

# Education, Children and Families Policy Committee

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**Tuesday 27 September 2022 at 4.00 pm**

**Town Hall, Sheffield, S1 2HH**

**The Press and Public are Welcome to Attend**

## **Membership**

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Councillor Dawn Dale  
Councillor Mick Rooney  
Councillor Brian Holmshaw  
Councillor Colin Ross  
Councillor Peter Garbutt  
Councillor Mary Lea  
Councillor Anne Murphy  
Councillor Gail Smith  
Councillor Ann Whitaker

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## PUBLIC ACCESS TO THE MEETING

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The Education, Children and Families Policy Committee discusses and takes decisions on:

### Education and Skills

- Schools
- Mainstream and specialist education (early years, children and young people)
- Learning and Skills policy, programmes and interventions (children and young people)

### Children and Families

- Children and family support and social work
- Fostering and adoption
- Children in care, care leavers and corporate parenting
- Residential services
- Youth justice
- Child safeguarding

Meetings are chaired by the Committees Co-Chairs, Councillors Dale and Rooney.

A copy of the agenda and reports is available on the Council's website at [www.sheffield.gov.uk](http://www.sheffield.gov.uk). You may not be allowed to see some reports because they contain confidential information. These items are usually marked \* on the agenda. Members of the public have the right to ask questions or submit petitions to Policy Committee meetings and recording is allowed under the direction of the Chair. Please see the [Council's webpages](#) or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Policy Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last on the agenda.

Meetings of the Policy Committee have to be held as physical meetings. If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk), as this will assist with the management of attendance at the meeting. The meeting rooms in the Town Hall have a limited capacity. We are unable to guarantee entrance to the meeting room for observers, as priority will be given to registered speakers and those that have registered to attend.

Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the [website](#).

If you wish to attend a meeting and ask a question or present a petition, you must submit the question/petition in writing by 9.00 a.m. at least 2 clear working days in

advance of the date of the meeting, by email to the following address:  
[committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk).

In order to ensure safe access and to protect all attendees, you will be recommended to wear a face covering (unless you have an exemption) at all times within the venue. Please do not attend the meeting if you have COVID-19 symptoms. It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting.

If you require any further information please email [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk).

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## FACILITIES

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There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

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**EDUCATION, CHILDREN AND FAMILIES POLICY COMMITTEE AGENDA  
27 SEPTEMBER 2022**

**Order of Business**

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- 1. Welcome and Housekeeping**  
The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.
- 2. Apologies for Absence**
- 3. Exclusion of Press and Public**  
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 7 - 10)  
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** To Follow  
To approve the minutes of the last meeting of the Committee held on 8<sup>th</sup> June 2022.
- 6. Public Questions and Petitions**  
To receive any questions or petitions from members of the public
- 7. Work Programme** (Pages 11 - 28)  
Report of the Director of Legal and Governance

**Formal Decisions**

- 8. Budget Proposals 2023/24** To Follow
- 9. Revenue Budget Monitoring Report - Month 4** (Pages 29 - 38)  
Report of Executive Director, Resources
- 10. Special Free School Bid to support Special Educational Needs and Disability Sufficiency** To Follow  
Report of the Strategic Commissioning Manager
- 11. Medical Needs Policy** (Pages 39 - 64)  
Report of the Director of Children's Services
- 12. Adoption Service Annual reports** (Pages 65 - 88)  
Report of the Head of Regional Adoption Agency
- 13. Fostering Service Annual Reports** (Pages 89 - 104)  
Report of the Assistant Director Fieldwork

14. **SEND Acceleration Plan**  
Report of the Head of Commissioning Active JUS

To Follow

**NOTE: The next meeting of Education, Children and Families Policy Committee will be held on Wednesday 9 November 2022 at 10.00 am**

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period\* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

\*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
  - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
  - (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.



Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email [gillian.duckworth@sheffield.gov.uk](mailto:gillian.duckworth@sheffield.gov.uk).

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## Report to Education, Children & Families Policy Committee

**27th September 2022**

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**Report of:** Gillian Duckworth, Director of Legal and Governance

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**Subject:** Committee Work Programme

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**Author of Report:** Fiona Martinez, Principal Democratic Services Officer  
[Fiona.martinez@sheffield.gov.uk](mailto:Fiona.martinez@sheffield.gov.uk)

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### **Summary:**

The Committee's Work Programme is attached at Appendix 1 for the Committee's consideration and discussion. This aims to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this committee, other committees, officers, partners and the public to plan their work with and for the Committee.

Any changes since the Committee's last meeting, including any new items, have been made in consultation with the Co-Chairs, and the document is always considered at the regular pre-meetings to which all Group Spokespersons are invited.

The following potential sources of new items are included in this report, where applicable:

- Questions and petitions from the public, including those referred from Council
- References from Council or other committees (statements formally sent for this committee's attention)
- A list of issues, each with a short summary, which have been identified by the Committee or officers as potential items but which have not yet been scheduled (See Appendix 1)

The Work Programme will remain a live document and will be brought to each Committee meeting.

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## Recommendations:

1. That the Committee's work programme, as set out in Appendix 1 be agreed, including any additions and amendments identified in Part 1;
2. That consideration be given to the further additions or adjustments to the work programme presented at Part 2 of Appendix 1;
3. That Members give consideration to any further issues to be explored by officers for inclusion in Part 2 of Appendix 1 of the next work programme report, for potential addition to the work programme; and

**Background Papers:** None

**Category of Report:** Open

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## COMMITTEE WORK PROGRAMME

### 1.0 Prioritisation

1.1 For practical reasons this committee has a limited amount of time each year in which to conduct its formal business. The Committee will need to prioritise firmly in order that formal meetings are used primarily for business requiring formal decisions, or which for other reasons it is felt must be conducted in a formal setting.

1.2 In order to ensure that prioritisation is effectively done, on the basis of evidence and informed advice, Members should usually avoid adding items to the work programme which do not already appear:

- In the draft work programme in Appendix 1 due to the discretion of the chair; or
- within the body of this report accompanied by a suitable amount of information.

### 2.0 References from Council or other Committees

2.1 Any references sent to this Committee by Council, including any public questions, petitions and motions, or other committees since the last meeting are listed here, with commentary and a proposed course of action, as appropriate:

Issue	<i>Details to be added by PDSO</i>
Referred from	
<i>Details</i>	
<i>Commentary/ Action Proposed</i>	

### 3.0 Member engagement, learning and policy development outside of Committee

3.1 Subject to the capacity and availability of councillors and officers, there are a range of ways in which Members can explore subjects, monitor information and

develop their ideas about forthcoming decisions outside of formal meetings. Appendix 2 is an example 'menu' of some of the ways this could be done. It is entirely appropriate that member development, exploration and policy development should in many cases take place in a private setting, to allow members to learn and formulate a position in a neutral space before bringing the issue into the public domain at a formal meeting.

## 2.2 Training & Skills Development - Induction programme for this committee.

Title	Description & Format	Date

## Appendix 1 – Work Programme

### Part 1: Proposed additions and amendments to the work programme since the last meeting:

<b>New Items</b>	<b>Proposed Date</b>	<b>Note</b>
Special Free School Bid to support Special Educational Needs and Disability Sufficiency	Sept xx 22	Bid requires Committee approval – deadline for bid submission is 21.10.22
Medical Needs Policy	Sept xx 22	Policy requires Committee approval
Budget position 23/24	Nov 9 22	The Strategy and Resources Committee will meet on 12 October to consider the budget proposals made by each Policy Committee and presented to the September meeting of the Policy Committee. The Strategy and Resources Committee may ask for further work from Policy Committees which may result in changes to the proposals originally made. This report will seek the Policy Committee’s final agreement to any changes to the proposals presented to the Policy Committee’s September meeting.
Finance Budget Monitoring Report	All agendas	All Policy Committees will receive budget monitoring reports as a standing item at each meeting.
<b>Rescheduled Items</b>	<b>Proposed Date</b>	<b>Note</b>
Learn Sheffield Review	Nov 9 22	Moved from September agenda
Sufficiency Overview – Mainstream and Special	Nov 9 22 mainstream, Dec 22, Special	Moved from September agenda
Secondary Places Planning – area 5	Nov 9 22	Moved from September agenda
Elective Home Education	Nov 9 22	Moved from September agenda
Early Years School Readiness review	Nov 9 22	Moved from September agenda
Harmony Works	Tbd	Moved from September agenda
Approval of Children’s Commissioning Intentions	Nov 9 22	Moved from September agenda
<b>Removed Items</b>	<b>Proposed Date</b>	<b>Note</b>
Holt House Funding	n/a	Committee decision not required – members briefed – removed from Sept agenda.
School Food Pricing	n/a	Committee decision not required – members briefed – removed from Sept agenda.

Recommissioning of SEND befriending, mediation and special mentoring services	n/a	Contract value below threshold requiring Committee decision – removed from November agenda.
Children and Families Quarterly Performance	n/a	Info to come via member briefings, information in public domain via DfE website.

## Part 2: List of other potential items not yet included in the work programme

Issues that have recently been identified by the Committee, its Chair or officers as potential items but have not yet been added to the proposed work programme. If a Councillor raises an idea in a meeting and the committee agrees under recommendation 3 that this should be explored, it will appear either in the work programme or in this section of the report at the committee's next meeting, at the discretion of the Chair.

<b>Topic</b>	Emotional, mental health and wellbeing support for young people.
<b>Description</b>	During a discussion on the Medical Needs Contract, members were keen to have a broader look at the emotional and wellbeing and support available for young people to reduce demand on more 'acute' services – a 'whole system approach' with health, social care and education perspectives.
<b>Lead Officer/s</b>	Director of Integrated Commissioning/Director of Education and Skills/Director of Children and Families
<b>Item suggested by</b>	Education Children and Families Urgency Sub-Committee (21 <sup>st</sup> July Meeting)
<b>Type of item</b>	Service Performance Monitoring/Briefing/Policy Development
<b>Prior member engagement/ development required</b> <i>(with reference to options in Appendix 2)</i>	To be determined
<b>Public Participation/ Engagement approach</b> <i>(with reference to toolkit in Appendix 3)</i>	Sub-Committee members were keen in hear the voice of Looked After Children as part of this.
<b>Lead Officer Commentary/Proposed Action(s)</b>	To be determined

**Part 3: Agenda Items for Forthcoming Meetings**

Meeting 2	15 <sup>th</sup> September 2022	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <i>This Cttee/Another Cttee (eg S&amp;R)/Full Council/Officer</i>
<b>Decisions</b>						
Item 1 <b>Budget Proposals 2023/24</b>	The Strategy and Resources Committee has asked each Policy Committee to develop budget proposals on a cash-standstill basis and to report those proposals to the September 2022 meeting	Ryan Keyworth/Mark Sheikh/Liz Gough	Decision	As per decision on Month 1 budget report taken in June		Education, Children and Families
Item 2 <b>Special Free School Bid to support Special Educational Needs and Disability Sufficiency</b>	Coming to committee to approve bid for a new special school, deadline 21/10/22.	Joe Horobin/Matthew Peers	Decision	Portfolio Briefing – 11 <sup>th</sup> August	Engagement in place via Inclusion Strategy and with Parent Carer Forum.	Education, Children and Families  Strategy and Resources to approve abnormal capital costs required for bid.
Item 3 <b>Medical Needs Policy</b>	To approve the Medical Needs Policy	Tim Armstrong	Decision	Portfolio Briefing 31 <sup>st</sup> August		Education, Children and families.



Briefings/Performance Monitoring						
Item 4 <b>Adoption Service Annual reports</b>	To consider Adoption Service annual reports	Sally Williams/Stephanie Evans (Head of Regional Adoption Agency)	Briefing	Portfolio Briefing – 11 <sup>th</sup> August		Education, Children and Families.
Item 5 <b>Fostering Service Annual Reports</b>	To consider Fostering Service annual reports	Sally Williams	Briefing	Portfolio Briefing – 11 <sup>th</sup> August		Education, Children and Families
Item 6 <b>SEND Acceleration Plan</b>	To consider Acceleration plan following an OFSTED revisit	Joe Horobin	Briefing	Portfolio Briefing – 11 <sup>th</sup> August		Education, Children and Families
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Minutes of Urgency Sub-Committees</i></li> <li>• <i>Budget Monitoring</i></li> <li>• <i>Work Programme</i></li> </ul>					

Meeting 3	9 <sup>th</sup> November	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <i>This Cttee/Another Cttee (eg S&amp;R)/Full Council/Officer</i>
Decisions						
Item 1 <b>Secondary Places Planning – Area 5</b>	Decision required to progress proposal for the area 5 – Manor, Arbourthorne, Darnall.	Cathie Tandy	Decision	Portfolio Briefing – 5 <sup>th</sup> October		Education, Children and Families
Item 2 <b>Supported Accommodation provision for children in care and care leavers age 16+</b>	Approval is being sought to extend the current framework to allow for a full commissioning exercise to be undertaken.	Victoria Gibbs/Sally Willoughby	Decision	Portfolio Briefing – 5 <sup>th</sup> October	Engagement and co-production will be undertaken in the re-commissioning exercise.	
Item 3 <b>Review of Learn Sheffield</b>	To consider options and recommendations for the future relationship and any commissioning arrangement with Learn Sheffield, a school company currently commissioned by SCC to deliver statutory school improvement duties, beyond the current contract end in August 2023.	Candi Lawson	Decision	Portfolio Briefing – 5 <sup>th</sup> October		Education, Children and Families

Item 4 <b>Children's Commissioning Intentions</b>	Approval of commissioning intentions and priorities for Children's Services	Joe Horobin/Victoria Gibbs	Decision	Portfolio Briefing – 5 <sup>th</sup> October	Engagement and Co-Production will be planned in relation to the development of the Children's Commissioning Strategy,	Education, Children and Families – or Strategy & Resources.
Item 5 <b>Budget Position for Year 2023/24</b>	To seek the Policy Committee's final agreement to any changes to the proposals presented to the Policy Committee's September meeting;	Ryan Keyworth/Mark Sheikh/Liz Gough	Decision	Portfolio Briefing – 5 <sup>th</sup> October		Education, Children and Families
<b>Briefing/Policy Development</b>						
Item 6 <b>Mainstream Sufficiency</b>	Overview of 3 yr strategy to ensure sufficient provision across Early years and childcare, Primary, Secondary & Post 16 provision	Cathie Tandy	Policy Development	Portfolio Briefing – 5 <sup>th</sup> October	Working with stakeholders	Education, Children and Families
Item 7 <b>Early Years School Readiness Review</b>	Sharing key messages from the review and seek endorsement of the recommendations	Victoria Gibbs/Marie McGreavey	Briefing and Policy Development	Portfolio Briefing – 5 <sup>th</sup> October	Consultation has taken place with professionals (VCF early years groups, Health Visitors, Midwifery, Early Years staff and providers including childminders) and the public (parents of young children,	Education, Children and Families.

					children with SEND and expectant parents) including targeted focus groups and online survey.	
Item 8 <b>Elective Home Education</b>	Increase during the pandemic of home education. monitor the numbers in the city that are home educated, how home educators are supported, and how we monitor and manage safeguarding for those educated at home.	Tim Armstrong	Briefing	Portfolio Briefing – 5 <sup>th</sup> October		
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Budget Monitoring</i></li> <li>• <i>Work Programme</i></li> </ul>					

Meeting 4	13th December 2022	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
<b>Decisions</b>						
Item 1	To seek a decision on the approval of the Children's	Victoria Gibbs	Decision		Engagement and co-production will	This Committee

<b>Children's Sufficiency Strategy</b>	Sufficiency Strategy and duty in relation to Looked After Children.				be undertaken with Looked After Children and Care Leavers.	
Item 2 <b>Special Sufficiency</b>	Overview of sufficiency plan for special educational needs and disabilities, seeking decision to approve strategic commissioning intentions linked to sufficiency plan.	Matthew Peers	Policy Development / Decision	Portfolio Briefing – 5 <sup>th</sup> October	Working with VCF  Working with stakeholders	Education, Children and Families
<b>Briefings/Performance Monitoring</b>						
Item 3 <b>Q3 Budget Report</b>	To consider the Children & Families Q3 budget update	Sally Williams	Performance Monitoring			This Committee
Item 4 <b>Refresher for Great Start in Life Strategy</b>	To inform the Committee of the planned review of the Great Start in Life Strategy in line with the development of Family Hubs.	Victoria Gibbs/Marie McGreavey	Briefing		Engagement and co-production will be undertaken as part of the Strategy	This Committee
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Budget Monitoring</i></li> <li>• <i>Work Programme</i></li> </ul>					

Meeting 5	31st January 2023	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
<b>Decisions</b>						
Item 1 <b>Childcare Sufficiency Assessment</b>	To present the findings of the Childcare Sufficiency Strategy and seek approval to publish	Cathie Tandy	Decision		Parents and Childcare providers consulted and information used to inform the report	This Committee
Item 2 <b>Alternative Provision Free School Bids</b>	Approval of proposed bids for alternative provision free school, deadline 17/2/23	Joe Horobin, Candi Lawson	Decision	Portfolio Briefing	VCF networks Stakeholder groups	This Committee
Item 3 <b>Youth Justice Annual Plan</b>		Sally Williams/Mark Storf				This Committee
<b>Briefings</b>						
Item 4 <b>Regulation and Ofsted inspection of supported accommodation for 16 and 17 year olds in care</b>	Briefing on forthcoming legislation.	Joe Horobin/Victoria Gibbs	Briefing Only			This Committee
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Budget Monitoring</i></li> <li>• <i>Work Programme</i></li> </ul>					

Meeting 6	8 <sup>th</sup> March 2023	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date)  This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Item 1	Children & Families Q4 Budget Report	Sally Williams				
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Budget Monitoring</i></li> <li>• <i>Work Programme</i></li> </ul>					

Items which the Committee has agreed to add to an agenda, but for which no date is set.						
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date)  This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Engagement with young people	The Policy Committee is keen to hear from to include a wide range of	Chelsea Renehan, Head	Engagement		Engagement session.	N/A

	perspectives eg Youth Cabinet, Young Carers, Children in Care Council – as requested by Policy Committee at June 22 meeting. Officer are working up proposals for a separate session to be held outside the formal schedule of Policy Committee meetings September/October 2022	of Youth Services.				
<b>Child and Adolescent Mental Health Services</b>	To consider how well CAMH services are performing and how well prepared we are for any increase in demand – as requested by Policy Committee at June meeting.	Joe Horobin/Victoria Gibbs	Performance Monitoring	Initial discussion via Portfolio briefing		
<b>Alternative Provision</b>	Policy Committee has requested a detailed look at alternative provision in the City – to include the views of young people.	Andrew Jones	Performance/Policy Development	Initial briefing planned for members in September	tbd	Education, Children and Families
<b>Safeguarding Partnership Board Annual Report</b>		Sally Williams				
<b>Residential Homes Inspections</b>		Sally Williams				



<b>Briefing - Annual/6 month</b>						
<b>Independent Review Officers Annual Report</b>		Sally Williams				
<b>Corporate Parenting Strategy update</b>		Sally Williams				
<b>Contextual Safeguarding Strategy</b>		Sally Williams				
<b>Traditions Safeguarding Developments</b>		Sally Williams				
<b>Threshold Document Development</b>		Sally Williams				
<b>Harmony Works</b>	As the Harmony Works project develops, the new body that will lead on the project will emerge. SCC/Music Hub will need to work to decide how we are best represented in this structure.	Kim Wilson				Education, Children and Families.

