

Children and Families Scrutiny Panel

Thursday, 4th November, 2021
at 5.30 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Guthrie (Chair)
Councillor Bell
Councillor Laurent
Councillor Mitchell
Councillor Paffey

Appointed Members

Nicola Brown, Primary Parent Governor
Catherine Hobbs, Roman Catholic Church
Francis Otieno, Primary Parent Governor
Claire Rogers, Secondary Parent Governor
Rob Sanders, Church of England

Contacts

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Emily Goodwin
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PUBLIC INFORMATION

CHILDREN AND FAMILIES SCRUTINY PANEL

Role of this Scrutiny Panel: To undertake the scrutiny of Children and Families Services in the City, including the Multi Agency Safeguarding Hub (MASH), Early Help, Specialist & Core Service, looked after children, education and early years and youth offending services, unless they are forward plan items. In such circumstances members of the Children and Families Scrutiny Panel will be invited to the relevant Overview and Scrutiny Management Committee meeting where they are discussed.

Terms Of Reference:-

Scrutiny of Children and Families Services in the City to include:

- Monitoring the implementation and challenging the progress of the Council's action plan to address the recommendations made by Ofsted following their inspection of Children's Services in Southampton and review of Southampton Local Safeguarding Children Board (LSCB) in July 2014.
- Regular scrutiny of the performance of multi-agency arrangements for the provision of early help and services to children and their families.
- Scrutiny of early years and education including the implementation of the Vision for Learning 2014 – 2024.
- Scrutiny of the development and implementation of the Youth Justice Strategy developed by the Youth Offending Board.
- Referring issues to the Chair of the LSCB and the Corporate Parenting Committee.

Public Representations

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

Access – access is available for the disabled. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Mobile Telephones:- Please switch your mobile telephones to silent whilst in the meeting

Business to be Discussed

Only those items listed on the attached agenda may be considered at this meeting.

QUORUM The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

Use of Social Media:- The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Rules of Procedure

The meeting is governed by the Council Procedure Rules and the Overview and Scrutiny Procedure Rules as set out in Part 4 of the Constitution.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time.

Dates of Meetings: Municipal Year

2021	2022
17 June	27 January
22 July	31 March
30 September	
4 November	
25 November	

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members’ Code of Conduct, **both** the existence **and** nature of any “Disclosable Pecuniary Interest” or “Other Interest” they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense 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.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) 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 / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 KEY PERFORMANCE INDICATORS - SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (Pages 1 - 6)

Report of the Executive Director, Children and Learning providing the Panel with an overview of the performance of the SEND service.

7 CHILDREN AND ADOLESCENT MENTAL HEALTH SUPPORT - CHILDREN LOOKED AFTER (Pages 7 - 20)

Report of the Chair requesting that the Panel considers the appended briefing paper on mental health support for children and adolescents in Southampton and discusses the content with the invited guests.

8 CHILDREN'S AND LEARNING SERVICE IMPROVEMENT PLAN (Pages 21 - 68)

Report of the Executive Director for Children and Learning providing the Panel with an update on progress against the revised Children and Learning Improvement Plan.

9 MONITORING SCRUTINY RECOMMENDATIONS (Pages 69 - 76)

Report of the Service Director - Legal and Business Operations, enabling the Panel to monitor and track progress on recommendations made at previous meetings.

Wednesday, 27 October 2021

Service Director – Legal and Business Operations

Agenda Item 6

DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL
SUBJECT:	KEY PERFORMANCE INDICATORS – SPECIAL EDUCATIONAL NEEDS AND DISABILITIES
DATE OF DECISION:	4 NOVEMBER 2021
REPORT OF:	EXECUTIVE DIRECTOR CHILDREN AND LEARNING

<u>CONTACT DETAILS</u>			
Executive Director	Title	Children and Learning	
	Name:	Robert Henderson	Tel: 023 8083 4899
	E-mail:	robert.henderson@southampton.gov.uk	
Author:	Title	Head of Service	
	Name:	Tammy Marks	Tel: 023 80832136
	E-mail:	Tammy.marks@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
N/A	
BRIEF SUMMARY	
<p>This paper offers an oversight of two of the primary statutory functions within the Special Educational Needs and Disability Service, highlighting the performance against statutory Education, Health and Care Assessments and appeals associated to this process and the statutory timescales for children open to the Jigsaw (Children with Disabilities) social work team, highlighting current challenges and areas for focus.</p>	
RECOMMENDATIONS:	
(i)	That the Panel note the current position relating to timeliness of statutory Education, Health and Care Assessments, including appeal rates, and that from 2022 the service will be required to report on performance against annual reviews of Education, Health and Care Plans.
(ii)	That the Panel note the current performance of statutory social work assessments for children held in the JIGSAW Team (for children with disabilities).
REASONS FOR REPORT RECOMMENDATIONS	
1.	Southampton City Council has statutory responsibilities relating to the assessment of children and young people with SEND, as underpinned by the Children and Families Act 2014 and associated legislation.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None

DETAIL (Including consultation carried out)**Timeliness of Education, Health and Care Assessments**

3.	In August 2021 the service achieved a 100% completion rate for 24 months consecutively for EHC Assessments completed in timeframe. For context, this is from a baseline completion rate of 5.3% for 2018 and 50.2% in 2019. Southampton were one of only 8 LA's nationally to achieve a 100% completion rate and only 58% of all EHC Plans were issued within timescales nationally.
4.	The % of pupils with EHCP's in Southampton is 4.4% against a national 3.7% average.
5.	From 2023 LA's will be required to report on timeliness of Annual Reviews of Education, Health and Care Assessments in the annual data collection for the Department for Education. There have been delays to annual reviews being completed by schools and processed by the service, owing to COVID and staff changes in both the SEN Team and the Business Support Unit. The service has completed a full data cleanse by manually checking and updating in excess of 2000 records, with all schools now receiving termly notifications of the list of annual reviews and when these are due. The service is in the process of developing an alert system on the database so that when timescales lapse these send automatic prompts for chasing schools. We will be partaking in the voluntary data submission to the DfE throughout 2022 for % of annual reviews completed in timescales. We have not been required to submit this previously so there is no historical data available.
6.	Whilst comparative national data is not published on tribunals, anecdotally we are aware that these figures are high in Southampton. We have a very active Information, Advice and Support Service, and strong parental representation in the city. This is positive but can result in increased demand. In 2020 we had 62 appeals raised. 32 of these were relating to the decision to assess and 25 relating to a specific school. 31 went to a hearing with the others being resolved before this date. Whilst the proposals relating to an expansion and reconfiguration of special schools will seek to reduce the number of appeals that we receive against the school named in the EHC Plan, there is work to do to avoid appeals against decisions to assess. This will be a focus for the service in the next 12 months, with intentions to increase the uptake of informal mediation and improve information sharing at the point at which a request for assessment is made.
7.	In September 2021 two assessments fell outside of statutory timescales. One of these was owing to the complexity of the case – we could have issued in timescales if we had decided to name a “type” of school, however, this would have been strongly opposed by the parents and the service prioritised the maintaining of relationships in this case. The other was due to an administrative error in the business support unit that sits separately from children's services. This has been raised with and addressed by senior management in that service area.

