although a small number of excellent children's assessments were seen by inspectors. Care plans are not clear enough, and actions lack the detail needed in order to progress overarching goals. Management oversight

does not systematically influence and improve the quality of assessments or care plans. This results in delays to achieve actions that would improve outcomes for children.

52. Most statutory reviews are held regularly. Additionally, multi-agency meetings take place between statutory reviews. While these meetings are useful, managers do not have oversight of them, so they are not yet used to good enough effect to progress plans. The independent reviewing service has recently established a red, amber and green (RAG) rating escalation process to introduce more robust scrutiny and to address less effective care planning. In most cases where concerns are escalated, this results in a positive impact for children. This escalation process is beginning to improve practice, particularly in relation to permanence planning for children who do not have an adoption care plan. (Recommendation)
53. While family contact for children is promoted and most children see their families, assessments do not evidence careful enough consideration of children's contact needs. Most contact agreements seen by inspectors did not sufficiently set out the details of practical arrangements, the focus for the contact or its outcomes. Contact supervisors are not specifically trained in supervision. The local authority already had plans to review this service, but this had not happened by the time of the inspection. (Recommendation)
54. Most children placed out of area live in suitable accommodation which meets their needs. In cases seen by inspectors, children had timely access to education and health services. The local authority has an effective system to notify authorities when and where children are placed in their area. The local authority also ensures an effective and rigorous partnership response to the high number of children looked after who are placed by other local authorities in Shropshire (315 on 31 March 2016).
55. The fostering service is well managed, thorough and compliant with regulations. Foster carers are positive about the support that they receive from their support workers and receive regular visits. A comprehensive range of training and development opportunities is available for foster carers, including connected persons. Foster carers spoken to by inspectors were very positive about the quality of training and the impact that it had made on their confidence and skills as carers.
56. Case records are up to date but, for many children, these need to be more purposeful and clear about the lived experience of the child. For example, when children are visited, the purpose of the visit is not always clear.
57. Through the Children in Care Council (CiCC), children have engaged in wider issues about corporate parenting. The local authority has begun to respond to the CiCC's suggestions, including free leisure and bus passes. This work has not been completed, so impact is not evident. Children and social workers spoke positively to inspectors about the recent celebration event, which

children enjoyed and at which they received certificates to recognise their achievements.

58. Children know how to complain, and managers carefully consider the learning from complaints to improve practice. The local authority's commissioned advocacy and independent visitor service is well established. Access to this service is considered in statutory reviews of children looked after. Advocates have good links with children's homes, including children placed out of area. However, children in fostering placements are less well informed about advocacy.
59. Social workers do not always fully explore or consider diversity issues for all children. For example, not enough consideration is given to social deprivation, isolation in a rural community, recognition of ethnicity and their impact on children's lived experience. The local authority recognises this and has taken steps to improve it. For example, a specialist social work post for unaccompanied asylum-seeking young people has been created and a process has been established to fully consider deprivation of liberty for those children for whom this is relevant.

<b>The graded judgement for adoption performance is that it is good.</b>
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60. Achieving adoption for children is both a priority and a strength. Children for whom adoption is the best outcome benefit from robust planning and decision-making, which means that adoption proceeds very quickly. The quality of preparation for adopters and post-adoption support is strong. This means that children achieve timely permanence with well-prepared and supported adoptive families.
61. An established joint adoption service (JAS) covers Shropshire and Telford and Wrekin. The service is stable, experienced and well led, which means that the staff know children and adopters well. An effective early alert and tracking system for children who require adoption is regularly monitored, reviewed and challenged by senior managers. A permanence coordinator provides robust and tenacious tracking of cases, undertakes family finding and provides advice and support to children's social workers to write children's permanence reports. The local authority is further enhancing practice to incorporate all children who require permanence and to strengthen senior management oversight. Regular JAS management board meetings show a determined focus on performance and continuous improvement.
62. Fifteen children were adopted in 2016–17 and 22 in 2015–16. The local authority is aware that numbers of adoptions are decreasing, but performance is still close to national levels. To improve practice, the local authority is reshaping the wider permanence planning across the service, and also

regionally, to ensure that it is fully effective for all children who require permanence, not just for adoption.