## **Appendix 2 – Menu of options for member engagement, learning and development prior to formal Committee consideration**

Members should give early consideration to the degree of pre-work needed before an item appears on a formal agenda.

All agenda items will anyway be supported by the following:

- Discussion well in advance as part of the work programme item at Pre-agenda meetings. These take place in advance of each formal meeting, before the agenda is published and they consider the full work programme, not just the immediate forthcoming meeting. They include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers
- Discussion and, where required, briefing by officers at pre-committee meetings in advance of each formal meeting, after the agenda is published. These include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers.
- Work Programming items on each formal agenda, as part of an annual and ongoing work programming exercise
- Full officer report on a public agenda, with time for a public discussion in committee
- Officer meetings with Chair & VC as representatives of the committee, to consider addition to the draft work programme, and later to inform the overall development of the issue and report, for the committee's consideration.

The following are examples of some of the optional ways in which the committee may wish to ensure that they are sufficiently engaged and informed prior to taking a public decision on a matter. In all cases the presumption is that these will take place in private, however some meetings could happen in public or eg be reported to the public committee at a later date.

These options are presented in approximately ascending order of the amount of resources needed to deliver them. Members must prioritise carefully, in consultation with officers, which items require what degree of involvement and information in advance of committee meetings, in order that this can be delivered within the officer capacity available.

The majority of items cannot be subject to the more involved options on this list, for reasons of officer capacity.

- Written briefing for the committee or all members (email)
- All-member newsletter (email)
- Requests for information from specific outside bodies etc.
- All-committee briefings (private or, in exceptional cases, in-committee)
- All-member briefing (virtual meeting)
- Facilitated policy development workshop (potential to invite external experts / public, see appendix 2)
- Site visits (including to services of the council)
- Task and Finish group (one at a time, one per cttee)

Furthermore, a range of public participation and engagement options are available to inform Councillors, see appendix 3.

## **Appendix 3 – Public engagement and participation toolkit**

### **Public Engagement Toolkit**

On 23 March 2022 Full Council agreed the following:

A toolkit to be developed for each committee to use when considering its 'menu of options' for ensuring the voice of the public has been central to their policy development work. Building on the developing advice from communities and Involve, committees should make sure they have a clear purpose for engagement; actively support diverse communities to engage; match methods to the audience and use a range of methods; build on what's worked and existing intelligence (SCC and elsewhere); and be very clear to participants on the impact that engagement will have.

The list below builds on the experiences of Scrutiny Committees and latterly the Transitional Committees and will continue to develop. The toolkit includes (but is not be limited to):

- a. Public calls for evidence
- b. Issue-focused workshops with attendees from multiple backgrounds (sometimes known as 'hackathons') led by committees
- c. Creative use of online engagement channels
- d. Working with VCF networks (eg including the Sheffield Equality Partnership) to seek views of communities
- e. Co-design events on specific challenges or to support policy development
- f. Citizens assembly style activities
- g. Stakeholder reference groups (standing or one-off)
- h. Committee / small group visits to services
- i. Formal and informal discussion groups
- j. Facilitated communities of interest around each committee (eg a mailing list of self-identified stakeholders and interested parties with regular information about forthcoming decisions and requests for contributions or volunteers for temporary co-option)
- k. Facility for medium-term or issue-by-issue co-option from outside the Council onto Committees or Task and Finish Groups. Co-optees of this sort at Policy Committees would be non-voting.

This public engagement toolkit is intended to be a quick 'how-to' guide for Members and officers to use when undertaking participatory activity through committees.

It will provide an overview of the options available, including the above list, and cover:

- How to focus on purpose and who we are trying to reach
- When to use and when not to use different methods
- How to plan well and be clear to citizens what impact their voice will have
- How to manage costs, timescales, scale.

**There is an expectation that Members and Officers will be giving strong consideration to the public participation and engagement options for each item on a committee's work programme, with reference to the above list a-k.**

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## Report to Policy Committee

**Author/Lead Officer of Report:** Ryan Keyworth,  
Director of Finance and Commercial Services

**Tel:** +44 114 474 1438

**Report of:** *Ryan Keyworth*  
**Report to:** *Education, Children & Families Committee*  
**Date of Decision:** *15 September 2022*  
**Subject:** *Month 4 Monitoring*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes		No	X	
Has appropriate consultation taken place?	Yes		No	X	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes		No	X	
Does the report contain confidential or exempt information?	Yes		No	X	

**Purpose of Report:**

*This report brings the Committee up to date with the Council's financial position as at Month 4 2022/23.*

**Recommendations:**

**The Committee is recommended to:**

1. Note the Council's challenging financial position as at the end of July 2022 (month 4).

**Background Papers:**

[2022/23 Revenue Budget](#)

Lead Officer to complete: -					
1	<p>I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</p> <table border="1"> <tr> <td>Finance: <i>Ryan Keyworth, Director of Finance and Commercial Services</i></td> </tr> <tr> <td>Legal: <i>David Hollis, Assistant Director, Legal and Governance</i></td> </tr> <tr> <td>Equalities &amp; Consultation: <i>James Henderson, Director of Policy, Performance and Communications</i></td> </tr> <tr> <td>Climate: <i>n/a</i></td> </tr> </table>	Finance: <i>Ryan Keyworth, Director of Finance and Commercial Services</i>	Legal: <i>David Hollis, Assistant Director, Legal and Governance</i>	Equalities & Consultation: <i>James Henderson, Director of Policy, Performance and Communications</i>	Climate: <i>n/a</i>
Finance: <i>Ryan Keyworth, Director of Finance and Commercial Services</i>					
Legal: <i>David Hollis, Assistant Director, Legal and Governance</i>					
Equalities & Consultation: <i>James Henderson, Director of Policy, Performance and Communications</i>					
Climate: <i>n/a</i>					
<p><i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i></p>					
2	<table border="1"> <tr> <td><b>SLB member who approved submission:</b></td> <td><i>Ryan Keyworth</i></td> </tr> </table>	<b>SLB member who approved submission:</b>	<i>Ryan Keyworth</i>		
<b>SLB member who approved submission:</b>	<i>Ryan Keyworth</i>				
3	<table border="1"> <tr> <td><b>Committee Chair consulted:</b></td> <td><i>Cllr Bryan Lodge</i></td> </tr> </table>	<b>Committee Chair consulted:</b>	<i>Cllr Bryan Lodge</i>		
<b>Committee Chair consulted:</b>	<i>Cllr Bryan Lodge</i>				
4	<p>I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</p> <table border="1"> <tr> <td><b>Lead Officer Name:</b> <i>Ryan Keyworth</i></td> <td><b>Job Title:</b> <i>Director of Finance and Commercial Services</i></td> </tr> </table> <p><b>Date:</b> <i>1<sup>st</sup> September 2022</i></p>	<b>Lead Officer Name:</b> <i>Ryan Keyworth</i>	<b>Job Title:</b> <i>Director of Finance and Commercial Services</i>		
<b>Lead Officer Name:</b> <i>Ryan Keyworth</i>	<b>Job Title:</b> <i>Director of Finance and Commercial Services</i>				

## 1. PROPOSAL

1.1 This report brings the 22/23 M4 monitoring information for each committee. Executive directors and Directors will be required to develop plans to mitigate the in-year forecast overspends.

### 1.2 Council Portfolio Month 4 2022/23

1.2.1 The Council is forecasting a £21.7m overspend against the 2022/23 budget as at month 4.

Full Year £m	Outturn	Budget	Variance
Corporate	(462.0)	(461.2)	(0.8)
City Futures	47.1	46.6	0.5
Operational Services	115.0	114.9	0.1
People	313.2	293.7	19.5
Policy, Performance Comms	3.2	2.9	0.3
Resources	5.2	3.1	2.1
<b>Total</b>	<b>21.7</b>	<b>0</b>	<b>21.7</b>

1.2.2 This overspend is due to a combination of agreed Budget Implementation Plans ("BIPs") not being fully implemented and ongoing cost / demand pressures that are partially offset by one-off savings.

Full Year £m	One-off	BIPs	Trend	Total Variance
Corporate	0.0	0.0	(0.8)	(0.8)
City Futures	0.0	0.0	0.5	0.5
Operational Services	(5.0)	2.4	2.7	0.1
People	0.1	15.3	4.0	19.4
Policy, Performance Comms	(0.1)	0.3	0.1	0.3
Resources	(0.3)	1.7	0.7	2.1
<b>Total</b>	<b>(5.3)</b>	<b>19.7</b>	<b>7.2</b>	<b>21.7</b>

### 1.3 Committee Financial Position

#### 1.3.1 Overall Position - £21.7m overspend at Month 4

There is a £12.4m overspend in the Adult Health and Social Care Committee and a £7.5m overspend in the Education, Children and Families Committee	Full Year Forecast £m Month	Outturn	Budget	Variance
	Adult Health & Social Care	163.1	150.8	12.4
	Education, Children & Families	136.1	128.6	7.5
	Strategy & Resources	(440.1)	(442.3)	2.1
	Economic Development & Skills	11.0	10.9	0.1
	Housing	8.8	8.8	(0.0)
	Waste & Street Scene	56.2	56.2	(0.0)
	Transport, Regeneration & Climate	41.8	41.9	(0.1)
	Communities Parks and Leisure	44.9	45.2	(0.3)
	<b>Total</b>	<b>21.7</b>	<b>(0.0)</b>	<b>21.7</b>

**The 22/23 pay award proposal affected the outturn in the General Fund by £3.3m** The proposed pay award of £1,925 flat rate per employee has been factored into forecasts in M4. Within the outturn at M3, an increase of £4.2m had already been accounted at service level, £5.6m had been provisioned corporately meaning an additional pressure of £3.3m has now been forecast in the M4 outturn, broken down into committees as follows:

£000s	Increase (inc on costs)	Pay Pressures covered	Corporate Funding	Remainin g Pressure
<b>Committee</b>				
Education, Children & Families	3,882	1,181	1,655	1,046
Strategy And Resources	2,817	1,209	1,201	407
Adult Health And Social Care	2,658	815	1,133	709
Communities, Parks, And Leisure	1,570	483	670	418
Waste And Street Scene	820	255	350	215
Transport, Regen & Climate	546	227	233	86
Economic Development & Skills	410	27	175	208
Housing	396	-	169	227
<b>Grand Total</b>	<b>13,100</b>	<b>4,197</b>	<b>5,586</b>	<b>3,317</b>

**The overall position worsened by £1.4m from M3 to M4, improvements elsewhere have offset the full impact of the pay award.** The £3.3m pressure for pay was offset in M4 by improvements totalling over £2m across the organisation:

- Transport, regen & climate committee budget position improved by £1.2m due to a release of a one-off provision to mitigate the loss of income from the delayed go live date for the clean air zone
- Education, children's & families improved by £700k due a combination of better-quality forecasting in services and slippage in recruitment
- Strategy & resources improved overall by £270k mainly due to higher investment returns in the market

<b>Most of the full year forecast overspend is attributable to shortfalls in Budget Implementation Plans (BIPs) delivery</b>	<b>Variance Analysis £m</b>	<b>One-off</b>	<b>BIPs</b>	<b>Trend</b>	<b>Total Variance</b>
	<b>Month 4</b>				
	Adult Health & Social Care	(0.3)	8.5	4.1	12.4
	Education, Children & Families	0.7	6.8	0.0	7.5
	Strategy & Resources	(0.3)	1.9	0.6	2.1
	Economic Development & Skills	(0.0)	0.0	0.1	0.1
	Housing	0.0	0.0	(0.0)	(0.0)
	Waste & Street Scene	(3.0)	0.2	2.8	(0.0)
	Transport, Regeneration & Climate	(2.1)	2.1	(0.1)	(0.1)
	Communities Parks and Leisure	(0.3)	0.2	(0.1)	(0.3)
	<b>Total</b>		<b>(5.3)</b>	<b>19.7</b>	<b>7.3</b>
				<b>7.3</b>	<b>21.7</b>

**£5.3m of one-off savings are mitigating part of** Contributions from provisions for energy and waste inflation mitigate the in-year impact of rising baseline costs. These are one-off contributions that will not help our position in 23/24 as the trend continues.



the ongoing overspend

<b>Balancing the 22/23 budget was only possible with £53m of BIPs, £33m are reported as deliverable in year</b>	<b>£m Portfolio</b>	<b>Total Savings 22/23</b>	<b>Deliverable in year</b>	<b>FY Variance</b>
	People	37.7	22.4	15.3
	Operational Services	7.1	4.7	2.4
	PPC	1.2	0.9	0.3
	Resources	6.7	5.1	1.6
	<b>Total</b>	<b>52.7</b>	<b>33.1</b>	<b>19.7</b>

**Focus must be on delivering BIPs in 22/23 and preventing the budget gap from widening**

Of the £33.1m BIPs forecast as being deliverable, £10.1m are rated red, which indicates considerable risk of increased overspending.

Of the £19.6m savings that are forecast to be undelivered this year, some can be delivered next financial year. It is estimated that £10m of this year's undelivered savings will still be unachievable in 23/24 and form part of the baseline pressures captured in the draft medium term financial analysis presented to the Strategy and Resources Committee on 5<sup>th</sup> July 2022.

**Adult Health and Social Care are forecast to overspend by £12.4m**

The high cost of packages of care put in place during covid has increased our baseline costs into 22/23. Work is underway as part of an investment plan with additional resource to tackle the underlying issues although recruitment issues are impacting our ability to deliver.

**Education, Children and Families are forecast to overspend by £7.5m**

Forecast under-delivery of budget implementation plans in the service are the main cause of overspends; plans to reduce staffing and increase income from Health are looking unlikely and the residential children's home strategy looks unlikely to deliver financial benefits. The service needs to provide mitigations to bring overspends back in line with budgets.

The following section provides further detail for the Education, Children & Families Committee.