8.	The service is currently experiencing capacity issues at a management level. We have one longstanding vacant Assistant Team Manager post and the Team Manager has been absent for two months as a result of long COVID. This is putting pressure at both management and officer level. This presents a risk to service delivery but at this stage we are not anticipating a risk to statutory timescales.
Forecast Performance for 2021	
9.	We predict that our overall completion rate for 2021 will be above 95% which will still place us in the highest percentile nationally.
Timeliness of statutory social work assessments and visits for Jigsaw (Children with disabilities)	
10.	See document attached as Appendix 1 – this presents performance against assessments, visits and supervisions from April 2021 – October 2021.
11.	A recent focus on timeliness has led to an improvement in performance, with 90% of visits in timescales and 80% supervisions. Assessments in timescales are challenged and are a priority focus, but have been significantly impacted by staff changes, staff sickness/those isolating and an increase of 42 children open to the team since April, which is a 13% increase. This has resulted predominantly from a decision to transfer children with SEND into the team from PACT where it is felt that Jigsaw can offer a more fitting service to the children and families' needs.
12.	Staff turnover has been high with 3 social workers leaving, 1 on maternity leave and another 2 currently serving notice, with 13 new members joining the team, including a new team manager, social workers, family engagement workers and 1 assistant team manager returning from maternity leave.
13.	The team have been significantly impacted by COVID in the past 2-3 weeks in relation to those who have tested positive and those required to isolate, which has added pressure to those staff remaining in the service, having an impact on staff morale. This will impact visiting and assessment timescale data for the current period.
14.	The focus of a recent staff away day was staff wellbeing considering the impact of change relating to staffing and the direction of the service as part of the Destination 2022 developments.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
15.	N/A
<u>Property/Other</u>	
16.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
17.	N/A

<u>Other Legal Implications:</u>	
18.	N/A
RISK MANAGEMENT IMPLICATIONS	
19.	Steps being taken to manage the risks associated with placement sufficiency are outlined in Appendix 1.
POLICY FRAMEWORK IMPLICATIONS	
20.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Highlight report: Key Performance Indicators – JIGSAW

Documents in Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Agenda Item 6

Appendix 1

Jigsaw key performance Data

April – October 2021

Visits	April 30 th	May 31 st	June 30 th	July 31 st	August 31 st	September 30 th	October 19 th
In	196 (87%)	202 (83%)	217 (86%)	209 (81%)	213 (81%)	222 (84%)	237 (90%)
Out	30 (13%)	40 (17%)	34 (14%)	50 (19%)	51 (19%)	42 (16%)	30 (10%)
Number of children open to Jigsaw	266	281	288	297	302	304	308

Assessment Plans	April 30 th	May 31 st	June 30 th	July 31 st	August 31 st	September 30 th	October 19 th
In/On time	143 (53.76%)	161 (57.30%)	158 (54.86%)	165 (55.55%)	169 (55.96%)	161 (52.96%)	199 (64.61)
Out/Overdue	123 (46.24%)	120 (42.70%)	130 (45.14)	132 (44.44%)	133 (44.04%)	143 (47.04)	109 (35.39%)
Number of children open to Jigsaw	266	281	288	297	302	304	308

Supervisions	April 30 th	May 31 st	June 30 th	July 31 st	August 31 st	September 30 th	October 19 th
In	169 (64%)	173 (62%)	201 (70%)	216 (73%)	188 (62%)	233 (77%)	245 (80%)
Out	97 (36%)	108 (38%)	87 (30%)	81 (27%)	114 (38%)	71 (23%)	63 (20%)
Number of children open to Jigsaw	266	281	288	297	302	304	308

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DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL
SUBJECT:	CHILD AND ADOLESCENT MENTAL HEALTH SUPPORT - CHILDREN LOOKED AFTER
DATE OF DECISION:	4 NOVEMBER 2021
REPORT OF:	COUNCILLOR GUTHRIE CHAIR – CHILDREN AND FAMILIES SCRUTINY PANEL

<u>CONTACT DETAILS</u>			
Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail	Mark.pirnie@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
In light of the increase in demand for Child and Adolescent Mental Health Services (CAMHS), the Chair has requested that CAMH services for Southampton’s children and young people are considered by the Panel, with a focus on the support for care experienced children and young people.	
RECOMMENDATIONS:	
	(i) That the Panel considers the appended briefing paper on mental health support for children and adolescents in Southampton and discusses the content with the invited guests.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the Panel to scrutinise mental health services for children and young people in Southampton.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.
DETAIL (Including consultation carried out)	
3.	In comparison to pre-Covid levels, referrals to Southampton’s CAMHS have increased considerably. From April -June 2021 there was an 87% increase in referrals compared to April - June 2019. Referral numbers are continuing to increase, and this is increasing pressure on waiting times for services.
4.	Attached as Appendix 1 is a briefing paper on CAMH services in Southampton. The paper includes a specific focus on the support being provided for our care experienced children and young people.
5.	Claire Robinson, Clinical Director for Child and Family Services at Solent NHS Trust has been invited to attend the meeting to introduce the report and to respond to relevant questions from the Panel.

RESOURCE IMPLICATIONS	
<u>Capital/Revenue/Property/Other</u>	
6.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	Measures to address the CAMH service challenges are outlined in the attached briefing paper.
POLICY FRAMEWORK IMPLICATIONS	
10.	<p>The Corporate Plan 2021-2025 includes the following paragraph relating to Wellbeing:</p> <p><i>'We are committed to improving health and learning for our children and adults across the city. Through the journey of our UK City of Culture 2025 bid, we want a city in which people can start well, live well, age well, and live happy and fulfilling lives. We will be a city that prevents and intervenes early, promotes wellbeing, and allows people to live independently for longer, enjoying their lives and all our great city has to offer.'</i></p> <p>The Southampton City Health and Care Strategy 2020-2025 includes the following aim under the Start Well objective:</p> <p><i>'In five years time, we want children and young people in Southampton to live happy, healthy lives, with good levels of physical and mental wellbeing.'</i></p>

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Briefing paper – Child and Adolescent Mental Health Support: Children Looked After

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background Documents		
Other Background documents available for inspection at:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	

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Child and Adolescent Mental Health Support

Children Looked After

Report provided for Southampton City Council's Children and Families Scrutiny Panel

Glossary of terms:

- CAMHS – Child and Adolescent Mental Health Services
- CLA – Children Looked After
- SpCAMHS – Specialist Child and Adolescent Mental Health Services
- MHST – Mental Health in Schools Team
- BRS - Building Resilience and Strength
- UHS – University Hospital Southampton
- HIOW – Hampshire and the Isle of Wight
- ADHD – Attention Deficit Hyperactivity Disorder
- ASD – Autism Spectrum Disorder
- MACB – Multi Agency Children's Board

1.0 Southampton Child and Adolescent Mental Health Services

1.1 Solent NHS Trust provides Child and Adolescent Mental Health Services in Southampton through the following 4 teams for children and young people aged 5 - 18:

- Mental Health in Schools Team – an early intervention team delivering low intensity CBT over 6 - 8 sessions.
- Specialist CAMHS Team – our largest team with an average open caseload of 2000 children and young people.
- In Reach Liaison Team – based in the paediatric emergency department at UHS. This team provides assessments for children and young people who present at UHS following self-harm and/or in acute distress.
- BRS – our multi agency specialist CAMHS team provides an intensive crisis intervention response with some dedicated time in the team offering interventions for children and young people who are looked after.