63. The most recently published adoption scorecard for 2013 to 2016 shows that Shropshire is one of the highest performing local authorities in England for speed of adoption. For children being adopted, the time between a child entering care and that child moving in with their adoptive family was, on average, 426 days. This performance matches the government threshold of 426 days. Unvalidated data from the local authority indicates that performance in the last 12 months exceeds this considerably, at 350 days. The average time between the local authority receiving court authority to place a child and its matching the child to an adoptive placement is exceptionally quick at 62 days, which exceeds the government threshold by 59 days.
64. Child permanence reports are child centred, detailed and sensitively written, showing full consideration of alternative options to adoption. Children are well prepared for adoption, and adopters spoken to by inspectors were all fully involved in planning. Matching is strong, with child appreciation meetings held involving key professionals along with the foster carer and adopters to share information prior to the matching panel. These meetings were introduced earlier this year to strengthen the matching process, and were partly informed by the learning from the one adoption breakdown that there has been in recent years. This means that adopters are fully informed about children by all the people involved in their lives.
65. Life-story books are child centred and colourful, with plenty of photographs. They tell children's stories in an age-appropriate way. Social workers write later-life letters in a clear and honest way, and these provide a sensitive account of the child's story. In addition, the adoption social worker writes a short letter which provides a factual summary and details of how to request access to records and post-adoption support. This means that adopted adults have clear information about their entitlements.
66. Brothers and sisters are placed together when this is in their best interests. Of the 15 adoption orders made in 2016–17, there were five sibling groups, with ages of children ranging from under one to six. At the time of the inspection, two adoption orders had been made since April 2017. Five children are waiting for adoption, with active family finding taking place. A further 15 children are at the early onset of care proceedings where adoption is the care plan. In the last 12 months, eight children who had an adoption plan have had these changed. Cases sampled by inspectors all demonstrate that this was appropriate action. For example, birth parents' circumstances had changed or improved, leading to informed changes to the child's permanence plan.
67. Fostering to adopt is routinely discussed as part of the assessment of prospective adopters. Although there has been only one placement in the last 12 months, at least two more placements are due to be made in the near

future. The local authority recognises that this helps children to achieve early permanence, therefore it intends to increase the use of fostering to adopt in the future.

68. Adopters are recruited, prepared and trained to a high standard. Adopters spoken to during the inspection confirmed that they were positive about the standard of communication, preparation, training and support, and would recommend the JAS to anyone who wanted to adopt. In all cases looked at, there was evidence of timely and purposeful visits to prospective adopters to progress the assessment, and statutory timescales were met.
69. The standard of prospective adopter reports is high. They are undertaken in partnership with adopters, cover diversity issues well, and provide an evaluative and insightful summary of the potential adopter's social history, views and aspirations, with relevant research and quotes from the adopters used to good effect.
70. The adoption recruitment strategy is flexible, to allow for changes, and is based on the current and predicted numbers of children in care who are likely to require adoption. A recent focus has been on sibling groups and older children. This year, 33 adopter households were approved, which is an increase from 27 last year. At the time of the inspection, 24 adopters were waiting for a match and seven were linked to children. Timely and effective practice to match adopters with children means that the average time that adopters wait for a match is nine months.
71. The chair of the adoption panel is experienced, knowledgeable and child centred. He provides strong leadership to the adoption panel, which is properly constituted and well attended. Panel minutes indicate a robust but sensitive approach, resulting in well-informed recommendations. Feedback from adopters who have attended the panel is positive. In addition, the chair attends quarterly business meetings. The minutes evidence discussions about key performance and practice issues. The adoption decision maker (ADM) does not always attend these meetings, and this is a missed opportunity to hear directly about the quality of practice. This is recognised by the ADM as an area for improvement. The panel receives annual training, which recently has included fostering to adopt and the learning from the one adoption disruption.
72. An excellent feature of the JAS is the quality and extent of post-adoption support. Three experienced and well-trained therapists are based in the JAS and they all offer a wide range of therapeutic interventions. Adopters spoken to by inspectors were all very positive about the quality and impact of post-adoption support on their lives. With a strong focus on child development and attachment, therapists help adopters to develop and sustain successful relationships with their children. The JAS also makes good use of the adoption support fund, with an impressive list of providers offering a range of therapeutic services including psychotherapy, psychological assessment and

support, and occupational therapy. At the time of the inspection, 102 families were receiving support. All work was allocated and no family was waiting for support. There has been no overall evaluation of the impact of services commissioned using the adoption support fund. Managers recognise that this is a gap. That there has been only one adoption disruption in recent years suggests that the work is effective.