1.4.2 **Education, Children & Families Committee - £7.5m overspend at Month 4**

<b>The Education, Children &amp; Families General Fund is overspending by £7.5m, made up of a shortfall of savings delivery offset by staffing vacancies.</b>	<b>Full Year Forecast £m @ Month 4</b>	<b>Outturn</b>	<b>Budget</b>	<b>Variance</b>
	<b>Children &amp; Families Education &amp; Skills</b> (Access and Inclusion; Business Support; Operational and Portfolio Wide Budgets; School Budgets; Schools and Learning; SEN, Family & Community Learning - EMTAS)	116.1	109.1	7.0
	<b>Integrated Commissioning</b> (Commissioning; Children's Public Health; Early Help and Prevention)	7.3	6.8	0.5
	<b>Total</b>	<b>136.1</b>	<b>128.6</b>	<b>7.5</b>
<b>The main cause of the overspend is under delivery of Budget Implementation Plans (BIPs)</b>	<b>Variance Analysis £m @ Month 4</b>	<b>One-off</b>	<b>BIPs</b>	<b>Trend</b>
	<b>Children &amp; Families Education &amp; Skills</b> (Employment and Skills; Family and Community Learning)	0.6	6.1	0.3
	<b>Integrated Commissioning</b>	0.0	0.0	0.0
	<b>Total</b>	<b>0.6</b>	<b>6.8</b>	<b>0.1</b>
<b>The impact of the proposed pay offer creates an additional £1m pressure to the committee</b>	The proposed pay award of £1,925 flat rate per employee has been factored into forecasts in M4. The proposal leaves an additional pressure of £1m for the EC&F Committee.			
	It should be noted that the pay offer cost is an initial indicative estimate which will require further work to fully understand the actual impact on each service.			
<b>The position in Children's &amp; Families worsened from M3 to M4 by £0.4m</b>	The forecast outturn at M4 is £0.4m worse in Children's & Families despite a pay award pressure accounted for £1m, there have been improvements to the outturn for:			
	1) Unaccompanied Asylum Seeker Children (UASC) by £0.2m due to refinement of forecasting methodology following discussions and agreements with the Home Office.			
	2) Children's Disability Services (CDT) support improved the forecast by £0.3m to reflect a transition of a high-cost placement into adult social care where costs are now accounted for and fully funded by Health			
	3) Multi Agency Support Team (MAST) have realised a £0.3m improvement due to recruitment slippages			
	<b>£m</b>			
<b>M3 Overspend</b>	<b>7.1</b>			
Pay Award pressure	1.0			
UASC	-0.2			

CDT	-0.3
MAST Staffing	-0.3
NRTPF/S17	0.1
Children's Homes	0.1
<b>M4 Overspend</b>	<b>7.5</b>

The position worsened by £0.2m in addition to the pay award due to:

- 1) No recourse to public funds (NRTPF/S17) increased by £0.1m due to cost-of-living pressures
- 2) £0.1m due to continued high sickness causing overtime and agency costs to increase in Children's Homes

<b>Dedicated Schools Grant (DSG) is overspending by £2.2m</b>	<b>DSG Full Year Forecast £m @ Month 4</b>	<b>Outturn</b>	<b>Budget</b>	<b>Variance</b>
	<b>Children &amp; Families</b>	6.1	6.3	(0.2)
	<b>Education &amp; Skills</b>	211.4	209.0	2.4
	<b>Integrated Commissioning</b>	9.5	9.4	0.0
	<b>Total</b>	<b>226.9</b>	<b>224.7</b>	<b>2.2</b>

Rising cost of placements in Special Educational Needs (SEN) and associated costs are the cause of the overspend in this area.

**Plans to reduce business support staffing have been delayed with costs offset by difficulties in recruiting social workers**

£1.4m of the BIP shortfall relates to reduction in business support staffing linked to the investment in support workers in Fieldwork is not happening as planned.

Difficulties in recruiting Fieldwork staff is resulting in a £1.6m underspend which is currently helping to offset the BIP shortfalls.

There are £1.1m other staff related savings forecast not to be delivered where it is assumed that it will not be possible to replace agency with permanent staffing.

**The residential strategy (c£2.7m savings) requires completion of a business case and is unlikely to be delivered this year**

The £2m saving relating to a new secure unit is a longer term saving requiring capital and planning approvals to be in place before building/renovations would be able to commence.

The work done to date indicates that this is no longer a viable proposal due to the lack of available external funding and the high costs of developing a secure facility which is not supported by a sound business case.

The existing secure unit is now forecasting an income shortfall of £0.4m due to capacity restrictions caused by staffing shortages.

**£1.4m savings from contributions from Health is not deliverable this year**

Discussions have begun with Health partners, but no firm agreement is in place therefore this saving will not be delivered this year. This is reflected in the outturn position and is likely to continue as an underlying pressure in the budget until an agreement is formalised.

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**Direct Payments, Family Time, Non-staffing Fieldwork (NRTPF/S17) and Unaccompanied Asylum Seeker Children budgets have a combined overspend of £1.7m.**

The direct payments budget is forecast to overspend by £0.4m based on current client costs plus 10% growth allowed (consistent with growth observed in 21/22).

The Family time budget is £0.3m overspent with the current staffing forecast being higher than planned.

Non-staffing Fieldwork/NRTPF budget is £0.6m overspent. The forecast has continued to rise this year and is now broadly based on M1-4 trends.

Unaccompanied Asylum Seeker Children budgets are £0.4m overspent due to additional clients and costs being higher than Home Office funding provides for. This is largely due to costs not falling in line with the reduction in income received once the child reaches 18 years of age.

These areas need to be closely reviewed to confirm forecast accuracy, understand reasons behind the overspends and explore any mitigating action available.

---

## **2. HOW DOES THIS DECISION CONTRIBUTE?**

- 2.1 The recommendations in this report are that each Policy Committee undertakes any work required to both balance their 2022/23 budget and prepare for the 2023/24 budget.

## **3. HAS THERE BEEN ANY CONSULTATION?**

- 3.1 There has been no consultation on this report, however, it is anticipated that the budget process itself will involve significant consultation as the Policy Committees develop their budget proposals

## **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **4.1 Equality Implications**

- 4.1.1 There are no direct equality implications arising from this report. It is expected that individual Committees will use equality impact analyses as a basis for the development of their budget proposals in due course.

### **4.2 Financial and Commercial Implications**

- 4.2.1 There are no direct financial implications from this report.

### **4.3 Legal Implications**

- 4.3.1 Under section 25 of the Local Government Act 2003, the Chief Finance Officer of an authority is required to report on the following matters:

- the robustness of the estimates made for the purposes of determining its budget requirement for the forthcoming year; and
- the adequacy of the proposed financial reserves.

- 4.3.2 There is also a requirement for the authority to have regard to the report of the Chief Finance Officer when making decisions on its budget requirement and level of financial reserves.

- 4.3.3 By the law, the Council must set and deliver a balanced budget, which is a financial plan based on sound assumptions which shows how income will equal spend over the short- and medium-term. This can take into account deliverable cost savings and/or local income growth strategies as well as useable reserves. However, a budget will not be balanced where it reduces reserves to unacceptably low levels and regard must be had to any report of the Chief Finance Officer on the required level of reserves under section 25 of the Local Government Act 2003, which sets obligations of adequacy on controlled reserves.

### **4.4 Climate Implications**

- 4.4.1 There are no direct equality implications arising from this report. It is expected that individual Committees will consider climate implications as they develop their budget proposals in due course.

### **4.4 Other Implications**

- 4.4.1 No direct implication

## **5. ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 The Council is required to both set a balance budget and to ensure that in-year income and expenditure are balanced. No other alternatives were considered.



## Report to Policy Committee

**Author/Lead Officer of Report:** Tim Armstrong,  
Head of Access & Inclusion

**Tel:** 0114 2053100

**Report of:** *Andrew Jones, Director of Children’s Services*

**Report to:** *Education, Children & Families*

**Date of Decision:** *27<sup>th</sup> September 2022*

**Subject:** *Ensuring a good education for children who cannot attend school because of health needs – policy statement*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>(Insert reference number)</i>				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i>				

**Purpose of Report:**

*To present the policy statement to ensure a good education for children who cannot attend school because of health needs.*

**Recommendations:**

*In line with statutory Department for Education guidance titled Ensuring a good education for children who cannot attend school because of health needs, there is a requirement for all local authorities to have a written, publicly accessible policy statement on arrangements to comply with legal duties towards children with additional health needs. The committee are asked to approve the proposed policy statement.*

**Background Papers:**

*(Insert details of any background papers used in the compilation of the report.)*  
Education for children who cannot attend school because of health needs policy statement – September 2022

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Kayleigh Inman
		Legal: Nadine Wynter
		Equalities & Consultation: Bashir Khan
		Climate: Jessica Rick
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	<i>Andrew Jones</i>
3	<b>Committee Chair consulted:</b>	<i>Dawn Dale, Mick Rooney</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Tim Armstrong</i>	<b>Job Title:</b> <i>Head of Access &amp; Inclusion</i>
	<b>Date:</b> <i>13<sup>th</sup> September 2022</i>	



## **1. PROPOSAL**

- 1.1 Department for education statutory guidance requires all local authorities to have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs. Currently there is no up to date published policy in place. This proposal presents the policy and seeks approval for it to be published.

The local authority duty is to arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise would not receive suitable education.

Local authorities should:

Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.

Ensure that the education children receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.

Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

- 1.2 Whilst the local authority has a duty to arrange provision, schools maintain a duty to ensure provision is in place and resourced and should put in place reasonable adjustments to address medical needs.

The policy identifies support that is in place to identify children and young people and support schools to deliver appropriate education support. The local authority commissions Becton Hospital School via Chapel House to deliver provision where required.

## **2. HOW DOES THIS DECISION CONTRIBUTE ?**

- 2.1 The policy helps to address the priority to reduce exclusion in all forms by seeking to ensure that appropriate education provision is arranged and accessible to those who may be unable to access education due to health needs.

### **3. HAS THERE BEEN ANY CONSULTATION?**

3.1 In developing the policy discussion has taken place with colleagues in the NHS and across schools, including Becton Hospital School.

There is no requirement for formal consultation on this policy statement.

### **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

#### **4.1 Equality Implications**

4.1.1 Decisions need to take into account the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

An Equality Impact Assessment has been carried out and highlights that the proposed policy fills a current gap of no up to date published policy being in place. The policy helps to address the priority to reduce exclusion in all forms by seeking to ensure that appropriate education provision is arranged and accessible to those who may be unable to access education due to health needs.

#### **4.2 Financial and Commercial Implications**

4.2.1 There are no financial implications associated with approval of the Policy Statement.

#### **4.3 Legal Implications**

4.3.1 As stated in the body of the report, under section 19 of the Education Act 1996, councils have a duty to make arrangements for the provision of suitable education, at school or otherwise, for children who, because of illness or other reasons, may not receive suitable education unless such arrangements are made for them. Suitable education means efficient education suitable to a child's age, ability and aptitude and to any special educational needs they may have. The education provided by the Council must be full-time unless the Council determines that full-time education would not be in the child's best interests for reasons of the

child's physical or mental health. The proposed policy statement is therefore in line with the Council's duties and the statutory guidance.

4.4 Climate Implications

4.4.1 The policy does not have any obvious significant impacts. Where services are commissioned more detailed Climate Impact Assessments is undertaken in line with procurement expectations.

4.4 Other Implications

4.4.1 *None*

**5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 The Local Authority is required to have a policy statement that is compliant with statutory guidance. The policy articulates practice in place for the local authority to meet its statutory duties.

**6. REASONS FOR RECOMMENDATIONS**

6.1 It is a requirement for the local authority to have a policy statement in place. By approving the statement, the local authority will meet this statutory duty.

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## **Ensuring a good education for children who cannot attend school because of health needs**

### **Sheffield City Council policy statement**

**Publication Date: September 2022**

**Review Date: September 2023**

This policy meets the requirements detailed within the Department for Education 'Ensuring a good education for children who cannot attend school because of health needs' ([Additional health needs guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk))

The Sheffield City Council named officer responsible for the 'Education of children unable to attend due to their health needs' is the Head of Access & Inclusion, Tim Armstrong

Throughout this policy statement the term child or children is used to describe children and young people of compulsory school age

**Sheffield will be an inclusive city where we work together to ensure that all children and young people get the right support at the right time so that they can live a happy and fulfilled life”**

## **Sheffield Inclusion Strategy 2020-2025**

### **1.0 Purpose of this policy**

This policy sets out what should happen when a child is unable to attend school due to their health needs.

It details how Sheffield City council delivers its statutory duty to arrange a suitable full time education for children of compulsory school age who are unable to attend school due to their health needs as detailed in section 19 of the Education Act 1996 and the DFE Statutory Guidance [Education for children with health needs who cannot attend school - GOV.UK](https://www.gov.uk/guidance/education-for-children-with-health-needs-who-cannot-attend-school) ([www.gov.uk](https://www.gov.uk))

All children have a right to an education, whether this is through school or otherwise. Most childhood illnesses mean a child may miss one or two days of school whilst they recover. However, children of school age may experience health issues that means they are unable to attend all day, every day, on time like their peers.

Most children will be able to continue to access education whilst receiving support for their medical needs. Some children’s health needs (including physical and mental health) or medical condition may mean that they are unable to attend school for a period whilst receiving treatment.

Whilst the Local Authority has the duty to arrange a suitable education any cost associated with this remains with the school where the child is on roll.

When it becomes known that there is a risk of the child being unable to attend the school should consult with their linked inclusion and attendance officer and refer to the Schools Own Management of Attendance guidance to make sure the right support is in place.

### **1.1 Policy summary**

In line with national guidance, this policy details the following:

- That all reasonable measures should be put in place prior to the local authority arranging provision for children who cannot attend school because of health needs
- That the child’s school continues to be required to fund provision put in place
- That children and their families should expect a joined-up plan of support
- That decision making on provision and support should be formalised through the local authority in line with the statutory duties to arrange provision
- That the local authority will commission appropriate provision to support children who cannot attend school because of a health need
- That the Inclusion and Attendance team will oversee appropriate cases
- That any arranged provision should be short term, regularly reviewed and delivered alongside appropriate medical intervention

## **1.2 Principles that underpin this policy**

- Children should attend school wherever possible – school attendance can significantly improve wellbeing
- Communication between home and school should be open, honest, and timely. All school policies should clearly state who parents should contact if they have a concern
- Schools should listen to the voice of the child to understand why they are absent, and what they need to return to school
- Schools should make every reasonable adjustment to help a child to continue to attend school, or continue to engage in education
- Professionals should work together to create good plans that enable a child to engage in education
- School leaders should consult at the earliest opportunity with health and social care professionals, children, and parents to understand and support the child's needs
- Children at school with medical conditions should have full access to education, including school trips and physical education
- Governing bodies and academy trusts must ensure that arrangements are in place in schools to support children with medical conditions

## **1.3 Expectations**

The Department for Education statutory guidance [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-pupils-with-medical-conditions-at-school) states that schools and academies should be supporting pupils with medical needs to continue to engage with learning on school site, with reasonable adjustments made and in line with the child's treatment plan.

The DFE 'Equality Act 2010 and Schools guidance' [Equality Act Advice Final.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/external-link-relief) states the Equality Act makes it unlawful for the responsible body of a school to discriminate against, harass or victimise a pupil or potential pupil in relation to admissions, the way it provides education for pupils, the way it provides pupils access to any benefit, facility or service, or by excluding a pupil or subjecting them to any other detriment.

## **2.0 Health Needs**

This policy applies when a child's health needs are the barrier to them accessing school full time, on time, every day. If other reasons are preventing a child from accessing school, then appropriate early help support should be put in place.

By health needs we mean those needs that can benefit from health care or from wider social and environmental changes. They relate to the treatment, control or prevention of disease, illness, injury or disability, and the care or aftercare of a person with these needs.

This means that where a child has a health need that is preventing them from attending regularly then contact with a recognised health practitioner who is considering or delivering appropriate treatment and further support should be in place.

## **3.0 Support available to children accessing education**

Not all children with health needs will require the local authority to arrange suitable provision. Managing health needs in education will be dependent on the severity of the needs. Health services should collaborate with schools, education services and social care to

address children's health needs flexibly. They should work together to enable the child to join in with education and social activities alongside other children. They should help children to develop their independence through their own management of their health need.

When a school or professional recognises that the child's health needs are impacting on their ability to engage with their normal educational offer, they should arrange to meet with the child to capture their voice, and the parent/carer as soon as possible. They should consider an education plan, and suitable referrals to universal health and early help. This plan should include any help and support for the parent/carer.

When a parent or child recognises that the child's health needs are impacting on their ability to engage with their normal educational offer, they should approach universal health services and discuss their concerns with their child's school as soon as possible.

There are a variety of services who provide advice, support and signposting for children, families, schools, and professionals. These include:

### **3.1 Healthy Minds**

Healthy Minds is a school-based project which aims to support the emotional health and wellbeing of children. It puts emotional resilience at the heart of children's health and wellbeing and recognises its impact on their learning, attainment, behaviour, and future employability. [Healthy Minds - Sheffield Children's NHS Foundation Trust \(sheffieldchildrens.nhs.uk\)](https://www.sheffieldchildrens.nhs.uk)

Healthy Minds forms an important part of [Sheffield's Emotional Wellbeing and Mental Health Strategy for Children and Young People](#) which was developed by Sheffield City Council and the Sheffield Clinical Commissioning Group.

### **3.2 Door 43**

Door 43 is a Service for 13–25-year-olds based at Star House in the city centre. This service takes a youth work approach to supporting children's emotional wellbeing. Children can access services such as counselling, social prescribing, employment support and group interventions.

### **3.3 Kooth**

Kooth is an online counselling service, which any 11–18-year-old can self-refer to.

### **3.4 Mental Health Support Teams**

Mental health support teams are part of the NHS response to support children's emotional wellbeing and mental health. The teams work with partners to continue to improve mental health support for children in Sheffield.

### **3.5 Healthy Minds Champions**

Schools across the city who are working with Healthy Minds and/or the Mental Health Support Teams have at least 1 designated Mental Health Champion. Many schools have also introduced student mental health champions who are working with staff to create a healthy mind environment where all children can feel supported, and able to access relevant information.



### **3.6 Health Needs in Education Team**

The Health Needs in Education Team support schools to identify and decipher additional support that would be required to enable a child with physical health needs to access school under the equalities act.

#### **4.0 Working Together a Multi-Agency Response**

Children and their families can access a range of support if they/their child is finding attending school difficult, due to their health needs.