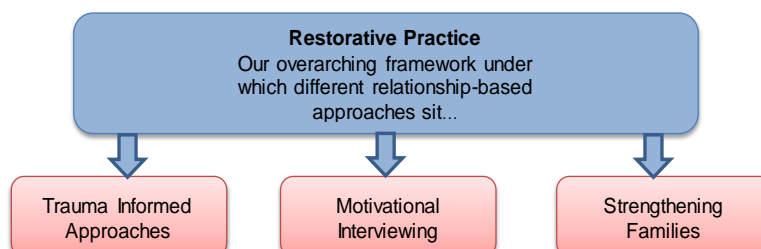
1.2 These NHS services are only part of the picture of services delivering emotional and mental health intervention for children and young people in our City. There are key contributions from the voluntary sector through services such as No Limits and Yellow Door, as well as other services such as The Saints Foundation who provide essential services which support the emotional well-being of our children and young people.

2.0 Southampton's City Wide Approaches

2.1 Our Practice Framework

Southampton City has developed a Practice Framework for working with families which sets out the key theories, values, principles, and approaches that informs the way we work with children and families and how we work together as professionals.

At the heart of the Framework is Restorative Practice which forms the underpinning ethos enabling us to build and maintain healthy relationships, resolve difficulties, and repair harm when relationships break down.



What this means in practice.....

Relationship-based Developing strong relationships between practitioners and families to make change	Self-reflective Thinking about our own beliefs and values and how they influence our work
Evidence-based Using evidence based interventions to support change	Confidently holding risk Whilst working with families to minimise risk through change
Strengths-based Doing more of what works and less of what doesn't, building on strengths	Supervision Using supervision to generate ideas about how to make change

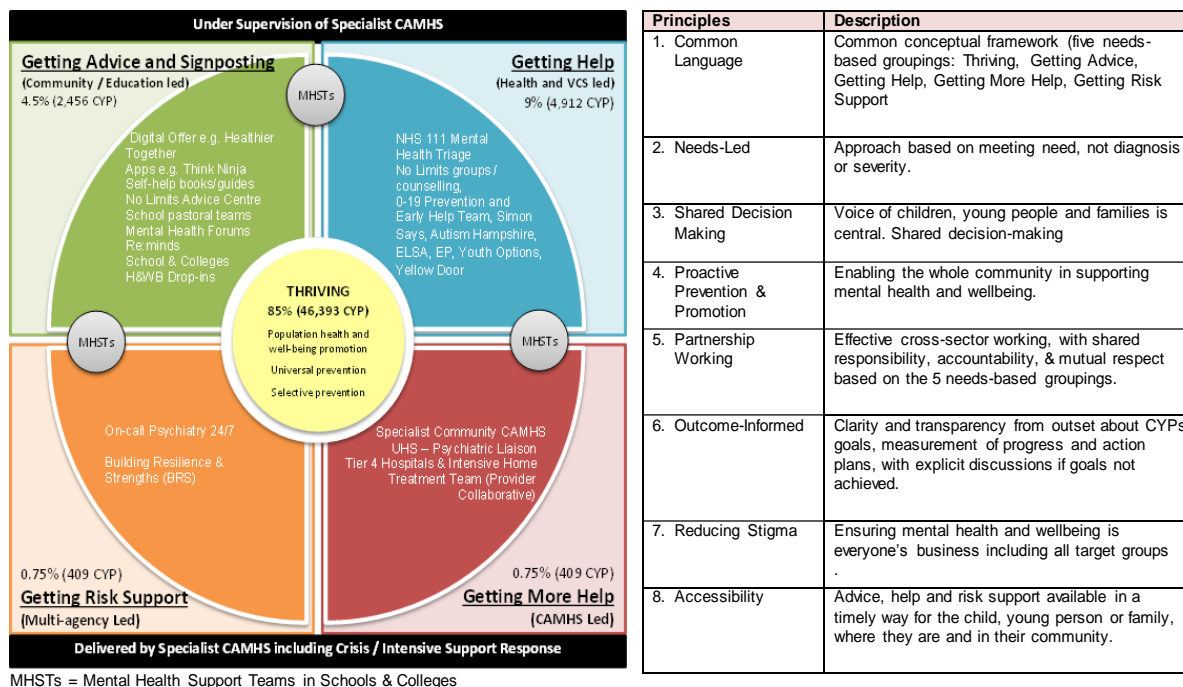
2.2 I-Thrive Framework for System-wide Change

To support this approach, we are also embedding the I-THRIVE framework across the City. The framework is a Nationally recognised one for planning and delivering mental health services for children and young people. It is person centred and needs led, with an emphasis on prevention and early promotion of mental health and wellbeing. It advocates for the role all partners in a system, play in meeting the needs of children and young people's mental health and wellbeing across five categories:

- Thriving
- Getting Advice and Signposting
- Getting Help
- Getting More Help
- Getting Risk Support

The framework was developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust (Wolpert et al., 2019).

The I-Thrive Framework and its Principles that we will embed are outlined below.



3.0 COVID-19 and Impact on Emotional and Mental Health Wellbeing

3.1 The Mental Health of CYP in England, 2020: Wave 1 follow up to the 2017 survey highlighted that the rate of probable mental disorders has increased.

- In 2020, one in six (16.0%) children aged 5 - 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017 – relatively this is a 48% increase.

3.2 Evidence of the impact of COVID-19 on services locally includes:

- The COVID-19 pandemic has led to an exacerbation of deprivation and inequalities. In November 2020, 16.7% of the working age population in Southampton were claiming Universal Credit – nearly twice that of January 2020 (8.8%), which will impact on Southampton's children and young people.
- CAMHS referrals: 87% (+320) increased (690 compared to 370) from April - June 2021 compared to April - June 2019 (pre-COVID). Referral numbers are continuing to increase which will impact on waiting times.
- Access to Service: the national target is for 35% of children and young people requiring treatment for mental health to be accessing this from an NHS Service. In Southampton 55% of individual children and young people aged 0-18 receive treatment by NHS funded community services – This is the highest rate in HIOW.

3.3 Evidence of the increasing need within local CAMH Services includes:

3.3.1 A particular increase in levels of risk and complexity. Last year referrals of young people with high levels of risk rose from an average of 24% of overall referrals at the beginning of the year to an average of 36% at the end of the year.

3.3.2 Sharp increase in the number of young people referred for eating disorders. There has been a 93% (+42) increase in cases during 20/21 compared to 19/20 (87 compared to 45).

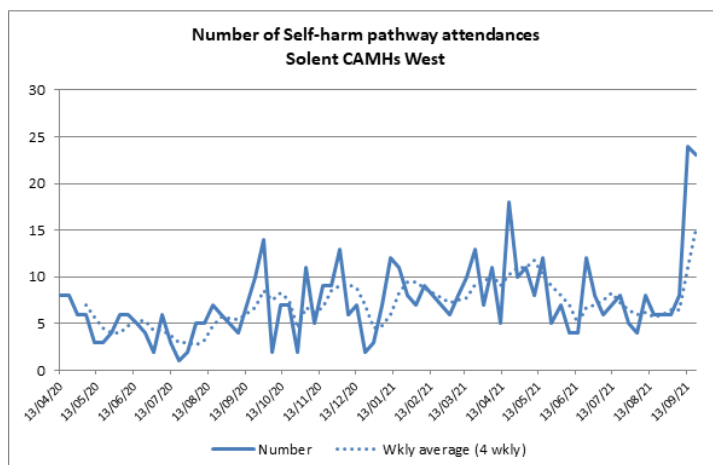
- This is higher compared to +52% in Hants and +31% in Portsmouth
- 25 Urgent cases (60% seen in 1 week) in 2020/21 compared to 6 in 2019/20 (+317%)
- 62 Routine cases in 2020/21 (84% seen in 4 weeks) compared to 39 in 2019/20 (+59%)

Southampton has the highest number of cases per population in HIOW (79.5 Soton, 63.5 Ports and 43.3 Hants) whilst investment per population is 22% less than IoW, 28% less than Hants and 29% less than Portsmouth (including £60k new investment).