73. Birth parents and relatives receive high-quality independent advice, support and counselling, including the recent establishment of a support group, and this is commissioned through a voluntary adoption agency. Letterbox arrangements are well established, with support offered to adoptive and birth families to maintain arrangements.

**The graded judgement about the experience and progress of care leavers is that it requires improvement to be good.**

74. The service for children and young people who move on from being in care has undergone considerable restructuring since April 2016. The new service manager has been in post for under a year and, along with the new team manager, is introducing improvements in many aspects of the service. The areas identified by the service for improvement are similar to those identified by inspectors. Some of these are still work in progress, and the impact for young people is not yet clear in all areas of the service.
75. Despite the accommodation challenges that the local authority faces given the high numbers of children placed in Shropshire by other authorities, most care leavers live in suitable accommodation where they feel safe and well supported. Just over a third of these young people live independently. Of the small number who are not in suitable accommodation, seven are in custody, one is living abroad and four are living with friends or in emergency accommodation.
76. Personal advisers are appropriately skilled and have a good range of expertise in different aspects of young people's lives, including disabled young people, and will signpost young people to specialist help services, including the readily available drug and/or alcohol misuse service and the mental health team. Personal advisers are adept at recognising health needs and supporting young people to access appropriate therapeutic services or to seek further advice from the children-in-care specialist nurse. Personal advisers and other staff work closely with a good range of partner organisations, including the police, youth services and health services, to reduce the risks to young people around sexual exploitation.

77. The local authority is very successful at knowing the current status and whereabouts of its care leavers. Almost all of the care leavers have had face-to-face contact with their personal adviser in the last six months, and the few who had not were in regular phone or text message contact. Inspectors saw evidence of young people being contacted very frequently and being offered appropriate support to ensure that they are thriving and managing their daily lives. For example, personal advisers will text a young person to remind them that they have a medical appointment and offer to accompany them if needed. Those who are in custody are visited more frequently to help them to plan for when they leave custody. Young people recognise the commitment of their personal advisers and are positive about the support that they receive. One care leaver said that the leaving care team was like her second family, that they had some laughs but that the team also respected the professional boundaries, and that her relationship with her own personal adviser had inspired her to want to train as a social worker.
78. An increasing number of care leavers are taking up the 'staying put' option. Just under half of those leaving care this year are expected to stay with their foster carers or in their current supported lodgings. This enables care leavers to obtain the support that they need until they are ready to live more independently.
79. Support for young people to take up education, employment or training opportunities is beginning to improve their participation. Part of the improvement comes from the good collaboration between the virtual school team, the personal adviser for information, advice and guidance (IAG) and individual personal advisers. The virtual school team initially advises children, and the IAG adviser supports the young people well when they leave school. For example, the adviser will accompany a young person to an interview and help them to apply for additional bursaries or other funds to buy any equipment that they need. Younger care leavers are increasingly staying in education, employment or training, but more work is needed to ensure that this continues as they get older. Ten care leavers have progressed to higher education in the last three years. One young person, now in his third year, had not originally planned to apply, but had been encouraged by his foster carers to do so and was supported effectively by his personal adviser to apply.
80. The support provided to care leavers when they consider that they are ready to move into independent accommodation is not always effective enough to ensure that these moves are successful. The local authority has recognised the need to provide more advice and guidance to its care leavers, and recently opened a drop-in facility in early September 2017 in Shrewsbury. As this is so new, it is too early to see any impact or its effectiveness. Supported accommodation providers offer training whenever a young person is ready or expresses a wish to move on. In order to offer more support, a training flat to help to ensure that young people are as ready as they can be for full independence is being developed by the local authority, although it is not yet in place. (Recommendation)