If a child's health needs are preventing them attending school on a regular basis, then parents should contact school at the earliest opportunity to discuss support that is available from the school and external agencies.

If a child's health needs are deteriorating parents must also arrange a discussion with their GP or allocated medical clinician / consultant. If a referral for further advice has been submitted by the health professional, or a treatment plan has been provided parents should share this with the school as soon as possible.

The Health Needs in Education Team support schools to identify and decipher additional support needed to enable a child with physical health needs to access school under the equalities act.

#### **5.0 Assessing whether a child is unable to attend due to their health needs**

Only when the child's health needs become too complex to manage in school or through a multi-agency response, and school are recording the absence as illness, does the council have a responsibility to arrange suitable provision in line with this policy statement (see flowchart in appendix 1). When it has been established that the child will continue to be unable to attend for a longer period, and early help interventions have not supported the child back into their learning in school, the school is expected to:

- Meet with parents, and where appropriate the child
- Liaise with the GP or Health Professional to consider what they feel the child can engage with
- Put in place a support plan to define the reasonable adjustments to empower the child to continue to engage in their education at school as far as is reasonably practicable.
- For children with physical health needs this should include a referral to the health needs in education team.
- Consult with their linked attendance and inclusion officer to discuss support including to consider whether Emotionally Based School Avoidance (EBSA), graded exposure and/or mentoring would support engagement.
- Invite other professionals to meet with the child where their support can be meaningful to the outcomes of the child

#### **5.1 Full time education or a reduced timetable**

Despite a child having a health need, schools and academies are expected to continue to provide a full-time education. The law does not define what constitutes full time education, however children would be expected to be provided with an education equivalent to the

education they would receive if attending school, unless full time education would not be in the child's best interests.

Where full time education in school would not be in the child's best interests due to their health needs, a reduced timetable may be put in place as a short-term intervention. Reduced timetables must be reviewed regularly, and a plan for increasing hours in place, in line with the treatment plan, individual health care plan (IHCP) or support plan. Reduced timetable paperwork must be submitted by the school to the Local Authority via Anycomms.

## **5.2 Individual Healthcare Plan's**

As per the school's supporting pupils with medical needs in school statutory guidance 2015, [Supporting pupils with medical conditions at school – GOV.UK \(www.gov.uk\)](http://www.gov.uk) Individual Healthcare Plan (IHCP) should be completed for all children who have defined medical needs that require clinical support and intervention. The IHCP will inform what reasonable adjustments need to be in place that will meet the child's medical or health need and how any treatment and support should be provided. It ensures that children have access to the specific medical/health information they need and will keep them safe.

IHCPs should be incorporated into a support plan. Schools are expected to review a support plan within a timescale directed by the child's expected improvement or progress, or where there is decline. During this review they should identify any further reasonable adjustments identified by school, or advised by other professionals, and revise the plan with agreed outcomes linked to the child's attendance.

## **5.3 Team Around the Family Meeting**

If medical needs become more complex and the child is unable to attend school at all, even with the reasonable adjustments suggested, the school must arrange a Team around the Family meeting with the linked Inclusion and Attendance Team officer to look at the support plans already tried and reviewed, explore the reasonable adjustments already in place, the interventions already offered, and the suggested next steps. For many children this will be in place before this point is reached.

## **6.0 Local Authority and Health Multi-Disciplinary Team (MDT) Panel**

If all support has been exhausted the Inclusion and Attendance Officer will refer to the Local Authority and Health MDT panel for consideration of alternative education not on school site, or a combination of school and alternative education.

The Local Authority and Health MDT panel will:

- Clarify that the reason for the child being unable to access education is due to their health needs
- Confirm the treatment plan being offered to the child or young person
- Scrutinise if the level of support and interventions that have been offered suggest support over and above what is ordinarily available to all children in school is required
- Identify if the needs of the child are accurate and that plans are meaningful
- Consider the alternative options already considered by the school
- Consider what the appropriate education plan should be

The safeguarding responsibility and associated costs for education provision that the Local Authority arranges remains with the school/academy.

The type of education provision will depend on the health need, assessments being completed, treatment plans being provided and where the child is receiving their treatment.

All plans will be short term interventions with an aim of engaging the child back in education at their named school as soon as possible.

### **6.1 Recommendations from the Local Authority and Health MDT panel**

The panel will suggest appropriate next steps and plans for provision. These will be shared in writing with the school and the parents.

Schools will be expected to:

- Pay for the provision identified
- Follow the DFE working together to improve attendance guidance to ensure accuracy of attendance coding
- Follow alternative provision guidance
- Maintain regular contact with the child, the family, and the provider, particularly to support reintegration
- Complete any paperwork requested by the provider

### **6.2 Becton Outreach**

The Local Authority has commissioned Becton Hospital and Outreach Service to provide education for children 'medically unable' to attend mainstream school because of issues relating to physical and/or mental health. The Local Authority and Health MDT panel will refer to this service if appropriate.

There are a range of offers through this outreach service including:

#### Sheffield Children's Hospital

If a child is admitted to the Sheffield Children's Hospital, the Becton Hospital Team will aim to start teaching on day four after consultation with the medical and nursing staff and with the agreement of parents/guardians for the duration of any inpatient admission. (The three days 'wait' has been negotiated with the hospital as a reasonable time to consider whether the child is fit to receive and participate in learning. Where a child is clearly fit for receipt or access to education prior to the three days, this will be considered.)

#### Teenage Pregnancy

School-age pregnant girls will be offered group mentoring support and education for a contact period of up to 16 weeks around the time of the baby's birth. The curriculum offer is for a total of 16 weeks of education, generally from week 36 of the pregnancy, (i.e., 4 weeks prior to the expected due date of the baby's birth), with two weeks off over the birth 'maternity leave' and then teaching for a further 12 weeks. The curriculum provision will be agreed with the school, the child, and her parents/carers.

#### Tutoring

Where a child's mental health means they are unable to engage in school and a treatment plan is being offered they may be offered virtual or outreach education from their home, or for secondary age children a short-term place at Chapel House.

## **7.0 Re-integration and Review**

In accordance with the DFE [Alternative provision - GOV.UK \(www.gov.uk\)](http://www.gov.uk) guidance, plans for long term outcomes and next steps should be agreed at the start of all interventions, support or provision and reviewed regularly with identified steps in place to increase the hours back to full time as soon as possible.

Parents and the child must be informed at the outset that the long-term plan is for the child to be supported to successfully integrate back into school full time.

Consideration should be given throughout the period of support whether a MyPlan, or an Education, Health, and Care Needs Assessment is required to meet needs.

## **8.0 Key Performance Indicator and Outcomes**

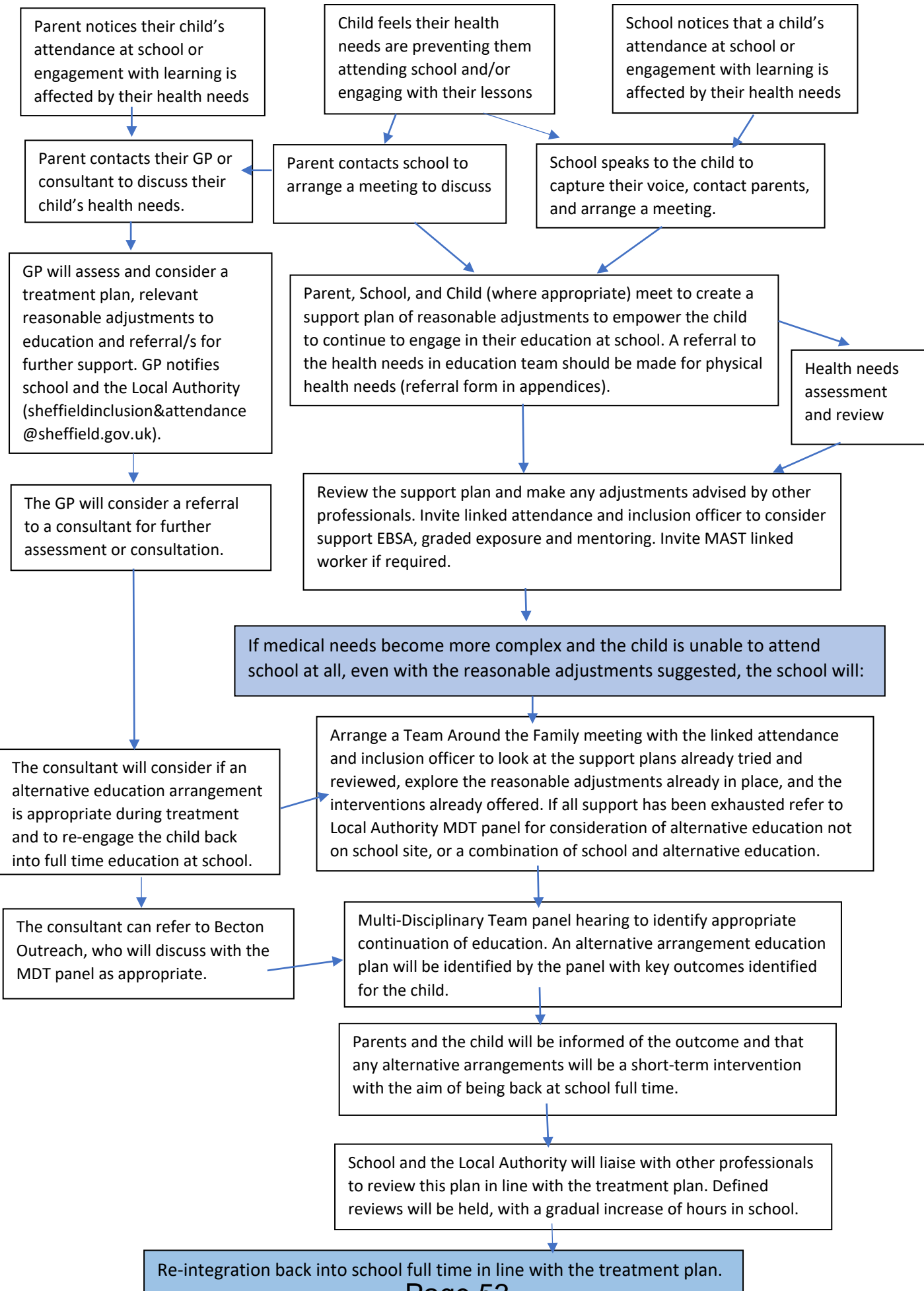
The aim of this policy is to support all children to engage in a suitable full-time education specific to their age, ability, aptitude, and any SEND needs they may have. This policy allows for assessments, support plans, and appropriate reviews to take place to support a gradual return to full time education in the school setting, in line with the child's identified health need. Through the support offered from schools, the Local Authority, and other professionals we aim for the child to:

- Have their voice captured within 5 school days of it becoming known that their education engagement is being impacted by their health needs.
- Be provided with advice, guidance, a keyworker and signposting to appropriate support following this discussion.
- Be given the named Mental Health Champion within the school (if appropriate), and for the champion to be informed of the child's voice and the advice and guidance required.
- Have a date arranged for a support plan discussion with school, parents, and the child within 5 school days of it becoming known that their education access is being impacted by their health needs and that support will be required
- Have a support plan discussion held within 10 school days, with a bespoke plan for education created and an IHCP completed.
- A referral to the Health Needs in Schools team (for physical health) completed during the support plan discussion
- Be given time, support, and guidance to engage with the bespoke plan, and for this to be reviewed regularly.
- Have a person-centred planning meeting arranged with the linked inclusion and attendance specialist within 15 school days, to review, explore and identify appropriate interim education arrangements, which may include alternative education/provision.
- Have their case heard at Local Authority and Health MDT panel if all support and interventions have been exhausted and they are unable to engage with any of the suggested interventions due to their health needs.

Working together all parties will aim for the child to return to mainstream school, where they can attend full time, every day, and engage with the quality first teaching offered in the classroom, as soon as they are medically able to.

**Appendix 1 – Flow chart**

Days  
1 - 5  
6 - 10  
11 - 15  
15 +



**Further Appendices –**

- **Support Plan template for children with health needs template (To be finalised and included)**
- **Health needs referral form (To be finalised and included)**

# Equality Impact Assessment Number: 1244

## PART A

### Introductory Information

**Proposal name** Ensuring a good education for children who cannot attend school because of health needs- Policy Statement

#### Brief aim(s) of the proposal and the outcome(s) you want to achieve

Department for Education statutory guidance requires all local authorities to have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.

The local authority duty is to arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise would not receive suitable education.

The proposed policy fills that current gap of no up to date published policy being in place and will support the aims of the Sheffield Inclusion Strategy 2020-2025. That *"Sheffield will be an inclusive city where we work together to ensure that all children and young people get the right support at the right time so that they can live a happy and fulfilled life"*

The policy identifies support that is in place to identify children and young people and support schools to deliver appropriate education support. The local authority commissions Becton Hospital School via Chapel House to deliver provision where required.

#### Proposal type

Budget       Non Budget

#### If Budget, is it Entered on Q Tier?

Yes       No

If yes what is the Q Tier reference

#### Year of proposal (s)

<input type="radio"/> 21/22	<input checked="" type="radio"/> 22/23	<input type="radio"/> 23/24	<input type="radio"/> 24/25	<input type="radio"/> other
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#### Decision Type

- Coop Exec
- Committee (e.g., Health Committee) which committee
- Leader
- Individual Coop Exec Member
- Executive Director/Director

- Officer Decisions (Non-Key)
- Council (e.g., Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

**Lead Committee Member**

Cllr Dale /Cllr Rooney

**Lead Director for Proposal**

Andrew Jones

**Person filling in this EIA form**

Tim Armstrong

**EIA start date**

02/09/22

**Equality Lead Officer**

- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> Adele Robinson         | <input type="radio"/> Ed Sexton    |
| <input type="radio"/> Annemarie Johnston     | <input type="radio"/> Louise Nunn  |
| <input checked="" type="radio"/> Bashir Khan | <input type="radio"/> Beverley Law |

**Lead Equality Objective ([see for detail](#))**

<input checked="" type="radio"/> Understanding Communities	<input type="radio"/> Workforce Diversity	<input type="radio"/> Leading the city in celebrating & promoting inclusion	<input checked="" type="radio"/> Break the cycle and improve life chances
--	---	---	---

**Portfolio, Service and Team**

**Is this Cross-Portfolio**

- Yes       No

**Portfolio/s**

Childrens Services

**Is the EIA joint with another organisation (e.g. NHS)?**

- Yes       No      Please specify

**Consultation**

**Is consultation required? (Read the guidance in relation to this area)**

- Yes       No

**If consultation is not required, please state why**

In developing the policy discussion has taken place with colleagues in the NHS and across schools, including Becton Hospital School. There is no requirement for formal consultation on this policy statement.

**Are Staff who may be affected by these proposals aware of them?**



Yes       No

**Are Customers who may be affected by these proposals aware of them?**

Yes       No

**If you have said no to either please say why**

## Initial Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

## Identify Impacts

**Identify which characteristic the proposal has an impact on tick all that apply**

<input checked="" type="radio"/> Health	<input type="radio"/> Transgender
<input checked="" type="radio"/> Age	<input type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input type="radio"/> Voluntary/Community & Faith Sectors
<input type="radio"/> Pregnancy/Maternity	<input type="radio"/> Cohesion
<input type="radio"/> Race	<input type="radio"/> Partners
<input type="radio"/> Religion/Belief	<input checked="" type="radio"/> Poverty & Financial Inclusion
<input type="radio"/> Sex	<input type="radio"/> Armed Forces
<input type="radio"/> Sexual Orientation	<input type="radio"/> Other
<input type="radio"/> Cumulative	

## Cumulative Impact

**Does the Proposal have a cumulative impact?**

Yes       No

<input type="radio"/> Year on Year	<input type="radio"/> Across a Community of Identity/Interest
<input type="radio"/> Geographical Area	<input type="radio"/> Other

*If yes, details of impact*

**Local Area Committee Area(s) impacted**

All       Specific

*If Specific, name of Local Committee Area(s) impacted*

## Initial Impact Overview

**Based on the information about the proposal what will the overall equality impact?**

The Department for Education statutory guidance Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk) states that schools and academies should be supporting pupils with medical needs to continue to engage with learning on school site, with reasonable adjustments made and in line with the child's treatment plan.

The DFE 'Equality Act 2010 and Schools guidance' Equality Act Advice Final.pdf (publishing.service.gov.uk) states the Equality Act makes it unlawful for the responsible body of a school to discriminate against, harass or victimise a pupil or potential pupil in relation to admissions, the way it provides education for pupils, the way it provides pupils access to any benefit, facility or service, or by excluding a pupil or subjecting them to any other detriment.

The local authority duty is to arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise would not receive suitable education.

The proposed policy fills that current gap of no up to date published policy being in place.

The policy helps to address the priority to reduce exclusion in all forms by seeking to ensure that appropriate education provision is arranged and accessible to those who may be unable to access education due to health needs.

**Is a Full impact Assessment required at this stage?**  Yes  No

**If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.**

## Initial Impact Sign Off (EIA Lead to complete)

**EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. EIA signed off:**

Yes  No

Date agreed

6/9/22

EIA Lead

Bashir Khan

## Part B

### Full Impact Assessment

## Health

**Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?**

Yes     No    *if Yes, complete section below*

### Staff

Yes     No

### Customers

Yes     No

### Details of impact

The policy helps to address the priority to reduce exclusion in all forms by seeking to ensure that appropriate education provision is arranged and accessible to those who may be unable to access education due to health needs.