3.3.3 Due to the increasing demand wait times for initial assessments are increasing, with a current average wait of 15 weeks. Prior to the pandemic wait times for initial assessment averaged at 8 weeks, with a reduction as low as two weeks when referrals dipped at the start of COVID.

3.3.4 Since our liaison team started delivering a service at the end of June 2021, they had seen 177 children and young people up to the middle of September, with the 2 most recent weeks have being >25% above any other week since April 2020.



3.3.5 Treatment/Interventions (excluding ADHD/ASD): 305 CYP are waiting for interventions with an average waiting time of 30 weeks from the point of assessment. This varies according to intervention, with our longest waits in service being for prescribing input.

3.3.6 New referrals to the service for ADHD & Autism were temporarily paused during COVID to enable the service to divert resources to support the crisis pathway with a 7 day service and to review pathways. The ADHD pathway reopened in May 2021 and the Autism pathway reopened in September 2021.

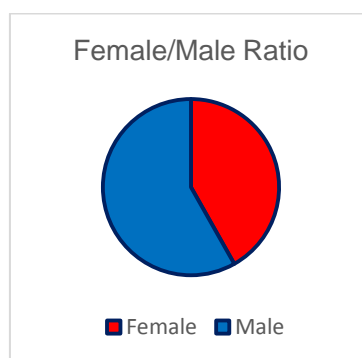
At the end of September 2021, the current position for these pathways was:

- Autism: 170 waiting for an assessment with longest waiting time of 18 months, this is compared to 511 on the Autism waiting list with a longest wait time of 2 years and 23 weeks before closure. The service is currently working with a partner provider for an estimated 200 assessments.
- ADHD: 21 are waiting for an ADHD assessment, with the longest waiter at 10 weeks; this is compared to 331 with a wait time of over 2.5 years before the temporary closure.
 - 53 referrals pending a decision with the longest being 13 weeks, approximately 80% likely ADHD.
 - 215 waiting for medication as a treatment option for ADHD with longest wait 1 year.

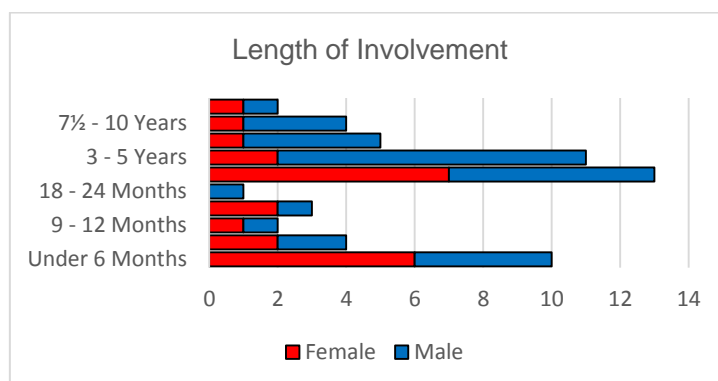
The temporary closure has enabled the service to reduce waiting lists and ensure capacity is utilised in the most efficient and quality assured way moving forwards. However, there will remain a shortfall between the number of assessments and service capacity and so we do expect to see wait times increase.

4.0 Input for Children Looked After

- 4.1 There are two key services which provide mental health input and interventions for children looked after. They are BRS and SpCAMHS.
- 4.2 There are currently 152 children and young people open to BRS. Of that number 45% (69) of them are children looked after. Of the remaining 83:
- 23 on CP plans (15%)
 - 31 on CIN plans (21%)
 - 17 on EH plans (11%)
 - 4 having single assessment (3%)
 - 8 unspecified (15%)
- 4.3 The BRS provide a variety of interventions for children looked after and their Foster Carers. This ranges from crisis intervention (particularly when there is risk of placement breakdown) through to the most recently delivered Promoting Attachments Group which is detailed in Appendix 1. They do not have a waiting list for intervention.
- 4.4 The BRS also oversees the governance for the newly created Clinical Psychology post working within the Local Authority Fostering team. This role provides dedicated and specialist input to Foster Carers on the needs of children looked after.
- 4.5 Within the SpCAMHS team we are currently providing input for 55 children and young people who are looked after, 40 of which are Southampton CLA and 15 are children who are looked after by another authority.
- 4.6 Twenty three of our children looked after are female and 32 are male. We do not currently have the ability to capture data on those young people who do not identify in these gender binary terms.



- 4.7 Our children looked after who are receiving support from the SpCAMHS team do so for a varied length of time. The interventions provided range from a single assessment through to more intensive crisis intervention and/or long term medication follow up.



5.0 Challenges

- 5.1 Our key challenges are very much in line with the national picture for CAMH Services.
- 5.2 Recruitment and retention is a challenge. The SpCAMHS team runs with an average 12-15% vacancy rate at any one time with certain posts being particularly challenging to recruit to such as Nursing, Psychology, and Psychiatry. Staff turnover has increased as the challenges of the job have increased.
- 5.3 Our ability to respond in a timely fashion to all needs is increasingly compromised with increasing referrals, increasing levels of acuity and complexity and an increasing level of staff turnover.
- 5.4 This means that the SpCAMHS team are not always able to prioritise children who are looked after for clinical intervention. With a finite resource and an increasing level of risk in our children's mental health we must ensure we respond to those with the highest levels of clinical need and who are often, at the most risk of significant harm. This does mean that we are not always able to prioritise children who are looked after who may have a less acute level of need.
- 5.5 An important workstream for the NHS CAMH Services is promoting the value that wider services bring in meeting the emotional and mental health needs of children who are looked after. It is not always necessary for a specialist service to provide intervention based on a looked after status.

6.0 Responding to the Mental Health Needs of Children Looked After

- 6.1 Southampton is currently mapping the CLA emotional and mental health offer. This piece of work is aimed at communicating and promoting the range of services available from early intervention through to crisis intervention, providing opportunity through this mapping to identify gaps and report the need to MACB.
- 6.2 Destination 22 has provided an opportunity for increased planning and provision for children looked after through an agreed service change to the BRS and embedding mental health expertise in locality models of which the combination of both will

provide more readily accessible consultation for networks supporting children who are looked after.

6.3 The SpCAMHS team have recognised the need to increase provision and are currently working to recruit an additional Clinical Psychologist who will have a focus on trauma informed approaches.

6.4 Both the BRS and SpCAMHS have come together, along with the Youth Offending Service, to develop a DBT (Dialectical Behaviour Therapy) pathway for children and young people who present with high levels of emotional dysregulation and risk of harm. This is a targeted intervention at those most vulnerable children and young people, including our young people who are looked after. By using the skill set across the three teams we have also been able to break down referral barriers.

7.0 Summary

7.1 The mental health needs of children and young people in Southampton have been adversely affected by COVID, this includes our children and young people who are looked after.

7.2 Our challenges in Southampton are in line with national picture; linked to increasing demand and recruitment gaps.

7.3 Our looked after children and young people in Southampton have a range of emotional and mental health needs which we should encourage to be met by the range of services we have available in Southampton.

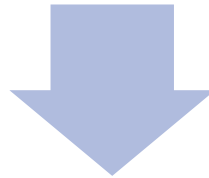
7.4 The mapping exercise currently underway will provide us with more detailed information on where the gaps lie, enabling us to be more evidence based in our service planning.