81. In order to improve the quality of pathway plans, a new-style pathway plan was introduced within the last two months which is much more detailed and potentially more useful than its predecessor. Care leavers and their personal advisers can note key developments and targets for the six-monthly reviews. However, the completed new plans are of very mixed quality. Too many basic details are missing, such as the availability of a health passport or health history and educational achievements. Targets are often quite generic. The young people spoken to by inspectors did not value the plans or the process of drawing them up. The authority is aware that there is more work to do to improve this aspect of the care leavers service.
82. The local authority has been slow to roll out an apprenticeship offer for care leavers, despite being a participant in the 'New Beginnings' initiative. At the time of the inspection, only one care leaver (now a graduate) was registered for an apprenticeship. The leaving care team has identified 14 care leavers who have the potential to be candidates for an apprenticeship. This is now being progressed at corporate parenting board level to ensure that the offer of apprenticeships is not subject to further drift. (Recommendation)
83. Care leavers do not have an active forum in which to celebrate their achievements or share their experiences with one another. They are aware of such opportunities for younger children in care, but do not consider these to be appropriate for them. From an original cohort of 16 leaving care ambassadors recruited to help to establish the forum, only two are left and they are not clear about what role they are meant to play. This means that the authority is missing their contribution in planning improvements to the service that would make a difference to their lives. (Recommendation)
84. Although young people discuss their health status in health assessments and can seek advice through the drop-in service with the specialist nurse and the children looked after mental health nurse, they do not yet have access to their recorded health histories. The local authority has prepared health passports for care leavers to record their medical status and the services that they are using, but at the time of the inspection they had not yet been distributed.
85. Despite the efforts by the local authority to circulate relevant information to them, care leavers met by inspectors had little awareness of their entitlements. The Shropshire local offer, or the 'Pledge', was approved by the corporate parenting panel in September 2017. However, the information provided to young people does not make clear the level of financial support that they can expect, for example to set up home, contribute to transport costs, use gym or sports facilities, or for related expenses if they are accepted for a place at university. The authority is aware that it needs to improve the arrangements for the care leavers forum and leaving care ambassadors. A training flat and local authority-hosted apprenticeships are listed in the offer, but the local authority has been slow to implement these developments. (Recommendation)

<b>Leadership, management and governance</b>	<b>Good</b>
<p><b>Summary</b></p> <p>The strengthened senior leadership team, supported by corporate services, elected members and partner agencies, with a particular catalyst since 2016, has continued to systematically improve social work practice. This is reinforced by an effective focus on key priorities and embedding higher-quality services for children in Shropshire. Robust links and established, effective governance arrangements ensure aligned safeguarding responses through strategic partnerships to improve children's outcomes. An embedded quality assurance culture, underpinned by rigorous performance monitoring, audits and peer reviews with a strong focus on safeguarding and early help in 2015 and 2016, has informed learning and practice development across all areas of the service. Since 2016, new senior and service managers have progressed improvements in the children looked after and care leavers service to further consolidate social work practice.</p> <p>A comprehensive and well-resourced multi-agency early help offer enables children and families to receive the right level of support when they first need it. Services to children in need of help and protection are good, and well-established strategic and operational relationships with partners ensure very effective responses to child sexual exploitation. More recent changes to improve the quality of practice in the children looked after teams and care leavers service mean that some improvements are not yet consistently established.</p> <p>Senior managers are visible and know their services well. They use effective quality assurance information, performance reports, single-agency and multi-agency audit activity, peer reviews and feedback from staff and complaints to scrutinise and improve practice and its impact for children and their families.</p> <p>Where inspectors identified areas for improvement, senior managers had already identified these and implemented robust action plans to improve services such as permanence planning and consistency of supervision to progress children's plans.</p> <p>The corporate parenting panel is well established, and recent developments to strengthen it are in place to improve the pace of change and to better the engagement of and participation with children.</p> <p>Effective workforce planning and development, alongside engagement with regional partner initiatives and well-established academic partnerships, are resulting in an increasingly stable workforce, with few social worker vacancies and no manager vacancies at the time of this inspection.</p>	