### Comprehensive Health Impact Assessment being completed

Yes     No

*Please attach health impact assessment as a supporting document below.*

### Public Health Leads has signed off the health impact(s) of this EIA

Yes     No

Name of Health Lead Officer

## Age

### Impact on Staff

Yes     No

### Impact on Customers

Yes     No

### Details of impact

The policy helps to address the priority to reduce exclusion in all forms by seeking to ensure that appropriate education provision is arranged and accessible to those who may be unable to access education due to health needs.

## Disability

### Impact on Staff

Yes     No

### Impact on Customers

Yes     No

### Details of impact

The policy helps to address the priority to reduce exclusion in all forms by seeking to ensure that appropriate education provision is arranged and accessible to those who may be unable to access education due to health needs.

### **Pregnancy/Maternity**

**Impact on Staff**

Yes                       No

**Impact on Customers**

Yes                       No

**Details of impact**

### **Race**

**Impact on Staff**

Yes                       No

**Impact on Customers**

Yes                       No

**Details of impact**

### **Religion/Belief**

**Impact on Staff**

Yes                       No

**Impact on Customers**

Yes                       No

**Details of impact**

### **Sexual Orientation**

**Impact on Staff**

Yes                       No

**Impact on Customers**

Yes                       No

**Details of impact**

### **Gender Reassignment (Transgender)**

**Impact on Staff**

Yes  No

**Impact on Customers**

Yes  No

**Details of impact****Carers****Impact on Staff**

Yes  No

**Impact on Customers**

Yes  No

**Details of impact****Poverty & Financial Inclusion****Impact on Staff**

Yes  No

**Impact on Customers**

Yes  No

**Details of impact**

The policy helps to address the priority to reduce longer exclusion through missing out of education in all forms is mitigated by seeking to ensure that appropriate education provision is arranged and accessible to those who may be unable to access education due to health needs.

**Cohesion****Impact on Staff**

Yes  No

**Impact on Customers**

Yes  No

**Details of impact****Partners****Impact on Staff**

Yes  No

**Impact on Customers**

Yes  No

**Details of impact**

**Armed Forces**

**Impact on Staff**

Yes

No

**Impact on Customers**

Yes

No

**Details of impact**

**Other**

*Please specify*

**Impact on Staff**

Yes

No

**Impact on Customers**

Yes

No

**Details of impact**

**Action Plan and Supporting Evidence**

**What actions will you take to mitigate any equality impacts identified? Please include an Action Plan including timescales**

[Empty text box for Action Plan]

**Supporting Evidence** (Please detail all your evidence used to support the EIA)

[Empty text box for Supporting Evidence]

**Detail any changes made as a result of the EIA**

[Empty text box for changes made as a result of the EIA]

[Redacted]

Following mitigation is there still significant risk of impact on a protected characteristic.  Yes  No

If yes, the EIA will need corporate escalation? Please explain below

[Redacted]

### Sign Off – Part B (EIA Lead to complete)

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes  No

Date agreed

6/9/22

Name of EIA lead officer

Bashir Khan

Review Date

30/09/2023

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# One Adoption South Yorkshire

Agenda Item 12



**One**  
Adoption  
Agency  
SOUTH YORKSHIRE

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ANNUAL REPORT  
FOR 2021/2022



# FOREWORD

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This is the first Annual Report from One Adoption South Yorkshire. We are very proud to share with you what we have achieved in our first year of operation.

It has not been an easy year in which to establish a new organisation. For much of the time the country has been in a significant lockdown with government advice to work from home wherever possible. Fortunately, everyone has become much more adept with the IT and the capacity of TEAMS to adapt to meet our needs has been vital.

As we start to emerge from the covid crisis and people return to actual face to face working, even if now most of us are hybrid working with a mix of working from home and working from the office, new challenges are emerging for the RAA.

Do we return to actual adoption panels? Do we get the teams together actually? What is the trade-off between travelling time and being able to work together directly?

The covid crisis has left all of us, including adoptive families and prospective adopters in a very different place to where we were two years ago. There have been some significant changes in the number of adopters and the number of children being adopted. Are these significant and permanent or will the picture change again? The use of on-line services has changed all of our lives in the last two years and many practices will be changed for ever.

Despite and in some cases because of the above we have been able to create a new identity as One Adoption South Yorkshire and start to deliver as a single unit rather than four separate teams. There is still lots to do but as this report will show – we have made an excellent start.

**STEPHANIE EVANS**

Head of One Adoption South Yorkshire Page 66



# OASY STRUCTURE

One Adoption South Yorkshire was the thirtieth of the Regional Adoption Agencies to be created in England and is a partnership model RAA. It brings together the Adoption Services from Doncaster Children’s Trust, Rotherham Metropolitan Borough Council, Sheffield City Council and Barnsley Metropolitan Borough Council. DCST is the ‘host’ agency but in a partnership model, practitioners do not all move to the host agency either through secondment or TUPE. They remain employed by their existing agency. Doncaster hosts a small but growing team of central ‘hub’ staff who operate across the whole service. Unlike many other partnership model RAAs One Adoption South Yorkshire has a pooled budget. Some of the budget remains with each locality to cover staffing, direct payments to adopters and other local expenses, the remainder is held by DCST and covers inter-agency payments, commissioned contracts and other RAA-wide expenses.

## Team structures April 2022

LOCALITY	SM	TM	AP	RECRUITMENT	FAMILY-FINDING	POST ADOPTION SUPPORT	TOTAL NUMBER OF STAFF (NOT FTE)
BARNSELEY	0.2	1	1	6.5 FTE SW between recruitment and family finding 4.5 SW	6.5 FTE SW between recruitment and family finding 2 SW	2 SW FTE 0.8 Dev Worker – letter-box 2 SW	14
DONCASTER	0.8	1	1	3.45 FTE SW 0.5 SCA 3.45 SW	1.65 FTE 1.65 SW	3.2 FTE 2.5 SCA (incl letter-box) 3.2 SW  New shared post 0.5 with SGO – Educ Support	15
ROTHERHAM	0.2	2	0	5.1 FTE SW 1 Support Worker 5.1 SW	2.2 FTE SW 1 Co-ordinator 2.2 SW	2 FTE SW 1FSW 1 contact co-ordinator 2 SW	17
SHEFFIELD	1	2.5	0	7 FTE SW 1 Interviewing officer 7 SW	4 FTE SW 1 SCA 4 SW	3.8 FTE 2.5 SCA 0.6 Letter-box co-ordinator 3.8 SW	28



**Head of Service** – Stephanie Evans, employed by DCST based in Doncaster.

### **Service Managers**

Vicky Brooke – full-time Service Manager based in Sheffield, current agency lead on Recruitment and Assessment

Lindsey Knight – 0.2 Service Manager with the RAA, based in Rotherham

Sharon Wood – 0.2 Service Manager with the RAA, based in Barnsley

Claire Holmes – 0.8 Service Manager, based in Doncaster, current agency lead on Post Adoption Support

Helen Mangham has been appointed as a 12 month full-time Service Manager to manage the Rotherham and Barnsley teams and be the agency lead on Family-Finding

### **Team Managers**

Michael Richardson – Full-time Team Manager in Barnsley

Melanie Johnson – Full-time Team Manager in Doncaster (this is a new post created by the RAA in April 2022, previously Melanie was 0.2 Team Manager and 0.8 Advanced Practitioner

Vacancy – there is a 12 month Team Manager vacancy in Rotherham which is currently under-recruitment following Helen’s appointment to the Service Manager post

Jill Stanley – Full-time Team Manager in Rotherham

Jane Sandland – Full-time Team Manager for Recruitment and Assessment in Sheffield

Liz Rowe – part-time Team Manager for family-finding in Sheffield

Laura Williams – part-time Team Manager for Adoption Support in Sheffield

### **Agency-Advisers**

During the first year in operation the RAA has re-configured the Adoption Panels into East and West Panels and appointed a full-time Agency-Adviser to each area:

Agency Adviser East (Doncaster and Rotherham) – Kim Wilson.

Agency Adviser West (Barnsley and Sheffield) – Samantha Jones.

### **Panel Chairs**

Panel Chair East – Michaela Bass

Panel Chair West – Viv Howorth



# OASY GOVERNANCE

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## **RAA Governance Board – currently meets bi-monthly**

Riana Nelson, Director of Learning Opportunity, Skills and Culture,  
DMBC – Chair

Director of Children’s Services – RMBC

Assistant Director, Children in Care, Sheffield City Council

Director of Children’s Services, Barnsley Metropolitan Borough  
Council

Director of Children’s Social Care, Doncaster Children’s Services Trust

Director of Children’s Services, Rotherham Metropolitan Borough  
Council

Adoption-UK – South Yorkshire Adopter Voice representative

Virtual Head, Doncaster Metropolitan Borough Council

Yorkshire Adoption Agency – Voluntary Adoption Agency  
Representative

As yet an appropriate representative from the local Health Services  
has not been identified and after a year in operation this would be a  
timely opportunity to review the membership of the Board in  
general.



# PERFORMANCE

Performance data is collected both for the individual authorities and for the RAA as a whole and is split between the adopter data and the children's data. At the present time the RAA is able to produce reliable data based on the requirements of the Adoption and Special Guardianship Leadership Board but there are some areas of data collection, particularly around post adoption support and the stability of adoptive families that will need further development in the future.

## Adopter Data

National Adoption Regulations have specific expectations regarding the length of each element of the journey to approval for adopters.

Stage 1 – Should be completed within 2 months

Stage 2 – Should be completed within 4 months

## Numbers at stage one – 21-22 compared with late 20-21

### No. at Stage 1 (Start date and no end date)

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Barnsley	9	6	6	5	4	5	7	8	8	7	8	7
Doncaster	6	7	7	5	5	5	7	8	10	12	17	17
Rotherham	5	3	8	9	7	7	2	2	4	5	6	8
Sheffield	7	8	7	5	9	9	7	7	6	3	3	3
<b>One Adoption SY</b>	<b>27</b>	<b>24</b>	<b>28</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>23</b>	<b>25</b>	<b>28</b>	<b>27</b>	<b>34</b>	<b>35</b>

### No. at Stage 1

	Jan-21	Feb-21	Mar-21
Barnsley	5	8	7
Doncaster	8	7	9
Rotherham	5	4	7
Sheffield	11	9	6
<b>One Adoption SY</b>	<b>29</b>	<b>28</b>	<b>29</b>





Numbers at stage one remain broadly consistent across the last eighteen months and are shared fairly equally across all four teams. The reasons for the sudden jump in numbers at stage one in Doncaster in recent months are not clear but it is likely to be that on the website the information events that adopters sign up for may be weighted in Doncaster's favour as Doncaster were the only service delivering actual information events. The agreed RAA procedure is that adopter assessments are allocated in the area where the adopters live regardless of which information event they attend unless the adopters themselves have an expressed preference for being assessed by a particular team. But often adopters from outside the One Adoption area who have chosen to approach OASY rather than their local RAA are allocated to the team delivering the information meeting they attend.

Stage One of the adopter approval process begins when the adopter has submitted a 'Registration of Interest' form which has been accepted by the agency and at this stage background checks and medicals are completed.

**Ave length of time at Stage 1 (if greater than 2 months (61 days) then shaded orange)**

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Ave
Barnsley	88.8	121.5	130.3	140.6	169.3	56.0	60.9	52.9	71.3	85.1	84.5	99.1	113.5
Doncaster	79.8	80.7	89.4	98.6	82.6	64.4	28.7	53.9	49.2	63.0	84.1	115.1	83.3
Rotherham	87.8	137.3	107.1	129.4	165.4	111.3	196.5	227.5	158.3	133.2	81.2	91.1	110.8
Sheffield	50.1	72.3	94.1	116.8	92.7	79.1	63.4	68.0	82.2	96.7	62.3	20.3	72.2
One Adoption SY	76.6	102.9	105.3	121.4	127.5	77.7	87.4	100.6	90.2	94.5	78.0	98.3	94.9

This table shows the average length of time the adopters currently at stage 1 have been in stage 1 on a month by month basis. In order to demonstrate whether the teams are making any progress in moving adopters through stage 1 more quickly the RAA needs to know the average time spent at stage 1 for those who have fully completed stage 1. However what this table does show is that some people spend far more than 61 days in stage 1.

This can be for a variety of reasons, which might include the service not progressing them quickly enough, but mostly, at this point in time, it is due to delays in obtaining the statutory checks particularly the medical examinations due to the pressures on GPs during and after the covid crisis. There are often other built in delays due to background checks not being progressed quickly enough or even some adopters' information not being immediately available. In 22/23 a dedicated case management system will allow the RAA to more effectively identify any delays in the process.

**No. at Stage 2 (start date and no end date)**

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Barnsley	10	12	9	5	6	6	4	1	2	4	5	6
Doncaster	7	9	8	11	8	7	9	6	7	6	7	7
Rotherham	11	12	9	8	5	3	5	7	7	8	6	6
Sheffield	8	11	9	9	10	6	8	12	10	9	8	8
<b>One Adoption SY</b>	<b>36</b>	<b>44</b>	<b>35</b>	<b>33</b>	<b>29</b>	<b>22</b>	<b>26</b>	<b>26</b>	<b>26</b>	<b>27</b>	<b>26</b>	<b>27</b>

Stage 2 is the period during which the full assessment of potential adopters is undertaken by a qualified and experienced social worker. As can be seen from the table above there has been a substantial drop in overall numbers by the end of 21/22 from earlier in the year. The teams are reporting higher numbers of adopters than usual dropping out either between the enquiry and the registration of interest stage or during stage 2. Some of the expressed reasons from drop out at stage 2 in the last year have been the couples becoming pregnant and either wanting to delay adoption until sometime after the child is born or even giving up on the adoption process altogether but another common reason for the increased number of drop-outs is becoming financial reasons, the uncertainty after COVID and the inflationary pressures on family incomes are making some potential adopters reconsider their decision.

**Ave length of time at Stage 2 - days between Stage 2 start & end of month (if greater than 4 months (121 days) then shaded orange)**

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Ave
Barnsley	63.5	71.0	103.7	79.2	97.8	53.5	55.8	50.0	35.0	39.8	31.8	51.7	79.4
Doncaster	49.8	61.9	88.8	100.6	92.0	74.1	70.8	100.3	93.9	73.5	67.4	98.4	66.8
Rotherham	50.1	59.1	107.1	132.5	123.0	65.0	66.6	75.4	95.9	113.1	67.3	98.3	72.1
Sheffield	54.1	66.7	166.0	82.6	92.9	54.5	58.3	52.8	58.8	84.4	95.4	54.8	95.6
<b>One Adoption SY</b>	<b>54.4</b>	<b>64.8</b>	<b>117.2</b>	<b>100.2</b>	<b>98.9</b>	<b>61.9</b>	<b>63.8</b>	<b>69.7</b>	<b>76.4</b>	<b>83.9</b>	<b>69.2</b>	<b>75.1</b>	<b>78.8</b>

There are the same problems with this table as with the stage one table and the RAA needs further work on a specific adoption case management system to ensure the required information becomes available to take the Service forward. However as with the stage 1 table it does show some adopters taking longer at stage 2 than the national target. Again this is likely to be due to a number of factors similar to those at stage 1.





## Overall number of adopters approved 2020/21

### No. of Adopters Approved

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Barnsley	4	1	3	3	3	1	2	0	3	3	1	2	26
Doncaster	3	0	4	0	2	2	2	1	3	0	1	2	20
Rotherham	2	1	2	2	1	2	2	2	3	0	4	3	24
Sheffield	0	2	2	4	5	1	3	4	0	1	0	2	24
<b>One Adoption SY</b>	<b>9</b>	<b>4</b>	<b>11</b>	<b>9</b>	<b>11</b>	<b>6</b>	<b>9</b>	<b>7</b>	<b>9</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>94</b>

## Overall number of adopters approved 2021/22

### No. of Adopters Approved

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Barnsley	2	1	3	3	2	1	2	0	2	0	1	0	17
Doncaster	0	0	3	0	4	2	1	3	1	2	0	1	17
Rotherham	2	1	3	2	2	4	0	0	2	4	0	0	20
Sheffield	3	0	3	3	0	4	1	1	3	1	2	4	25
<b>One Adoption SY</b>	<b>7</b>	<b>2</b>	<b>12</b>	<b>8</b>	<b>8</b>	<b>11</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>5</b>	<b>79</b>

The target set in the original business case for the SYRAA was 92 adopters per year so in 21-22 the RAA output is below the set target and there is a decline in performance from 20-21 when the target was exceeded. The reasons are likely to be as outlined above with some adopters dropping out of the process and others not coming forward due to the circumstances around covid and the current impact on family finances. However there may also be an awareness amongst potential adopters of the current position regarding children seeking adoptive families. In December 2021, the last time figures were collated, OASY had 63 approved adopters awaiting children and only 45 children for whom we were seeking adoptive families. This picture is replicated nationally with the number of approved adopters outstripping the number of children to be placed.