Appendix 2

Example of Good Practice – Promoting Attachments Group

Attendance:

- Five Foster Carers attended the 11-week programme based on Kim Golding's well-established 'Nurturing Attachments' course for foster carers and her 'House' model of therapeutic parenting (Golding, 2008)



Outcomes:

- Four of the five Foster Carers' scores on the Parenting Stress Index (all those for whom we have data) indicated an improvement in their experience of parenting stress as a result of attending the group
- All attendees gave positive feedback on their experience of the group

“During the sessions I was made to feel completely relaxed talking about the difficulties we were experiencing. I felt listened to in a non-judgemental way. The sessions with Becky have really helped us understand the child we are looking after.”

“The course has been so useful and has changed my perspective on parenting [my child]. He clearly is more of a challenge to parent than some other children, but it does not bother me so much now and I feel so much more able to manage the behaviours and stay calm.”

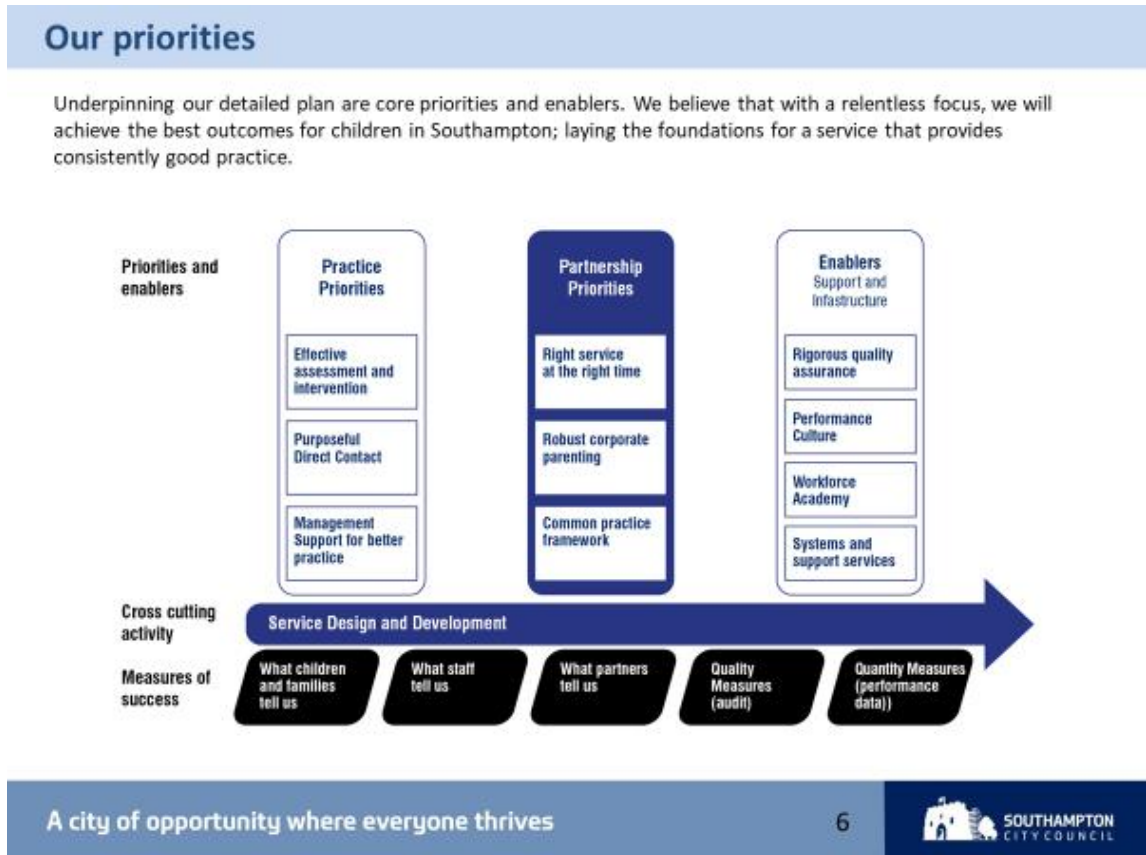
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DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL
SUBJECT:	CHILDREN'S AND LEARNING SERVICE IMPROVEMENT PLAN
DATE OF DECISION:	4 NOVEMBER 2021
REPORT OF:	EXECUTIVE DIRECTOR CHILDREN AND LEARNING

<u>CONTACT DETAILS</u>			
Executive Director	Title	Children and Learning	
	Name:	Robert Henderson	Tel: 023 80 834 899
	E-mail	robert.henderson@southampton.gov.uk	
Author:	Title	Head of Service – Quality Assurance	
	Name:	Stuart Webb	Tel: 023 80 834 102
	E-mail	stuart.webb@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
Not applicable	
BRIEF SUMMARY	
To brief the Panel on progress against the revised Children and Learning Improvement Plan.	
RECOMMENDATIONS:	
	(i) That progress be noted
	(ii) That there is a further update to the Scrutiny Panel in March 2022
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable oversight by the Children and Families Scrutiny Panel of the Children and Learning Improvement Plan.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
	Review of Plan
3.	In May 2021, Southampton's Children and Learning Service was subject to a focused visit under Ofsted's Inspection of Local Authority Children's Services (ILACS) framework. Inspectors identified two areas of priority action (effective and rigorous senior management oversight of children in care who are placed in unregistered settings, are at home with their parents or are with connected carers in emergency circumstances <i>and</i> effective management oversight of services to care leavers) and two areas for improvement (the quality of supervision and management oversight of children on child protection <i>and</i> child-in-need plans and visits to vulnerable children who are electively home educated (EHE).

4. The service has reviewed its improvement plan to address the inspection findings (Appendix 1). The plan has been re-structured to focus on 10 core priority areas which will make the most difference to achieving better outcomes for children:



The plan is high level, underpinned by and referring back to a series of service improvement and development plans owned by Heads of Service in the Children and Learning Service and across the Council and aligned with cross cutting multi-agency plans overseen by senior leaders. The service delivery plans detail clear actions, owners, and timescales against which progress is monitored by the Executive Director and the Improvement Board. Underneath these are more granular action and project plans.

5. The plan references improvements over the past 12 months:
- Review of the service vision; overriding strategy and strategic plans
 - Review of Improvement Board arrangements and appointment of independent chair
 - Work to address the findings of the 2020 whistleblowing report
 - Agreement to progress with Child Friendly City accreditation
 - Development of the Destination 22 service redesign programme
 - Confirmation of senior leadership team
 - Recruitment of Principal Social Worker and Performance Manager
 - Launch of Practice Framework and Workforce Academy
 - Strengthening of corporate parenting function

The Destination 22 improvement programme will build upon these foundations. The Panel is scheduled to receive a presentation on Destination 22 on 25th November 2021.

6. Progress will be reported to the improvement board using a revised performance template; supported by a new core data set, developed by the service Performance Manager (Appendix 2).