## Inspection findings

86. The senior leadership team, supported by strong corporate services, elected members and partner agencies, is strongly committed to improving outcomes for children in Shropshire. The council's chief executive has been in post since November 2012 and the director of children's services since April 2013. They demonstrate a good understanding of their roles and communities, leading the journey of continued improvements to services since their last inspection five years ago. There are appropriate supportive and robust links between senior leaders and both the independent chair of the Shropshire Safeguarding Children Board (SSCB) and the council's portfolio holder. Governance arrangements are well established and effective. They are aligned to other strategic boards through Shropshire's 'Pentagon of Partnerships', which comprises the SSCB, the Health and Wellbeing Board, the Children's Trust, the Keeping Adults Safe in Shropshire Board and the Safer, stronger communities Partnership, to ensure delivery of high-quality services for children.
87. The robust partnerships support shared accountability, mutual understanding of priorities and challenge between partners. There are clear examples where the director of children's services and the chief executive have raised safeguarding issues with partners or the safeguarding board to improve practice. For example, the director of children's services appropriately raised the high use of police protection powers with West Mercia police partners, which led to fewer children being accommodated unnecessarily. Fire risk assessments were also raised at the private provider forum on behalf of Shropshire fire and rescue service, so that they are properly in place with the residential private providers, to ensure that children are appropriately safeguarded.
88. The local authority has undertaken significant work to safeguard children at risk of child sexual exploitation, built on well-established strategic and operational relationships with partners such as West Mercia police. This has enabled rigorous responses to safeguard children and young people who go missing or who are at risk of sexual exploitation. A recently formed task and finish group is scoping work to align gangs, missing children and county line vulnerabilities linked to the child sexual abuse strategic group.
89. Successful recruitment and appointment to all manager posts has strengthened the senior management team in the last 18 months. This has led to further improvements to services, with a strengthened focus now on the children looked after teams and care leavers service. Senior managers are highly visible and accessible. This was confirmed by staff in conversation with inspectors. There is a well-established performance management culture with good use made of accurate, regular quality assurance information and performance reports. However, there is still work to do to include care leavers' data in overarching performance reports. Regular single-agency and multi-agency audit activity, peer reviews and feedback from staff are used by

managers to understand their services, teams and staff well and to scrutinise and improve practice and its impact for children and their families.

90. Inspectors saw clear evidence that managers know the strengths and areas for development in their service very well. Senior managers had already identified and taken action on many of the findings by inspectors to raise standards, inform training and improve practice by putting appropriate action plans in place. For example, work to understand and respond to the prevalence and impact of neglect and domestic abuse on children and their families, to improve outcomes, has started with updated strategies and training of all staff and partners. The implementation of a range of panels, including legal planning and placement panels to strengthen care planning and management oversight, is also a positive development. There have been further improvements to decision-making in permanence planning, supported by the very recent development of a permanency tracker and a permanency panel, although it is too early to see evidence of impact for children.
91. Along with partners, the local authority has commissioned and implemented a comprehensive and well-resourced early help offer so that children and families receive the right level of support when they first need it. Services to children in need of help and protection are good. Inspectors found an established, effective initial response to children and families in need of service through the 'front door' arrangements. Senior managers recognise that more work is required to ensure that practice is consistently effective across all teams.
92. While there is not an updated joint strategic needs assessment (JSNA), extensive performance information, public health data and consultation with stakeholders inform effective commissioning of high-quality services. This commissioning includes robust safeguarding standards within contracts, meaningful involvement of children and young people to influence commissioning activity and ongoing contract management to ensure that services are effective. Inspectors saw examples of well-informed joint commissioning, including the child and adolescent mental health service re-tender, the commissioning of early help services and the recent short-breaks tender. Ongoing work on Shropshire's sufficiency strategy has resulted in a timely review of placement block contracts, including engagement in regional fostering frameworks and an appropriate review of in-house fostering to increase the range of placements available.
93. Changes to elected members in May 2017 have resulted in a new children's services portfolio holder and further developments to Shropshire's corporate parenting panel. The panel has benefited from increased capacity, with additional meetings and wider membership, including representatives from headteachers, foster carers, young people and health. Despite appropriate developments having been raised by the panel, the pace of change in implementing these has been slower than planned. The council's scrutiny panel has agreed a review of the effectiveness of the corporate parenting

strategy, including the role of corporate parents, and the corporate parenting panel, in the forward plan for 2017–18 to ensure its impact for children.