The challenge facing One Adoption South Yorkshire is not necessarily to recruit more adopters but to recruit more adopters who can meet the specific needs of the children who need families. This will mean recruiting more adopters who could provide a home for older children, for brothers and sisters together, for children with complex health needs and for children with diverse cultural heritage. The Service has begun to do this since coming together as a RAA with recent national and local campaigns for adopters for older children and sibling groups. Practitioners have been working with adopters and local communities to try to spread the message that adoption can be for people from a wide range of backgrounds. The Service aims to connect with faith groups and with people employed in the caring professions who may feel able to adopt older children and children with complex health needs. In the future the RAA will develop a 'concurrent planning' service where parents are dually assessed as both foster carers and adopters with the understanding that the initial plan is to return the children to birth family or extended family members wherever possible, but if that proves impossible the children would be adopted by the concurrent carers. This service would need to be developed alongside colleagues in the local authority fostering service and colleagues in the Children's teams.

In order to address the current excess of adopters over children OASY has established links with other Regional Adoption Agencies who are not in the same position and there are a number of external matches for OASY adopters coming through in the near future. This will ensure that local adopters are not dropping out of the process due to waiting times and children from elsewhere in the country are placed with the families they need.

## Children's data

As with adopters there are national targets for the completion of certain stages in the child's journey from coming into the care of the local authority to an Adoption Order being made and their becoming a permanent member of their new family.

The A1 indicator is the length of time between a child coming into care and being placed with their adoptive family. The target time is 426 days.

### Average time from entering care to being placed (A1 Indicator) (for those children adopted)

	Qtr 1 21 22	Qtr 2 21 22	Qtr 3 21 22	Qtr 4 21 22	Full Year
Barnsley	373.4	401.6	477.0	436.6	398.2
Doncaster	437.0	478.7	524.0	442.5	463.0
Rotherham	563.8	549.6	581.3	726.1	621.5
Sheffield	521.5	535.7	760.3	580.0	564.4
<b>One Adoption SY</b>	<b>471.1</b>	<b>502.5</b>	<b>610.1</b>	<b>594.3</b>	<b>528.0</b>

The table shows the average length of time for the children adopted by each team in 21-22. As these are all children where the Adoption Order has been made the ones earlier in the year will mostly be children placed before the RAA was created.

### Average time from Entering Care to being placed (A1 indicator)(for those children adopted) by Age at Adoption

	Under 1	1-4	5-9	10-15	16+	Full Year
Barnsley	173.5	395.4	660.0	-	-	398.2
Doncaster	-	466.3	437.0	-	-	463.0
Rotherham	206.0	527.5	977.0	1276.0	-	621.5
Sheffield	177.4	537.1	763.5	-	-	564.4
<b>One Adoption SY</b>	<b>182.9</b>	<b>481.4</b>	<b>789.0</b>	<b>1276.0</b>	<b>-</b>	<b>528.0</b>

This table provides balance to the previous table as it shows the impact of age on waiting times for children.

If the service was only placing children under one year old the target would easily be achieved, as for many children under year old adopters are more readily available and many are placed subject to an early permanence placement where the adopters are dually approved as foster carers and the children are placed with them before the Court has made a Placement Order. Care proceedings have always been lengthy and the 26 week target was rarely achieved before covid. In the last two years care proceedings have taken longer and longer meaning that unless the child is placed in an Early Permanence Placement before the Placement Order is made they are becoming older and older at the point of placement with their adoption family. Older children always take longer to find suitable families but the impact on the timeliness figures of finding a suitable placement for older children between 5 and 9, or as shown here where Rotherham placed a child over 10, should not mean that the service ceases family-finding for older children.

To adjust for this practice of older children being adopted at a later stage often by their previous foster carers the National Targets have a relatively new indicator – A10.

**Average time from entering care to being placed with foster carer (A10 Indicator) (for those children adopted)**

	Qtr 1 21 22	Qtr 2 21 22	Qtr 3 21 22	Qtr 4 21 22	Full Year
Barnsley	315.1	401.6	477.0	436.6	364.3
Doncaster	437.0	389.7	524.0	272.8	357.9
Rotherham	475.4	506.8	316.8	352.1	418.9
Sheffield	341.3	535.7	731.3	568.2	476.5
<b>One Adoption SY</b>	<b>359.0</b>	<b>474.8</b>	<b>512.3</b>	<b>437.8</b>	<b>420.4</b>

On this indicator three of the four locality teams are under the national target and the RAA overall is within the 426 days.

This target is not one the RAA can deliver against as a single service. The achievement of this goal to place children as quickly as possible with permanent families is a shared activity involving colleagues in Children’s Services making assessments and plans and implementing them as promptly as possible and the Courts ensuring that decision-making is prompt in the interests of the child. As we are all aware in the last two years there has been considerable delay in care proceedings and in setting dates for hearings as a result of the COVID crisis.

**Average time from Placement Order to Matching (A2 Indicator) (for those children adopted)**

	Qtr 1 21 22	Qtr 2 21 22	Qtr 3 21 22	Qtr 4 21 22	Full Year
Barnsley	142.6	57.0	88.0	119.8	119.8
Doncaster	220.0	149.0	53.0	93.8	121.7
Rotherham	282.3	174.1	401.8	341.8	292.2
Sheffield	193.9	200.8	158.5	152.3	179.0
<b>One Adoption SY</b>	<b>191.7</b>	<b>151.4</b>	<b>213.2</b>	<b>209.2</b>	<b>191.2</b>

The National A2 indicator is one where the main responsibility for achieving this target lies with the RAA, as the speed with which this is achieved depends on the early allocation of a family-finder and the availability of adopters to meet the needs of the child. If the child is allocated early enough to a family-finder and if there are suitable adopters available the target of 121 days is easily achieved. However for older children, for sibling groups and for children with complex health needs adopters are not always immediately available and there have to be more lengthy searches both across the RAA’s own resources and even nationally, involving adopters from other RAAs and Voluntary Adoption Agencies. However sometimes unnecessary delays can occur at this stage where a case is transferred from one children’s social worker to another or where there are a number of possible adopters and there are delays around making a choice of where to place a child. Even here closer and more effective working with colleagues in the Children’s Teams can speed up the process for a child.

## No. of Adoptions

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Barnsley	8	7	3	1	1	3	2	1	0	1	1	3	31
Doncaster	0	1	0	1	2	0	1	0	0	0	1	3	9
Rotherham	3	5	1	1	4	3	2	1	1	4	0	8	33
Sheffield	4	6	9	5	1	0	3	1	0	6	3	4	42
<b>One Adoption SY</b>	<b>15</b>	<b>19</b>	<b>13</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>11</b>	<b>5</b>	<b>18</b>	<b>115</b>

## No. of Adoptions

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Barnsley	2	0	1	0	3	5	4	1	0	0	3	6	25
Doncaster	1	0	2	2	2	4	1	1	0	4	0	4	21
Rotherham	1	0	0	1	1	9	7	5	2	2	1	5	34
Sheffield	2	0	0	3	2	11	2	3	3	4	0	3	33
<b>One Adoption SY</b>	<b>6</b>	<b>0</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>29</b>	<b>14</b>	<b>10</b>	<b>5</b>	<b>10</b>	<b>4</b>	<b>18</b>	<b>113</b>

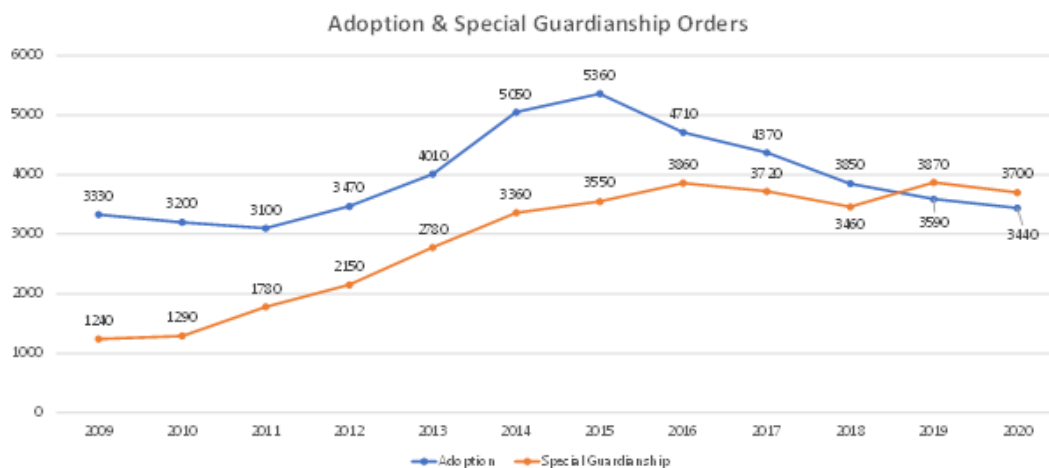
The number of children adopted in 21/22 compares favourably with the figures for 20/21. The number of adoptions in a given year largely reflects the activity of the previous year as Adoption Orders are usually made some months after the child is placed so the first table will mostly reflect activity in 19/20 and the second activity in 20/21.

Activity by the RAA in 21/22 is more accurately reflected in the number of children 'placed' for adoption.

## Children who were placed during (includes those later Adopted or no longer placed)

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Barnsley	1	1	1	3	3	2	0	4	0	0	3	1	19
Doncaster	1	0	1	0	1	4	1	2	1	1	1	1	14
Rotherham	3	3	3	0	4	2	0	6	0	1	0	0	22
Sheffield	5	1	6	1	2	2	2	2	0	1	1	3	26
<b>One Adoption SY</b>	<b>10</b>	<b>5</b>	<b>11</b>	<b>4</b>	<b>10</b>	<b>10</b>	<b>3</b>	<b>14</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>81</b>

This table shows a reduction in adoption activity across all four local authorities in 21/22 from the two previous years. A reduction in adoption activity has been shown right across England and Wales over the last three years. At this point the reasons for this are largely speculative. Covid and the delays in Court are believed to be a significant feature as this has slowed down the adoption process across the country. Many children have ultimately either been placed with relatives following lengthy assessments which should be a positive thing or have remained in care for so long that they are now considered too old to be adopted and are likely to remain in long-term foster care. More children are now being placed subject to Special Guardianship Orders than Adoption Orders – the cross-over point came at the end of 2018. However in the last two years under covid there has been a decline in the number of both SGOs and Adoption Orders being made. Again this is believed to be due to the reduction in Court activity. (See table below)



John Simmonds, Coram-Baaf for the Public Law Working Group Jan 2022

The original RAA Business Case set a target of 154 children adopted per year, although this was a relatively arbitrary figure, based on levels of adoption across South Yorkshire in previous years. The RAA can only find placements for the children the local authorities ask it to find placements for so together we need to explore whether this down-turn reflects a permanent change in practice or is just a reflection of the impact of the recent pandemic or other temporary factors.

Central to the ethos of One Adoption South Yorkshire is the aim of placing South Yorkshire children with South Yorkshire Families. There are two main drivers behind this aim. Firstly by placing local children with the RAA’s own adopters practitioners know both the children and the families much better and can be more confident that good matches are being made. Secondly if children are placed with local families the RAA is in a much better position to support those families into the future and ensure that the child remains secure within that family. The current legal requirement is that the placing authority provides adoption support to the family for the first three years post placement which means that if the RAA places a South Yorkshire child anywhere in England or Wales practitioners will be travelling often long distances to support families and they won’t have the knowledge about local facilities and services that they would need to provide useful advice and support.

**Children who were placed from within the RAA (includes those later Adopted or nc**

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Barnsley	1	0	1	3	2	0	0	4	0	0	3	0	14
Doncaster	1	0	1	0	1	2	0	1	1	1	0	0	8
Rotherham	3	3	1	0	2	1	0	6	0	0	0	0	16
Sheffield	1	1	1	1	2	2	2	1	0	1	0	3	15
<b>One Adoption SY</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>12</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>53</b>
% Barnsley	100%	0%	100%	100%	67%	0%	-	100%	-	-	100%	0%	74%
%Doncaster	100%	-	100%	-	100%	50%	0%	50%	100%	100%	0%	0%	57%
%Rotherham	100%	100%	33%	-	50%	50%	-	100%	-	0%	-	-	73%
%Sheffield	20%	100%	17%	100%	100%	100%	100%	50%	-	100%	0%	100%	58%
<b>% One Adoption SY</b>	<b>60%</b>	<b>80%</b>	<b>36%</b>	<b>100%</b>	<b>70%</b>	<b>50%</b>	<b>67%</b>	<b>88%</b>	<b>100%</b>	<b>67%</b>	<b>60%</b>	<b>60%</b>	<b>65%</b>

### Children who were placed from within the RAA (includes those later Adopted or not)

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Barnsley	2	1	1	1	6	0	1	3	0	0	0	0	15
Doncaster	1	0	1	0	1	2	1	1	0	0	1	1	9
Rotherham	0	1	3	1	2	3	1	0	4	0	0	2	17
Sheffield	2	0	4	1	0	3	0	1	1	4	1	2	19
<b>One Adoption SY</b>	<b>5</b>	<b>2</b>	<b>9</b>	<b>3</b>	<b>9</b>	<b>8</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>60</b>
% Barnsley	100%	33%	100%	100%	86%	0%	50%	100%	0%	0%	0%	0%	47%
%Doncaster	50%	-	100%	0%	33%	40%	100%	50%	-	-	100%	100%	47%
%Rotherham	-	33%	100%	50%	67%	100%	20%	0%	100%	-	-	67%	57%
%Sheffield	40%	-	100%	25%	0%	60%	0%	50%	100%	67%	100%	50%	54%
<b>% One Adoption SY</b>	<b>56%</b>	<b>33%</b>	<b>100%</b>	<b>30%</b>	<b>64%</b>	<b>50%</b>	<b>30%</b>	<b>45%</b>	<b>83%</b>	<b>44%</b>	<b>40%</b>	<b>45%</b>	<b>52%</b>

The table for 21/22 shows a significant increase in the percentage of children being placed within the RAA, up 13% from the previous year. However 35% placed externally is still some way from where the RAA would want to be. As a RAA we would never want to insist that all children are placed with RAA adopters as there always has to be the consideration of the needs of the child and the avoidance of delay. If the right adopter at the right time happens to live elsewhere in the country we would still make the placement with the external adopters. However a number of children are placed externally because there are no adopters who could take a sibling placement or who don't have the required cultural heritage within South Yorkshire. Over time the RAA will seek to ensure that it is able to provide such placements in house wherever possible. South Yorkshire is a large conurbation of 1.4 million people from a wide range of backgrounds and if suitable adopters can be found anywhere in the country we ought to be able to find them here.

In terms of disrupted adoptions, that is placements which have ended before the Adoption Order is made, OASY has had 2 disruptions in 21/22, one involving a sibling group, so 3 children in all. Disruptions are very difficult for everyone involved but are thankfully rare. Lessons can be learned but often the circumstances are quite specific and relate to the characteristics of the individuals involved and how they relate or don't relate to each other.

There was an additional situation where children were placed subject to an Early Permanence Placements which did not work out as planned and there is learning to be had from this as well.

In 21/22 the whole service received training from the University of East Anglia based on research they had been undertaking in respect of making good transitions for children from foster carers to adoptive parents using the Secure Base model. In the light of the 3 breakdowns the importance of making good transitions has been emphasized and in 22/23 the Regional Adoption Agency would want to ensure this training is rolled out to colleagues in the Children's Teams and in the Fostering Service as well as more adopters and foster carers to ensure that we are all operating together in the child's best interests.

# FINANCE

The South Yorkshire Regional Adoption Agency was created under a Section 101 agreement on the 1st January 2021.

The four partners who signed up to the agreement are Doncaster Children's Trust (Lead Authority), Sheffield City Council, Barnsley MBC & Rotherham MBC.

An annual combined budget of £4.964m was agreed, of which £1.644m relating to interagency, contracts and marketing is managed by Doncaster as the Lead Authority.

South Yorkshire Regional Adoption Agency (SYRAA)	2021/22 £000
Rotherham RMBC	1,241
Sheffield CC	1,626
Barnsley MBC	976
Doncaster Children's Trust	1,175
<b>Total Gross Income</b>	<b>5,018</b>
Capital Expenditure	0
Revenue Expenditure	3,975
<b>Total Gross Expenditure</b>	<b>3,975</b>
<b>Underspend</b>	<b>1,043</b>
Underspend retained for 2022/23	270
Balance Reimbursed to Partners Pro-Rate to Original Contributions	773

The Board agreed in the March 2022 meeting to roll-over the underspend (£270k) in 21/22 to provide for a new case management system, additional training and start-up events for RAA practitioners, adopters and RAA partners and for additional adopter-voice work. The remaining portion of the 21/22 underspend (£773k) is to be returned to the partner authorities as a one-off payment pro-rata to the original contributions.

Changes in RAA staffing have been agreed by the Board to take into account the development needs of the new service. Posts relating to 22/23 include an Advanced Practitioner and Finance and Administrative Manager in the central team and an Adoption Support post for the Barnsley team. This follows approval at previous Board Meetings for the acquisition of Agency Advisor x 2, Clinical Psychologist and 2x Service Managers for 22/23. After a year of operation, we now have a good understanding of the resources in each team and the capacity to meet demand both locally and across the RAA.

The circumstances of 21/22 have been exceptional due to covid, the anticipated recurrent underspend has been re-allocated to extend the service and it is not anticipated that there will be a similar underspend in 22/23.