How we will provide assurance

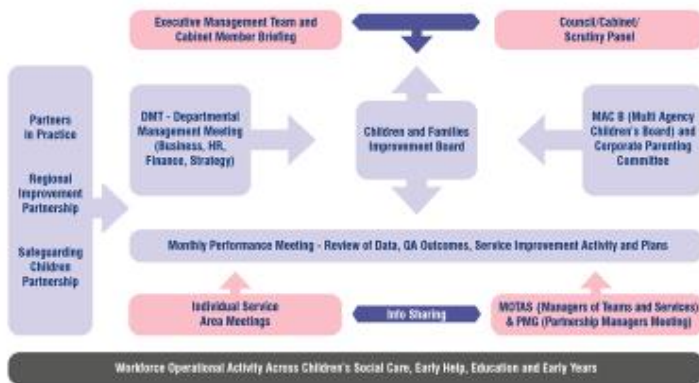

In addition to progress reports on the priority actions and recommendations arising from Ofsted; the service will provide the improvement board with reports on:

Effective assessment and intervention	Qualitative and quantitative data on focus 5 outcomes (chronologies, assessment, plans). Qualitative data on practice framework.
Purposeful Direct Contact	Qualitative and quantitative data on focus 5 outcome (direct contact). Qualitative data on practice framework.
Management Support for better practice	Qualitative and quantitative data on focus 5 outcome (supervision). Evidence of how the supervision framework and reflective practice is being embedded across the service; including data on caseload supervision; audit findings and staff feedback
Right service at the right time	Report on multiagency training to support Pathways document launch. Qualitative and quantitative data on MASH performance and decision making
Robust corporate parenting	Evidence of how the service and partners are supporting placement, staffing and education stability.
Common practice framework	Evidence of how the partnership is embedding restorative practice, trauma informed practice and Strengthening Families and the impact.
Rigorous quality assurance	Evidence of how the service audit programme is being embedded, the learning from this and how this is informing better practice.
Performance Culture	Evidence of how the assurance clinics are supporting better performance
Workforce Academy	Quantitative data on workforce recruitment and retention. Staff Reference Group qualitative feedback.
Systems and support services	Implementation of Care Director Case Management system and business support review.

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Governance and Scrutiny

7. The Service Improvement Board reconvened in November 2020 with revised membership and terms of reference. Membership now includes senior leaders from safeguarding partner agencies; improvement leads from the Department for Education and Local Government Association and the chairs of the staff reference group. An independent chair assumed her responsibilities in January 2021. The board receives bi-monthly performance updates, alongside thematic reports (see forward plan, Appendix 3).

	<h2 style="text-align: center; background-color: #4a7ebb; color: white; padding: 5px;">Governance Structure</h2> <p>Our improvement plan is reviewed by a bi-monthly Improvement Board, chaired by the Executive Director for Finance. The Board receives and considers performance data; progress (exception) reports and presentations from service managers. Membership has been extended to include key partners and will also include practitioners, with an interface with our practitioners reference group.</p> <p>Further oversight is provided through the Children and Learning Scrutiny Panel.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">  </div> <div style="width: 35%;"> <p>Children and Families Improvement Board:</p> <ul style="list-style-type: none"> Executive Director – Finance and Commercialisation (Chair) Chief Executive (annually) Deputy Chief Executive Cabinet Member, Children and Learning Cabinet Member, Finance and Resources Shadow Cabinet Member, Children, Young People and Learning Executive Director, Children and Learning Executive Director Resources Service Director of HR Head of Children's Social Care Services Head of Integrated and Specialist Services Head of Education and Learning Services Southampton CCG Managing Director Chief Superintendent Southampton Police Safeguarding Children Partnership Chair LGA representative DFE representative 2 x representatives from Staff Reference Group Partners in Practice representative Secondary and Primary Head teacher Special School Head teacher </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="background-color: #4a7ebb; color: white; padding: 5px;">A city of opportunity where everyone thrives</div> <div style="background-color: #4a7ebb; color: white; padding: 5px;">5</div> <div style="background-color: #4a7ebb; color: white; padding: 5px;">  SOUTHAMPTON CITY COUNCIL </div> </div>
8.	The improvement plan has been reviewed by the service Partner in Practice (Hampshire Children’s Services) and the DfE Improvement Advisor allocated to Southampton. The service is required to respond to Parliamentary Under Secretary of State for Children and Families, Vicky Ford by January 2022.
9.	The Scrutiny Panel forward plan has been designed to ensure ongoing focus on service improvement; with a social work practice improvement theme in January 2022. It is recommended that a further update on the improvement plan is provided in March 2022. The Panel requested a timeline of improvement activity and this is appended to this document as Appendix 4.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
10.	None at this stage
<u>Property/Other</u>	
11.	None at this stage
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
12.	S.111 Local Government Act 1972
<u>Other Legal Implications:</u>	
13.	None
RISK MANAGEMENT IMPLICATIONS	
14.	The overall improvement plan is risk assessed.

POLICY FRAMEWORK IMPLICATIONS

15.	<p>This developing improvement plan is an important contributor to achieving the outcomes desired for children in Southampton.</p> <p>The Corporate Plan 2021 to 2025 sets out the following ambitions: <i>‘We are committed to improving health and learning for our children and adults across the city. Through the journey of our UK City of Culture 2025 bid, we want a city in which people can start well, live well, age well, and live happy and fulfilling lives. We will be a city that prevents and intervenes early, promotes wellbeing, and allows people to live independently for longer, enjoying their lives and all our great city has to offer. We will create a city that provides excellent education and development opportunities for our young people and adults, that builds strong relationships with our partners and carers to help solve the challenges we face and create a city of opportunity for all. Through embracing our culture, heritage, parks, green spaces, and our unique waterfront opportunities we want a to be a happy, hopeful, and ambitious city. (We will) achieve our ambition to become a UNICEF Child Friendly City by 2024/25.’</i></p>
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KEY DECISION?	No
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WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Children and Learning Improvement Plan – October 2021
2.	Proposed core dataset
3.	Improvement Board Forward Plan
4.	Improvement timeline

Documents in Members’ Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

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**Improvement Plan 2021 - 22
Southampton Children and Learning Service**

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Our priorities and how we will achieve them	6
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Introduction

Our vision is that: *“We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood.”*

We know there is much to do to deliver the very best outcomes for our children, young people and families. To ensure that we improve, there is strong commitment from politicians and the Council Leadership to a *‘Child Friendly Southampton’*, our vehicle for ensuring a city where we prioritise the safety, welfare, and success of every child in everything that we do.

Our improvement plan has been reviewed after the Ofsted Focused Visit in May 2021. It is high level, underpinned by and referring back to a series of service improvement and development plans owned by Heads of Service in the Children and Learning Service and across the Council and aligned with cross cutting multi-agency plans overseen by senior leaders.

The service delivery plans detail clear actions, owners and timescales against which progress is monitored by the Executive Director and the Improvement Board. Underneath these are more granular action and project plans.

The plan reflects 10 priority areas identified by the service. Where Ofsted have previously made recommendations, or directed priority actions these are referenced.



Realising our Ambition for Children

Since September 2021, the service can evidence a robust focus on securing the right leadership and ensuring a strategic approach to the service's improvement priorities. This has included:

- Review of the service vision; overriding strategy and strategic plans
- Review of Improvement Board arrangements and appointment of independent chair
- Work to address the findings of the 2020 whistleblowing report
- Agreement to progress with Child Friendly City accreditation
- Development of the Destination 22 service redesign programme
- Confirmation of senior leadership team
- Recruitment of Principal Social Worker and Performance Manager
- Launch of Practice Framework and Workforce Academy
- Strengthening of corporate parenting function



Nevertheless, the outcomes for our children and families remain very inconsistent and the environment is still not right for social work to flourish in Southampton as it need to.