94. Shropshire, as a host authority, has a good local offer for the large number of children looked after placed by other local authorities. The local authority has strong links with the large group of private providers through an effective and well-attended, regular provider forum, chaired by the director of children's services. Representatives from key partner agencies also attend these provider meetings to ensure safeguarding oversight of all children placed in Shropshire.
95. Through robust monitoring of performance information and regular audits, senior managers have identified the developments required in the consistency of supervision and management oversight. Inspectors found that supervision and management oversight are embedded across teams, with managers and staff reporting routine discussions to progress cases through supervision sessions and ad hoc discussions. Reflective, analytical supervision and group supervision are in place for some social workers. However, there is more work to do to ensure consistency and to improve recording to allow effective monitoring of plans to safeguard children across all services.
96. The local authority's commissioned advocacy and independent visitors service and regular learning updates from complaints ensure that information is available for managers to remain strongly focused on improving services using feedback from children and their families. Inspectors saw improvements, identified in feedback, which were positively influencing practice for children. For example, focused training for staff had taken place to increase the timeliness of good-quality assessments for children in need of help and protection, leading to appropriate focused interventions. There is still work to do to develop participation and engagement of children and families, especially in child protection processes, to underpin further service development. Work with the very recently formed service user group across all areas of the service is planned to address developments. It is too early to see the impact of this for children.
97. The local authority engages very well with regional partners. Initiatives such as the West Midlands recruitment and retention groups to develop the children's services workforce are effective. Overseen by the principal social worker, work to update the comprehensive workforce strategy is promoting social work professional development across all levels of experience. This is enhanced by well-established academic partnerships with the West Midlands and North West Midlands teaching partnerships to ensure strong interest and applications from newly qualified social workers. Corporate support and financial backing from the chief executive are leading to an increasingly stable and quality workforce that can meet the needs of children in Shropshire.
98. At the time of the inspection, there were eight social work vacancies and appropriate use of a stable group of 17 agency workers. The numbers of

agency workers mean that the local authority is able to provide additional support to the assessed and supported year in employment (ASYE) cohort, alongside cover of maternity leave, sickness and vacancies. This is resulting in staff being able to build good, meaningful relationships with children and their families, with managers monitoring caseloads to ensure that they are manageable.

99. Inspectors found that senior managers demonstrate a strong commitment to promoting and maintaining a learning organisation culture. All staff and partners spoken to fed back positively on the range of learning and development opportunities linked to service developments, including recording, risk analysis, assessment and planning improvements.

## The Local Safeguarding Children Board (LSCB)

**The Local Safeguarding Children Board is good**

### Executive summary

The performance of the Shropshire Safeguarding Children Board (SSCB), in terms of ensuring that all its partners are working to keep children safe, is good. Agencies that make up the board understand their safeguarding responsibilities across Shropshire and work well together to improve the quality of multi-agency working and practice.

The board demonstrates activity and pace in its work through a well-developed business plan whose key priorities of child sexual exploitation, domestic abuse and neglect form a golden thread of activity across the work of the board's sub-groups.

There is an established programme of multi-agency and section 11 audits. In addition, the board requires assurance reports from individual agencies to help it to understand the quality of practice in services provided to children. Consequently, the board has been able to ensure progress and impact, including strengthening of partner agencies' responses to domestic violence. The board is also able to demonstrate that it challenges practice and that it has made a difference, for instance ensuring that key health staff remain involved in social care's 'front door' response.

The board is active in promoting issues concerning neglect and it recently approved a revised neglect strategy for Shropshire. The board understands the nature and extent of local issues in relation to children going missing and children at risk of sexual exploitation. It has ensured that a complete review of practice guidance was carried out and that toolkits to help practitioners' work in this area are available. The board is active in raising awareness among both workers and children through a well-developed relationships and sex education programme that is used in almost all schools.

The child death overview panel is effective and ensures a greater understanding of the reasons for child deaths in Shropshire. Panel findings have led to helpful work on safer sleeping for infants initiatives in the county.