## Adoption Support Fund

The funding provided by the Department of Education through the Adoption Support Fund has become a significant aspect of the Adoption Support service provided by RAAs across England and Wales and One Adoption South Yorkshire is no exception.



In 21/22 the funds drawn down on behalf of families were as follows:-

Total Applications - 432	
Barnsley	£279,937.73
Doncaster	£318,947.36
Rotherham	£371,936.25
Sheffield	£506,162.03
<b>TOTAL AMOUNT CLAIMED</b>	<b>£1,476,983.37</b>
Barnsley	£51,331.67
Doncaster	£70,679.20
Rotherham	£84,340.28
Sheffield	£87,187.00
<b>Total Returned to ASF Fund</b>	<b>£293,538.15</b>

The funding from the ASF is not a grant to the agency. Each application is specifically linked to a child and a provider. The funding comes from the Department of Education and must be used on the specific agreed intervention. If the funding is not fully used any unspent funds must be returned to the DoE. As of 1st April 2021 the RAA became the administrator for the ASF across all 4 teams and the funding is now paid directly to DCST. As can be seen above the amounts involved are substantial and are increasing every year. The full-time business support post with the RAA is fully occupied in administering the payments to providers and a substantial proportion of the Adoption Support workers' time is taken up in writing applications and commissioning and reviewing interventions. In 22/23 the Adoption Support Fund is changing its payment processes in that funding will no longer be released in advance of the work taking place with any unspent funds being returned at the end of the year. Instead the RAA will only be able to drawdown funding as invoices are received from providers as confirmation that the work has taken place.



# DEVELOPMENTS IN 21/22

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During 21/22 the main focus of the RAA has been to maintain the previous high level of performance of each of the four constituent teams while gaining a good understanding of resources and capacity across South Yorkshire as a whole with a view identifying future development opportunities and creating structures which will enhance the service for children and adoptive families and deliver a consistent, high quality Regional Adoption Agency into the future.

- All previous contracts and commissioned services which were held across the four authorities in respect of adoption were consolidated and novated to the RAA.
- A single website and a single communications and marketing service working alongside the two other RAAs comprising the Yorkshire and Humber-wide One Adoption Service; One Adoption West Yorkshire and One Adoption North and Humber were established and the previous local adoption websites were closed down. A central point of contact for adopters was established which continues to allow adopters and potential adopters to contact their local area teams where required.
- Quarterly newsletters have been produced on a rotating basis by the four teams and the 'in kind' Communications support provided by each partner provides the local lead alongside the central One Adoption Communication service on an aligned quarterly basis.
- The first RAA-wide survey of adopters was undertaken in February 2022. This will assist the service in planning future activity and will be repeated every year.
- OASY came together on Linkmaker, which is the nation-wide system for linking adopters and children who need families. Within Linkmaker it is possible for details of local adopters and local children to be shared across all four teams to establish whether we have a local match before we open up either adopters or children to consideration by other agencies. Alongside monthly matching meetings to consider those children who might wait longer because they are older, part of a sibling group or have complex health needs this move to a single agency site on Link-maker has enabled the RAA to place more children within South Yorkshire where we can better support families as the children get older.



- Preparation training for adopters had been a joint South Yorkshire undertaking for several years in advance of the RAA but during 21/22 a RAA wide training programme has been produced and alongside a RAA wide post adoption training plan.
- A 3 year development plan on a page has been created to ensure practitioners, adopters and partners have a shared understanding of the RAA direction of travel.
- The first of the planned annual conferences bringing together RAA practitioners, adopters and partners was held in March 2022 and was a great opportunity to bring people together actually for the first time since the RAA went live. The theme of the conference was 'E-safety' a topic which has become a source of particular concern with families and young people confined to the home and living life online as a result of the pandemic.
- Adoption Panels have been stream-lined within the RAA. Although the same number of monthly panels take place and they are still loosely aligned to the 4 authorities. The RAA now has 2 Chairs and 2 full-time Agency Advisers, one for the East Panel (Doncaster and Rotherham) and one for the West Panel (Sheffield and Barnsley). With fewer people involved the RAA has been able to move to more consistent and more effective practices and procedures. Alongside the standardised panels and practice we are also moving to a single share-point site – the RAA Hub - where practitioners can book onto panels and up-date the panel reports from any of the 4 localities across South Yorkshire.
- Progress has been made towards aligning practice on recruitment and assessment, family-finding and adoption support. Information events are coordinated and there are single protocols for recruitment and family-finding. ASF users come together on a regular basis to agree shared approaches. However there is still a great deal of work to do which will be further advanced in 22/23 by the creation of the 3 full-time Service Manager leads. Each Service Manager will be responsible for bringing together RAA practice in one of the 3 key areas of adoption work.
- The reduction in external placements has freed some funding to facilitate the creation of new structures and essential support posts to ensure the future development of the RAA. In 22/23 these posts will be created and their impact on services monitored.



# Adoption Support

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Adoption support is a key developmental area for the South Yorkshire RAA and indeed for all RAAs. An adoption doesn't end with the adoption order and the commitment of the South Yorkshire RAA is to be there for our adopter families throughout the years as their children grow and become young adults, ensuring that our children grow to adulthood in secure and stable families and achieve their full potential.

At the point of 'go live' in January 2021 the teams were all in very different places in respect of adoption support. Sheffield and Doncaster had small dedicated teams, Barnsley had one full-time worker equivalent and Rotherham had one full-time worker who had just transferred across from the Rotherham Therapeutic Team. Prior to becoming part of the RAA the Rotherham adoption team had no responsibility for Adoption Support at all as this had been provided entirely by the Rotherham Therapeutic Team supplemented by applications to the ASF. Each authority had a different approach to grants and expenses for adopters and post adoption training.

Early meetings with adopters established that adoption support was their number one priority but it also became clear that some of the support they were expecting needed to come from partner agencies, particularly Education and Health and while the Adoption Support teams had a key sign-posting and co-ordination role they were not the key deliverers of some post adoption services.

As a result adoption support development in 21/22 concentrated on two main themes. Firstly consistent support to adopters in the early stages after a child joins their family. There is a new 'offer' to adopters including membership of Adoption-UK and the Institute of Therapeutic Parenting, linking with a peer mentor and regular ongoing contact with their assessing social worker through the first year of placement to ensure they are accessing any support they need. Initial grants are available to adopters where children may have additional needs such as when two or more children join a family at the same time.

The RAA has adopted a consistent approach in terms of recommending adoption allowances for adopters in specific circumstances consistent with the criteria for initial grants. However adoption allowances are not the responsibility of the RAA. The decision regarding the payment of an allowance rests with the Authority who are responsible for the child.



Secondly the RAA is looking to work with adopters and partners to further develop the provision of multi-disciplinary support to adoptive families.

Current areas under development:-

- Trauma- informed services in schools. This is an approach already embraced by many schools across South Yorkshire, although there are still many where it would be a new concept. There is a specific coordinating project across South Yorkshire led by Sheffield Hallam University and the Virtual Heads in all 4 partner authorities are supporting the development of trauma-informed approaches in all their schools. In 2022/23 the RAA will continue to work with adopters and partners to ensure the approach is introduced in ever more schools across South Yorkshire.
- The introduction of a consistent education support plan for adopted children across South Yorkshire. A team from the RAA, the virtual heads group and adopters are working on a single plan to be introduced to schools across South Yorkshire from September 2022
- Work with the virtual heads group to develop an introduction to education services for adopters and RAA practitioners, ensuring that everyone understands the key stages, the SEND processes and ongoing processes for student assessment and support.

Future adoption support development work:-

- RAA practitioners and adopters to engage with SENDIASS, local Academy Trusts, local SEND teams, local virtual heads teams to ensure a coordinated approach to adopted children in local schools
- RAA practitioners and adopters to engage with local health services, particularly the new Integrated Care System which will be South Yorkshire wide, to ensure adoptive children are able to access pathway services such as those for ASD and possibly a potential FASD pathway and local CAMHS and other physical health services in a timely way
- The RAA has funding to create the nucleus on an in-house multi-disciplinary team to support the adoption support workers in supporting families across South Yorkshire. In 22/23 we will recruit an additional adoption support worker in Rotherham and one in Barnsley and an advanced practitioner who will be Hub based to co-ordinate adoption support across the RAA. Funding has also been identified for a RAA Clinical Psychologist who will also be Hub based and support adoption support workers across South Yorkshire Their remit will be specifically to undertake psychological assessments of adopted children which will inform our applications to the ASF. In the future there may be some possibilities of using ASF funding in one form or another to increase the membership and range of services within the RAA multi-disciplinary team.
- RAA adopters, adopted children and practitioners to work together on developing additional services such as support groups for older children and young people.

# Future plans

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Adoption is always changing and the coming years could be the period of greatest change for a generation. Almost all local authorities are now part of a Regional Adoption Agency. At the last national up-date there were only one or two statutory adoption services which were still part of stand-alone local authorities. The National Adoption Strategy published in July 2021 sees the RAAs at the heart of adoption activity and 2021 saw the creation of a National Strategic Lead for Adoption with a co-ordinating role to promote best practice across the country.

One of the key objectives of the Adoption Strategy is speeding up the time it takes to find suitable adopters for children. This is invariably linked to the availability of families for children who are older, are from a minority ethnic or mixed heritage background, need to be placed with brothers or sisters or who have complex health needs. As a Regional Adoption Agency we are engaging with the national drive to reach more diverse communities of adopters who have the skills, abilities and motivation to provide homes for children with more diverse needs. As we emerge from the isolation and restrictions imposed by the pandemic we are committed to reaching out into our local communities, challenging the beliefs around who can adopt and raising the profile of the kinds of children who need families. We ask all the readers of this Annual Report to assist us with this project and promote adoption for all children who need alternative permanent families wherever and whenever they are able.

Adoption Support will be a key element in increasing people's confidence that they can provide a family for brothers and sisters, for older children and from children with complex needs. Families come in all shapes and sizes and family support comes from a broad range of sources, from appropriate and effective services in the local community, from the extended family of fellow adopters, from the Regional Adoption Agency and its support services from the Adoption Support Fund and from all partner agencies all the way from placement to adulthood.



There are many areas of adoption practice which the RAA still needs to develop further alongside partner agencies:-

- Ongoing support for birth families – the RAA has a contract with PAC-UK to provide some birth family support and there are some areas of good practice across South Yorkshire, some areas have PAUSE projects and others don't. This is an area we need to understand better and work with birth families themselves so that we can make best use of our resources
- Post adoption contact – this is very much an area for further development at national and local level and would involve a culture change across Children's Services and local courts as well as across the RAA. There are some new projects such as Letter-swap which are already under development but current thinking about the importance of post adoption contact with birth family could initiate major changes right across the sector
- Access to records for adopted adults and other relevant persons. At the moment the arrangements are very confused across the country. The move to RAAs has made it even more unclear who holds the records and how adopted adults could access them.
- Partner Adoptions – post covid this has become a large part of the RAA's work as families seem to have reviewed their situations and decided that this is something they want to take further. The allocation of step-parent adoptions impacts significantly on our capacity to allocate assessments of adopters for children who don't have families and can pose real dilemmas around the allocation of limited resources.

In year two One Adoption South Yorkshire will still be an agency in its infancy. At the end of year one we have identified a number of significant changes we need to implement in 22/23 to help us move forward.

- We will recruit to several key posts and there is likely to be a subsequent need to recruit to vacancies elsewhere in the service as existing staff step into new roles. So this is likely to be a busy year in terms of recruitment and changes in staffing.
- Post covid we will make good our intention to reach out and recruit a more diverse range of adopters to meet the needs of our children
- Together with colleagues in South Yorkshire and those in One Adoption West and North and Humber we will further develop the use of early permanence placements, specifically we would be planning to work with colleagues in the fostering teams to explore the joint recruitment of concurrent carers. In concurrency foster carers are also approved adopters who could adopt the children in their care if plans to return the children to birth family are not successful.

- We will commission a new adoption specific case management system which will assist the RAA teams currently spread across 4 authorities and 4 different IT systems to come together and understand its current commitments and its capacity to deliver against expected performance.
- We will introduce Letterswap, initially as a pilot, but if successful as the main form of indirect communication between adopters, adopted children and birth families. With Letterswap delivering the in-direct contact this could free up resources to support other services such as Life-story work and even actual contact where appropriate. We will take the next steps to move away from the previous operating as four separate agencies and move further towards working as one. This will involve more shared practice across the three areas of adoption services. It will involve shared recording systems and shared information storage systems. It will involve practitioners in each of the three areas of practice and the four localities coming together regularly on an actual basis.
- We will continue to work with the three local authorities and the Children's Trust in Doncaster to ensure that allowances and other financial support for adopters is aligned and equitable across South Yorkshire
- We will continue to take steps in partnership with adopters and other agencies to ensure we have an effective and consistent adoption support offer across all four areas. A single case management system which includes adoption support services will help us plan better and deliver more effective work with families.



[www.oneadoption.co.uk](http://www.oneadoption.co.uk)

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**Foster  
Sheffield's  
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**SHEFFIELD CITY COUNCIL**

**People Services**

**Children & Families**

**Fostering Service**

**Annual Report 2021/22**

**Sheffield Fostering Service**

**Floor 7**

**East Wing**

**Moorfoot Building**

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## 1 Purpose of Report

- 1.1 This report is an annual report on the business and activity within Sheffield City Council's Fostering Service in 2021/22.
- 1.2 The report provides performance and activity data on the service, reports on the activity and functioning of the Fostering Panel, and details service developments that have occurred in 2021/22 and those planned for 2022/23.

## 2 Introduction

- 2.1 Sheffield City Council Fostering Service operates within the Fostering National Minimum Standards, the Fostering Services (England) Regulations 2011 (the "2011 Regulations"), and the Care Planning, Placement and Case Review (England) Regulations 2010, which form the basis of the regulatory framework under the Care Standards Act 2000 for the conduct of fostering services.
- 2.2 It is a legislative requirement that the Fostering Service reports on its activity and performance to Elected Members.
- 2.3 Sheffield City Council Fostering Service's remit is to provide family-based placements for Sheffield's children in care. The Service recruits and approves prospective foster carers, matches and places children with approved foster carers, and provides support and supervision to approved foster carers.
- 2.4 At the end of reporting year Sheffield City Councils' Fostering Service comprised of:
  - three fostering social work teams who support and supervise our foster carers
  - a recruitment team which focuses on the recruitment and assessment of prospective foster carers,
  - a placement team whose role is to accept and quality assure referrals for children requiring placement provision, and undertake placement searches
  - a dedicated connected carers team. The connected carers team undertake Regulation 24, (temporary approval of a foster carer) assessments through to full Connected Persons Foster Carer approval. Childcare legislation requires

that these connected carers, who are most often grandparents to the child, be assessed and approved, where suitable, as local authority foster carers. Many of these connected carers go on to provide permanence for these children outside of care by becoming Special Guardians and the team maintain responsibility for providing this ongoing support where it is required. This team also undertakes Private Fostering assessment and support.

- 2.6 Our foster carers do a remarkable job for Sheffield's children in care and in transforming the lives of so many of children.

### 3 Our Vision and Aims

- 3.1 Our City's 'Big Ambition' is that every child, young person and family achieves their full potential. We are determined to ensure our children and young people in care, adopted children and care leavers succeed. Our vision is that 'children and young people are safe and supported to achieve their full potential'. We set out four elements to how we will work to achieve this, as follows:

- Children are at the centre of our practice
- We intervene at the earliest opportunity
- Our workforce is skilled and supported to do the work that they need to
- Children and families benefit from high performing and high-quality services

- 3.3 The Fostering Service supports the department's policy to enable children and young people to stay with their birth families wherever this is safe and possible and where they cannot, to place them without delay with alternative carers.

- 3.4 The aim of Sheffield's Fostering Service is to provide high quality foster care as part of a full range of accommodation provision for children in care and provide the best possible standards of care, safety and protection for children who cannot live with their own families. In doing so the service strives to:

- Provide a service that is local, accessible, and inclusive
- Provide a choice of high-quality foster placements to meet the individual needs of children and young people

- Ensure foster carers provide a high quality parenting to all children in foster care and assist children and young people to engage in their care and placement planning
- Work together with partner agencies to achieve the best outcomes for children and young people, to enhance and develop health, education & well-being
- Work with foster carers to support 'staying put' placements for children remaining in the family home post 18
- Provide support and assessments for family and friends of foster carers

## 4 Looked After Children and Foster Placement Data

4.1 At the beginning of this reporting year the UK was beginning to come out of its third lockdown. At the end of March, the 'rule of 6' was in place which limited social gatherings. Like other areas of the Council and Country in general, this has not gone without significant disruption within the fostering community who were also becoming exhausted by not being able to physically connect with their wider fostering community. The impact of Covid has led to a national shortage of foster carers and this is reflected in Sheffield, with fewer available family-based placements both in-house and within the independent sector both locally and nationally. Despite of all this, our Sheffield City Council in-house foster carers have continued to do a remarkable job, caring for Sheffield children, accepting placements, and supporting children through transitions on to adoption or returning home.

4.2 At the end of the reporting year 31<sup>st</sup> March 2022, Sheffield City Council cared for a population of 666 children in care: this is a slight decrease from the previous year when 674 children were placed in care. Of these children, 71% (473) children benefitted from family based foster care provision; a rise by 2% from the previous year. Of the 473 who were in family based foster care, 70% (332 children) were placed in Sheffield City Council in-house provision and 30% (141 children) were placed with Independent Fostering Provision (IFA).