Moving forward at pace:

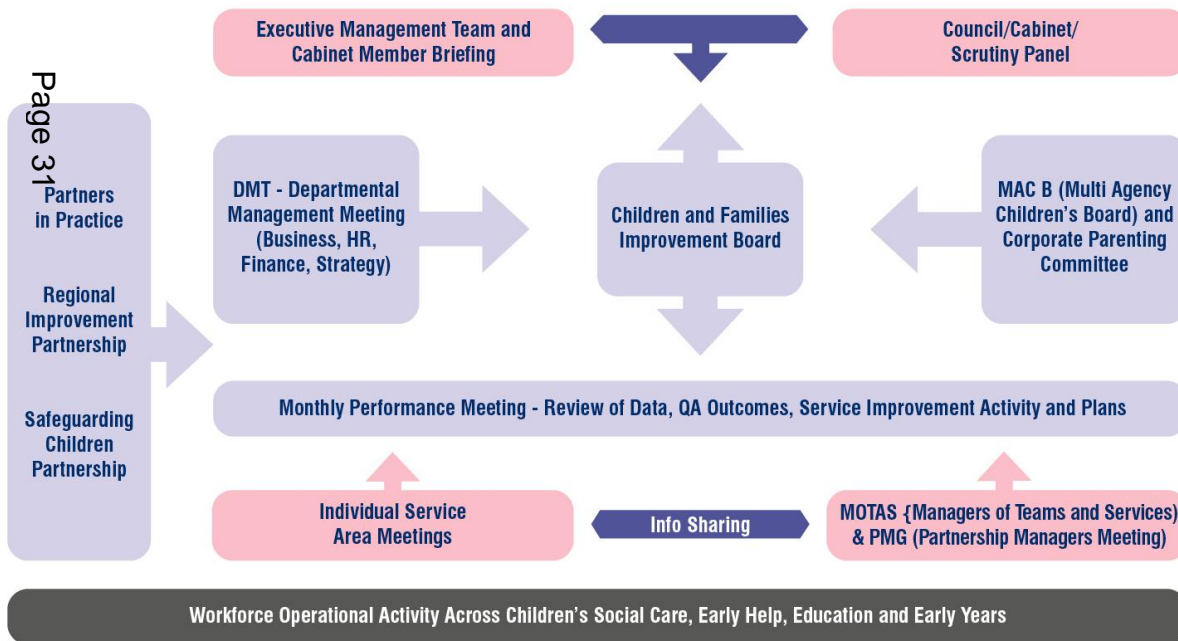
In Autumn 2021, led by the Executive Director for Children and Learning, we will launch the next stage of our Destination 22 service re-design; focusing on early help; safeguarding, young people's and looked after children's services.

Central to our approach is our responsibilities as a Corporate Parent and our commitment that our looked after children will receive best support we can give them through a reinvigorated corporate parenting strategy.

Governance Structure

Our improvement plan is reviewed by a bi-monthly Improvement Board, chaired by the Executive Director for Finance. The Board receives and considers performance data; progress (exception) reports and presentations from service managers. Membership has been extended to include key partners and will also include practitioners, with an interface with our practitioners reference group.

Further oversight is provided through the Children and Learning Scrutiny Panel.



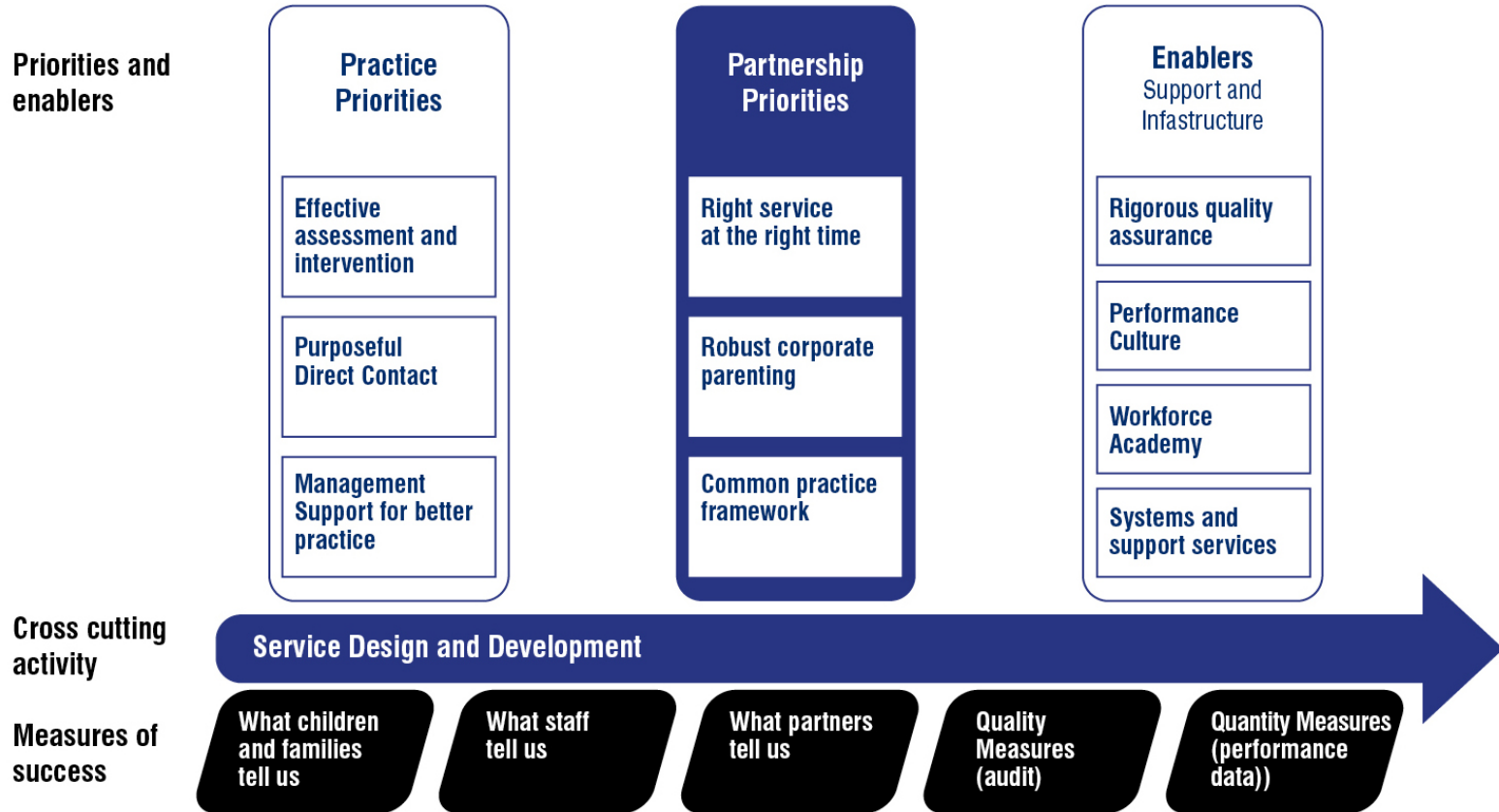
Children and Families Improvement Board:

- Executive Director – Finance and Commercialisation (Chair)
- Chief Executive (annually)
- Deputy Chief Executive
- Cabinet Member, Children and Learning
- Cabinet Member, Finance and Resources
- Shadow Cabinet Member, Children, Young People and Learning
- Executive Director, Children and Learning
- Executive Director Resources
- Service Director of HR
- Head of Children’s Social Care Services
- Head of Integrated and Specialist Services
- Head of Education and Learning Services
- Southampton CCG Managing Director
- Chief Superintendent Southampton Police
- Safeguarding Children Partnership Chair
- LGA representative
- DFE representative
- 2 x representatives from Staff Reference Group
- Partners in Practice representative
- Secondary and Primary Head teacher
- Special School Head teacher

Our priorities

Underpinning our detailed plan are core priorities and enablers. We believe that with a relentless focus, we will achieve the best outcomes for children in Southampton; laying the foundations for a service that provides consistently good practice.