Where there are concerns about practice in particular cases, the board is making sure that these are thoroughly examined and that lessons learned are disseminated effectively through its learning and development framework. The board also provides a wide variety of training courses which are well evaluated, enabling the board to see the impact of training on practice.

The board has a multi-agency dataset and receives regular performance information on a quarterly basis. However, it lacks commentary on and analysis of

this data, which makes the dataset less useful as a tool for the board to determine weaknesses and strengths in performance.

## Recommendations

100. To better enable an understanding of the strengths and weaknesses of performance and practice, ensure that there is appropriate analysis and commentary on the dataset made available to board members.

### Inspection findings – the Local Safeguarding Children Board

101. There are appropriate governance arrangements which ensure accountability and scrutiny by the Shropshire Safeguarding Children Board (SSCB) of safeguarding practice in the county. Responsibility for the board's activity and performance in safeguarding is shared by partners with sub-groups of the board chaired by the police, health and legal services. While the SSCB chair is not a member of the Children's Trust or the Health and Wellbeing Board, the objectives of the SSCB are communicated through membership of the overarching Shropshire 'Pentagon of Partnerships', ensuring that the priorities and objectives of the five major partnerships in Shropshire are aligned.
102. The SSCB has a clear business plan focused on significant community issues, particularly neglect, domestic abuse and child sexual exploitation. The plan identifies key areas for development and improvement priorities which are then repeated as key themes in sub-group activity and development. Progress is measured through an action plan that demonstrates significant activity and pace in achieving its objectives.
103. There is an established programme of monitoring the effectiveness of multi-agency frontline practice with multi-agency audit activity in the past two years, focusing on child sexual exploitation practice, domestic violence, effectiveness of core-group activity, child mental health well-being and neglect. All have robust action plans followed up by the quality assurance and performance sub-group, with progress reported to the board. Impact is measurable with, for instance, the introduction of an updated graded care profile as an outcome of the neglect audit. As a result of audits on domestic abuse response and practice, the board has strengthened the response by including a review of the domestic violence strategy and improving information sharing by mental health partners. The board has also successfully lobbied for funding for a perpetrator programme.
104. The board has a multi-agency dataset and receives regular performance information on a quarterly basis. Each quarter also has a focus on a particular area of priority for the board, such as neglect. While the data provided gives a picture of activity over time, with some comparisons made with statistical neighbours, it lacks commentary and analysis. This makes the dataset less

useful as a tool for the board to determine weaknesses and strengths in performance. (Recommendation)

105. The board undertakes a comprehensive programme of section 11 audits designed to ensure that individual agencies audit their own safeguarding processes and can assure the board that these are in place and are effective. The board has undertaken an analysis of compliance and, as a result, has very recently redesigned the reporting format to ensure more accurate responses. The board also has an agency assurance process. This process provides the board with often very detailed reports from agencies about safeguarding practice, impact of policy and procedural changes in the organisation as well as, where applicable, findings from its own inspectorates. These reports help the board to be aware of issues affecting single agencies and to gain an understanding of both good and poor examples of work which the board can then challenge.
106. The board has a learning and development framework which has been reviewed recently. This ensures that learning from serious case and management reviews is being disseminated across agencies. Learning events are held on local cases and learning from national serious case reviews (SCRs) is disseminated through one-page learning and improvement briefings, and half-day briefings. This learning is also published on the SSCB website and circulated among agencies. The SCR sub-group has ensured that there is appropriate analysis of the issues arising, including action plans and progress on those plans. The SSCB has ensured that there is a level of awareness of the board and its role in SCRs by local authority staff. Staff met by inspectors demonstrated strong awareness of practice messages from these cases.
107. The board has a challenge log which evidences a range of concerns, actions taken and progress made through responses to challenge. As a result, the board can demonstrate that it has made a difference. These achievements include a successful intervention with West Mercia police to suspend a proposal to integrate specialist police services (child protection, child sexual exploitation) for vulnerable groups with more mainstream policing processes and staff, and ensuring that public health did not remove two health visitors from the Compass 'front door' service.
108. The child death overview panel, shared with Telford and Wrekin, is effective. The panel publishes an annual report on its work, including an analysis of child deaths in the region. There is a focus on the identification of modifiable factors, which, for Shropshire, are neo-natal behaviours in pregnant women, including smoking, obesity and parental mental health issues. This had led to a continuation of initiatives such as 'sleeping in infants' seminars and the introduction of the safer sleep assessment to the personal child health record issued to all parents of newborn babies.
109. The board has ensured that it has a thorough understanding of the effectiveness of early help. It reviewed and reissued the threshold document