The 332 children placed within SCC fostering provision comprise of both mainstream and kinship care arrangements. There were 86 children in kinship

arrangements and 242 were placed within mainstream fostering. The remaining 4 children were in the fostering element of foster to adopt placements.

- 4.3 Regulation 24 of the Care Planning Regulations, enables children to be placed with people they have a connection with where the local authority is satisfied that an immediate placement with the connected person is the most appropriate placement for the child. In these instances, the carers can have a temporary approval as a foster carer for a maximum period of 24 weeks in order to allow for full assessment to be conducted and presented to foster panel for approval. As described above on the 31<sup>st</sup> of March 2022 86 children were placed in such arrangements.
- 4.4 In April 2021, the Connected Carers Team began a project to lead on the Regulation 24, viability of temporary approved foster carers. The aim of this was to provide a first point of contact from one lead area who assess the suitability of the arrangement and where safe and appropriate to then begin the full assessment. In the reporting year 21/22 186 viability assessments were referred into the Service. Some of these arrangements were time-limited and in many cases alternative plans were quickly made for these children, which included returning home to their parents, being placed with another family member, or being placed within a mainstream carer household. Throughout the year a total of 168 children were placed with connected carers for a period of time, an increase from 151 in the previous year.
- 4.5 The trajectory to utilise connected carers plays a significant role in fostering and this isn't fully reflected in the end of year data. This is because many of these carers go on to secure other arrangements outside of care, such as Child Arrangement Orders, (CAO) or Special Guardianship Orders, (SGO). In 2021/22 41 children left care as a result of Special Guardianship Orders being granted, with another 55 children ceasing to be looked after as a result of Child Arrangement Orders being granted, equating to 31% of the population of children who ceased to be looked after, or 96 children.

- 4.6 In 21/22 the Connected Carers Team was increased by 4.5 social workers and 1 (FTE) Team Manager to reflect the increase of work within this service and to avoid the cost of recruiting agency workers.
- 4.7 From the age of eighteen young people are no longer legally 'in care' or 'looked after' and therefore fostering arrangements and legislation relating to children placed with foster carers no longer applies. However, it is also recognised that young people of 18 years are still vulnerable and for these young people it is important that wherever possible, they can continue to live with their foster family where it is right to do so. These arrangements are called "Staying Put" arrangements. In 2021/22 there were 54 children in Staying Put arrangements with local authority foster carers. This is an increase of 10 Staying Put arrangements compared with the previous year. This is the right outcome for these young people and demonstrates the variety of provision provided by the Fostering Service outside of children looked after care. It also highlights the added pressure on the Service as these 54 placements are not available for children entering care.
- 4.8 In addition to provision for children in care, the Fostering Service also provide short break care for disabled children and support care intervention for families on the edge of care including adoptive families and special guardians. Support care is also utilised to support other foster carers where placements are complex or fragile. During the year 2021/22 the service provided regular overnight support care intervention to 80 children in 69 families. This included 4 IFA placements and 14 families on the edge of care. 10 families also benefited from support care through short breaks for disabled children. In addition to this brief support care intervention was offered to 12 children in 11 families who needed brief support care to support their main placement. This included 3 children in Kinship care (2 families). The service recognises the benefits of providing family-based support for these children and are keen to develop this service further in 2022/23. Approval was given to recruit a part-time Manager to lead on this.

## 5 Placement Stability

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- 5.1 We have continued to improve the performance in the short-term stability for our children in care. In 21/22, the number of children in care who had experience 3 or more placement moves during the year dropped from 12% to just under 11%. However, there has also been a slight dip in the % of children in care for more than 2.5 years who have been living in their current placements for more than 2 years, (72% to 70%).

## 6 Innovations

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### **Mockingbird Family Based Model of Foster Care**

- 6.1 The Mockingbird Family Model, supported by The Fostering Network, brings ‘satellite’ fostering families together in groups, known as ‘constellations’ with a ‘hub’ home at its centre. The hub foster carer is a suitably experienced foster carer who lives in close proximity to the other fostering families and acts as coordinator for constellation activity, and support and mentor to the other fostering households. Based on the premise that ‘it takes a village to raise a child’ the family-based model gives foster carers a support network to turn to during difficult times, thereby promoting placement stability and carer retention.
- 6.2 In 2019 the Department for Education, (DfE) announced further innovation funding to expand the Mockingbird approach across the UK and Sheffield along with 9 other areas made successful bids and we successfully secured £300K innovation funding to establish Mockingbird in Sheffield.
- 6.3 Unfortunately there was some delay in the Mockingbird development which related to the pandemic and the direction from DfE and Fostering Network to cease all work on this innovation until May 2020. In May 2020, we launched our first Mockingbird 1 constellation. The constellation has one hub home foster carer, supporting a constellation comprising of 8 fostering families and 13 children in care, between the ages of 1– 18, 3 sons and daughters of foster carers, 1 adopted child and 1 staying put child. Each constellation is supported by a liaison worker, and in Sheffield City Council the liaison worker is also the supervising social worker for the constellation. Sheffield was the first Local

Authority to launch a constellation during the lock down period and because of this success other Local Authorities followed our practice.

- 6.4 The feedback from foster carers is that they feel really supported and benefit from the swift, carer led response to issues provided through the Mockingbird model. The carers report that without the support of the model, placements would have broken down, and carers may have left the Service. This was because the model allowed for consistent and responsive intervention from within the model, such as overnight stays for children where carers were experiencing difficulties. The carers felt supported and valued and because the children were staying over with carers they knew well, it created a more 'family based' environment like going to aunties or grandparents' home. The model has also allowed for siblings who live with different carers but in the constellation to have more 'normalised' time with siblings. More recently one fostering family requested some sleep overs as it was their anniversary. The hub carer was able to arrange to take the child away in a caravan to the coast with another carer who looked after the sibling and was also in the constellation. This meant that the carers, both single carers, got to enjoy time away together, the children got to experience a holiday with their siblings, and another fostering couple were able to enjoy their anniversary.
- 6.5 In March 21/22 the Service also launched a second constellation, unfortunately the hub carer stepped away from the role due to family issues, which meant that the second constellation was not within the fidelity of the model. Following consultation with the carers involved in mockingbird 2, fostering network, the liaison worker and Senior Fostering Managers, the decision was made to close this constellation. Towards the end of 21/22 expressions of interest were taken from carers and following interview the Service recruited a new hub home carer. Following extensive engagement with foster carers, a new constellation has been formed. Whilst outside this reporting year Fostering Network have confirmed that the constellation is within fidelity. A formal launch celebration is planned for August so carers and children can celebrate this achievement. Our ambition is to launch a further two constellations by the end of 2023.



## **Bright Spots – Fostering Five Conversations**

6.6 The Bright Spots Programme is a partnership between Coram Voice and the University of Oxford. It supports local authorities across the country to systematically listen to the voice of the child, and what makes them happy. The survey isn't based on attainment or other outcomes measures, like medicals, dental checks, and educational results but about the things that really matter the most to our children and what makes them feel happy, or an emotional wellbeing check.

6.7 This survey is very much about the collective voice of the child in care and care leavers. In early 2021 Sheffield City Council delivered the Bright Spot survey to our children in care population which was then analysed by Coram Voice and because of this the fostering service introduced the fostering five conversations. These conversations are held with our carers and training material has been developed to support this. This was rolled out in 2021 to all our carers, and features in our supervising social worker visits and recorded on the carers files. The areas that children tell us that they want more support with are:

- Having someone to talk to about the things that matter the most to them
- Liking how they look and how they feel
- Being able to do the same things as other children their age
- Having good friendships and being able to join shared interest groups
- Help to like school

6.8 The Service have linked the finding to the fostering national minimum standards, and have hosted joint training with children in care services to ensure a collaborative approach. Coram Voice have noted this as an area of good practice, and this work is now featured on Bright Spots practice bank. Whilst outside of this reporting year, the service aims to reflect the five conversations in the carers review to ensure that this is embedded in what we do.

## **7 Recruitment and Retention Activity and Outcomes in 21/22**

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7.1 Recruitment and retention of foster carers is probably the most important factor for any fostering organisation in delivering an effective fostering service for

children in care. In achieving this, Sheffield City Council has invested in the fostering service 'offer' which includes attractive financial incentives and wrap around support to carers with an ambition to recruit and retain Sheffield City Council foster carers looking after Sheffield's children.

7.2 The target set for the service in 21/22 was to approve 40 new mainstream foster carers. The Service fell short of this target with 26 mainstream fostering households being approved, and a drop from the previous year where we approved 32 families. Whilst outside this reporting year, to date this year we have approved 7 foster carers this year.

Of the 26-mainstream approved:

- 14 were approved to offer task placements
- 9 were approved to offer holiday and support care placements
- 2 were approved to offer permanence placements
- 1 was approved for UASC

Please note this refers to mainstream foster carers and does not include connected persons carers (see 4.4)

7.3 It is important to note that all fostering services lose carers during any one-year. Carers may decide fostering is no longer for them, or that their family circumstances have changed, so there is a need to continually recruit significantly just to maintain capacity. Whilst it is clearly important that we maintain a focus on our recruitment activity, it is equally important that we consider the retention of our Sheffield City mainstream fostering population. In 21/22, 27 fostering households were 'lost' to the Service through resignation, deregistration, or retirement or changes in family circumstances

## 8 Recruitment Plans

8.1 A full and detailed Recruitment and Retention Strategy has been produced based upon the channels and target audiences agreed with the Councils' Communications and Marketing Team. Recruitment events were affected by

Covid-19 during 21/22 and whilst we were able to do some 'face to face' recruitment events, most recruitment and marketing was channelled on social media.

- 8.2 The service continued to have high visibility on Facebook/Twitter updating posts 2-3 times per week and throughout this pandemic fostering enquires remained consistent with previous years with 519 enquires in 20/21 compared with 429 in this reporting year.
- 8.3 Information evenings were continued to be delivered virtually and were increased to monthly as opposed to 6 weekly and these proved successful. These events continue to be hosted this way to date. The team have adapted preparation to foster training to be hosted online to avoid delay in assessment and approval, ensuring this training was interactive, utilising video clips, discussion break out rooms, and case studies. This remote training continues to date.
- 8.4 The assessment of prospective foster carers has largely returned to face-to-face assessment sessions, although there are benefits for undertaken some assessment visits remotely. Foster Panel continued to operate remotely during 21/22.

## 9 Support and supervision for carers:

- 9.1 All carers are allocated a fostering social worker who undertakes their assessment; where possible for consistency they will maintain some involvement until the point of first placement being made. A supervising social worker will be identified pre-approval and allocated post approval, who will continue to support and supervise the foster carer in their journey as foster carers.
- 9.2 Our policy states that carers are visited a minimum of every 6 weeks and 12 weeks if providing support care. In 21/22 the Service began to undertake

home supervision visits to foster carers but continued to operate a hybrid model.

- 9.3 Throughout the year, the Service maintained 'in-office' presence to a maximum of 12 workers/managers. This was to be able to offer a swift response to any needs that might arise and to maintain a close and responsive link with foster carers. During the year 21/22 more of the social workers returned to the office on a hybrid model of working from office/ working from home model.
- 9.4 During office hours we have a duty service available to carers and outside working hours we have a foster carer's telephone helpline. This was maintained throughout the pandemic.
- 9.5 Sheffield City Council has invested in a Clinical Psychologist within the Fostering Service. This enables a better understanding for foster carers on the impact of trauma and abuse on children and the significance of building healthy attachment relationships. During this year, there has been a more intensive focus on remote consultation for foster carers in addition to providing team around the placement meetings to give a therapeutic perspective of the needs of children and carers, and how best to support everyone.
- 9.6 There has been additional investment in training and development and the Fostering Service recruited a second part-time training and development officer in 2021. Training has continued to be delivered remotely and has increased to accommodate foster carers learning needs. It has been noted that as a result of this that the take up of training opportunities have increase, and carers have reported that they find the online access easier to attend without the added complications of juggling childcare needs with attending training.
- 9.7 The service also recruited a part time speech and language therapist who started in post in September 2020. The speech and language lead provides training to carers and workers, consultation to carers, intervention with families and has hosted a series of 'sing and sign' events for carers and children during this year which has proved successful.

- 9.8 As with training, at the beginning of the year, our 7 support groups were moved on-line although we have maintained the same numbers of support groups and used zoom rather than teams, the facility of being able to see each other, gave the sense of being in the room together.
- 9.9 Towards the end of 21/22 the Service were able to reintroduce some face-to-face fostering events. In August 21, the Service hosted our first 'Fostering Fiesta' held at Mylnhurst School. The event saw fostering families, children, social workers, managers and the Senior Leadership team come together and celebrate being together again. The event included an animal petting corner, swimming sessions facilitated by Mylnhurst school swimming coaches, Pyjama Drama's activities and storytelling, soft play areas for toddlers, face paints, crafts, ice creams, BBQ, refreshments and was well attended and well received. The Service hosted a Foster Carer Celebration Event at the end of November 21 for our Foster Carers to enjoy and celebrate their achievements over the last two years. The event comprised a dinner and dance and was very well attended, well received and missed when it was cancelled in the previous year. In December 21, we hosted a children's Christmas party, games, food and disco hosted by Mylnhurst School where Father Christmas dropped by to deliver special presents to our very special children.

## 10 Fostering Panel:

### **10.1 Panel Functions**

10.1.1 Regulation 23(1) of the 2011 Regulations states that "*the fostering service must maintain a list of persons who are considered by them to be suitable to be members of a fostering Panel ("the central list"), including one or more social workers who have at least three years' relevant post qualifying experience.*"

10.1.2 Regulation 23(4) states that "*...the fostering service must constitute one or more fostering Panels, as necessary, to perform the functions of a fostering Panel under these Regulations, and must appoint Panel members including:*

- (i) A person to chair the Panel who, in the case of any appointment made after 1<sup>st</sup> October 2011, must be independent of the fostering service provider, and;*

- (ii) *One or two persons who may act as chair if the person appointed to chair the Panel is absent or that office is vacant (“the vice chairs”) from the persons on the central list.*

10.1.3 Sheffield City Foster Panel has the following primary functions (under Regulation 25(1) of the Fostering Regulations 2011:

- To consider each application for approval and to recommend whether or not a person is suitable to be a foster parent (including “connected persons” under Regulation 24 of the Care Planning, Placement and Case Review Regulations 2010).
- Where it recommends approval of an application, to recommend any terms on which the approval is to be given.
- It is to recommend whether or not a person remains suitable to be a foster carer, and whether or not the terms of their approval (if any) remain appropriate - (i) on the first review and (ii) on the occasion of any other review, if requested to do so by the fostering service (e.g. following allegations or complaints against foster carers).

## **10.2 Sheffield Panel Business 2020/21**

10.2.1 The Service has 3 panels, each with different membership. Each Panel has an independent chair with significant knowledge and experience of fostering issues and all panel meetings have been quorate which reflects the excellent commitment of the panel members. During 21/22 Panel meetings were held on a weekly basis to reflect the increase in Reg 24/ Connected Carer assessments, approvals, reviews and changes of approvals presented to Panel. Each Panel was supported by a Panel Chair and Panel Advisor. In 21/22 all Foster Panels were held remotely. Panel members are all subject to annual appraisals in the year and training that has been facilitated in the year for Panel Members includes GDPR, unconscious bias training, Connected Carer training and Panel functions including quality assurance challenge.

10.2.3 The Service recruited 3 new panel members in the year all of whom had an induction to panel comprising a welcome pack, the opportunity to observe panel and a mentor who is an experienced panel member.

## **11 Developments in 2021/22**

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### **11.1 As previously stated we have:**

- Continued to be flexible and creative as we work through the Covid19 pandemic and the Government guidance and restrictions, being responsive to the restrictions when required, and using opportunities to engage in physical fostering family's events when enabled to do so.
- Recruited 26 SCC in-house foster carers
- Undertook a 'stock take' of blocked carers to maximise placement sufficiency in service
- Recruited an additional 18.5 manager to develop the short break and support service, with a specific emphasis in increasing provision for short break care for disabled children and edge of care intervention
- Reviewed and expanded the Connected Carers Team given the growth in workload in this team
- Launched 2 x Mockingbird Constellations
- Utilised findings from the recent 'Bright Spots' Survey and introduced our Fostering Five based on what children say that they want more of from their foster carers.

## **12 Developments and improvements 2022/23**

### **12.1 As previously stated we have:**

- Increase the number of SCC in-house foster carers in the year and work towards a target of 40 fostering families approved in the year.
- A refresh of our recruitment and Marketing Campaign, and a redesign of our images and messages to reach out to a wider audience, to reflect the diversity of children in care, and carers required to meet their holistic needs.
- Increase the numbers of face-to-face events open to our fostering community, including presentations at fostering panels, reviews, supervision visits. The Service will be mindful of the benefits of the hybrid model of working however more opportunities to meet in person will be the focus of the year.
- Further review of the Connected Carers Team given the growth in this area

- Recruit to and launch a further Mockingbird Constellation
- Developed a foster carers satisfaction survey and use the findings to inform our fostering development and action plan.

**Approved and signed off by the Senior Leadership Team: 05/08/2022**

**Sally Williams – Interim Director of Children and Families  
Sheffield City Council**