for services in March 2017. Through its learning and development sub-group, the board has also ensured that training was delivered to support multi-agency practitioners with the implementation of the early help whole-family approach, practice and process, including early help family assessments. This was particularly effective, with 467 people attending between April 2016 and June 2017. A recent 'review of early help' survey indicated that 97% of staff knew how to access early help.

110. The board publishes an annual report which demonstrates effectively the progress in implementing the business plan and in the work of the board sub-groups. The report evidences challenge to the quality of services and performance, as well as enabling an understanding of the effectiveness of current services and progress being made. The report is clear about the importance of young people's voices and includes a section on engagement with young people through a student SSCB, recruited from schools and colleges.
111. An established training and development framework offers a wide range of levels and complexity of subjects. Courses are designed to meet the needs of a wide variety of staff, from those who require basic general knowledge to those who require specialist input. Courses include awareness of and responses to child sexual exploitation, domestic violence, drugs and alcohol misuse, issues of neglect, including the introduction of an updated graded care profile. An effective evaluation process using pre- and post-course questionnaires and a three-month follow-up regarding impact resulted in an impressive average response across all courses of 67%. Further sampling by phone calls from the training coordinator to trained staff allows for a more in-depth discussion about impact and improved outcomes. This enables the board to publish an effective and well-informed annual report on evaluation outcomes.
112. The board actively promotes issues concerning neglect. It commissioned a multi-agency audit in 2016 on neglect and recently approved a revised neglect strategy launched at the board's bi-annual conference in November 2016. This included proposals to implement an updated graded care profile in Shropshire. This has now been actioned, with 137 practitioners attending training on the profile since November 2016.
113. The board understands the nature and extent of local issues in relation to children going missing and children at risk of sexual exploitation. The child sexual exploitation pathway, toolkit and practitioner guidance have all been revised in the last 18 months. A child sexual exploitation scorecard has been introduced to enable the board to better measure performance. A third sector agency was commissioned in 2016 to raise awareness in the commercial sector of child sexual exploitation, and training has been rolled out to licensees and taxi drivers. The 'Respect Yourself' programme is delivered to 85% of all primary and secondary schools. Multi-agency training sessions have

reached over 300 staff, raising awareness of the use of a recognised practice toolkit.

114. The board is particularly aware of the challenges of having 92 registered private children's homes within the local authority area. It has been active in trying to ensure that these homes comply with local safeguarding procedures and that when young people from these homes go missing they receive appropriate return home interviews. Recently, the board has been successful in securing funding with the West Mercia police and crime commissioner, who has responsibility for policing matters in Shropshire, to ensure that this takes place in future. The Shropshire personal, social, health and economic (PSHE) education programme is particularly well developed, and it is nationally recognised and promoted by the board. It is being delivered to 87% of all schools in the county and focuses on keeping children safe through a better understanding of relationships and sex education. Extensive work has been undertaken on the impact of this work, and significant further work is planned for schools, including 'Digital romance' and how young people use social media to make and break relationships online, all to be delivered in November 2017.

## **Information about this inspection**

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people who it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the local safeguarding children board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of six of Her Majesty's Inspectors (HMI) from Ofsted and one Ofsted Inspector.

### **The inspection team**

Lead inspector: Louise Warren HMI

Deputy lead inspector: Tara Geere HMI

Team inspectors: Mandy Nightingale HMI, Alison Smale HMI, Peter McEntee HMI, Nick Gadfield HMI, Andy Smith (Ofsted Inspector)

Senior data analyst: Matthew King

Quality assurance manager: Christopher Sands SHMI

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Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 4234  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: [www.ofsted.gov.uk](http://www.ofsted.gov.uk)

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