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How we will provide assurance

In addition to progress reports on the priority actions and recommendations arising from Ofsted; the service will provide the improvement board with reports on:

Effective assessment and intervention	Qualitative and quantitative data on focus 5 outcomes (chronologies, assessment, plans). Qualitative data on practice framework.
Purposeful Direct Contact	Qualitative and quantitative data on focus 5 outcome (direct contact). Qualitative data on practice framework.
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Performance Culture	Evidence of how the assurance clinics are supporting better performance
Workforce Academy	Quantitative data on workforce recruitment and retention. Staff Reference Group qualitative feedback.
Systems and support services	Implementation of Care Director Case Management system and business support review.

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Our Improvement Plan

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Effective Assessment and Intervention

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>HoS for Social Care, Looked after Children, Principal Social Worker, Legal Services</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 36</p> <p>Head of Service, Quality Assurance / Principal Social Worker</p> <p><i>Core Ofsted recommendation (2019): The widespread and inappropriate use of child safety agreements with parents in circumstances when children's exposure to domestic abuse is a primary safeguarding concern.</i></p>	<p>We will markedly improve our practice in relation to all aspects of the re-proceedings phase of the Public Law Outline</p>	<p>-Significant reduction in requests for letters to the court -90% of proceedings will start within 15 WDs of decision to enter pre-proceedings --80% of pre proceeding assessments completed within 16 weeks from the pre-proceeding meeting -Good engagement with core stakeholders in Court, including routine attendance at FJB -100% of pre-proceedings letters audited evidence use of plain language</p>	<ul style="list-style-type: none"> - We will track and monitor the timeliness of pre-proceedings. -We will increase legal secretary capacity for tracking and oversight - We will convene weekly legal gateway meetings and dip sample audit of legal tracker and pre-proceedings letters twice yearly - We will develop and implement engagement plan for judiciary and CAFCASS training needs analysis for PACT social workers re court-related practice - We will brief SLT re engagement with judiciary by 1 December 2021 -We will report to Safeguarding Partnership re robustness of system for seeking legal advice, sharing information, recording legal planning meetings, tracking outputs and threshold disagreements Need update from Julian 	<p>31/03/22</p>	<p>QA Unit, Learning and Development</p>
	<p>We need to ensure that our staff are confident in their professional responses to key issues affecting families. We will ensure that our assessments and plans are of good quality; so that children get the right help quickly and that its impact is clearly measured.</p>	<p>We will be confident that staff are confident in their approach to: neglect; domestic abuse; child safety arrangements parental mental health; parental substance misuse; parental resistance; life story work, missing exploited trafficked</p> <p>50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records indicated that assessed need / risk has been identified and mitigated effectively.</p>	<ul style="list-style-type: none"> -We will analyse audit outcomes and use these to reflect on and improve the quality of practice within the teams. -We will embed Child Safety Arrangements paying attention to exposure to Domestic Abuse as a primary safeguarding concern - We will regularly review our training needs analysis. - We will ensure that our commissioned and in house training covers the areas of need identified in our training needs analysis. We will ensure that policy and guidance for staff is up to date and comprehensively referenced in the new Tri-X resource. - We will use our audit programme to assure ourselves that practice is improving. 	<p>30/06/22</p>	<p>Independent Domestic Violence Advisory Service</p>

Effective Assessment and Intervention

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>HoS for Social Care, SEND, Looked after Children, Young People</p>	<p>Assessments of the needs of children who are on the edge of care or looked after will be consistently accurate and up to date with good quality outcome-focused planning</p>	<p>Audit outcomes: 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence that the plan is comprehensive, has clear outcomes with actions and timescales</p>	<p>-We will ensure the quality of assessments for these children will be scrutinised via 'this child' audits and learning fed back into service improvement</p> <p>-We will ensure that the quality of assessments will be reviewed by managers at key decision making points for CLA</p> <p>-We will ensure for children and young people on the edge of care, that assessments will include analysis of resilience and risk in extended family network</p> <p>-We will consider FGC for all children who are at risk of care</p>	<p>31/03/22</p>	<p>Children's Social Care</p>
<p>HoS Young People</p>	<p>Children who go missing or who are at risk of exploitation will have their needs robustly assessed. Return Home Interview (RHI) information will be used consistently to inform planning and intervention for children, and understanding of patterns and trends</p>	<p>90% of children who receive a RHI will have a completed missing risk assessment</p> <p>-case audits of these children will include analysis of impact of info gathered in RHI</p> <p>-Greater confidence in partnership that patterns and trends from missing episodes are being considered to inform partnership</p>	<p>-We will monitor the number of missing children with a completed missing risk assessment</p> <p>-D22 proposals will include data analyst to support with analysis of patterns and trends - Training and guidance to be produced for those undertaking Return Home interviews, particularly as this role is extended across the service through D22</p>	<p>31/12/21</p>	<p>Children's Social Care, Police</p>
<p>HoS, Social Care</p> <p><i>Core Ofsted recommendation (2019): Decision making in the MASH adheres to local guidance and children do not experience unnecessary statutory assessments.'</i></p>	<p>Children who are referred to the MASH will not experience unnecessary statutory assessments</p>	<p>Maintain the % of Strategy Discussions held within 1 Working Day of the Referral outcome being progress to CP Strategy Discussion. - audits demonstrate good and consistent decision making re threshold for strategy meeting and S47</p>	<p>- We will undertake multi-agency audits re threshold decision making re strategy meetings and S47 enquiries</p>	<p>31/12/2021</p>	<p>Safeguarding Children Partnership</p>

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Effective Assessment and Intervention

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
HoS Quality Assurance	Referrals, assessments, plans and intervention in response to neglect are of good quality	<p>Audit outcomes: 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence that assessment tools are used to good effect and children in need or at risk of neglect are assessed rigorously</p>	<p>-We will relaunch the neglect strategy and ensure multi-agency partners understand their responsibilities and what good looks like -We will analyse audit outcomes and use these to reflect on and improve the quality of practice within the teams. -We will analyse through audit the quality of referrals relating to neglect</p>	31/03/22	Solent NHS Trust; CCG; Children's Social Care; Training, Quality Assurance Unit Safeguarding Children's Partnership
Service Manager, Permanence	We need to ensure that our fostering service is delivering good quality work for children and families	<p>50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>We will use our quality assurance framework to ensure compliance with fostering regulations and to check on the quality of Private Fostering interventions</p>	<p>- We will undertake an annual fostering report and an annual private fostering audit. The findings of both audits will be reported to Learning and Improvement Panel -We will analyse audit outcomes and use these to reflect on and improve the quality of practice within the teams.</p>	31/12/21	QA Unit
Service Manager, Quality Assurance Core Ofsted:	We will ensure that we are assured regarding the quality of practice in respect of vulnerable children who are electively home educated. Focused visit area for improvement	<p>We will be able to evidence that our oversight of elective home educated children is having an impact for vulnerable children and families; through service audits of casework. 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence effective management oversight and good understanding of / response to vulnerable children who are EHE</p>	<p>We have included an EHE audit in 2021 / 22 schedule. The responsible manager for EHE will be invited to the Learning and Improvement Panel. An audit tool will be developed with the responsible manager. There will be a report to the Local Safeguarding Children Partnership</p>	01/12/2021	QA Unit

Purposeful Direct Contact

LINKED SERVICE DELIVER PLANS: MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>Deputy Director</p> <p><i>Core Ofsted recommendation (2019):</i></p> <p><i>'Management provide advice for social workers on how to undertake direct work with children and regular reflective practice on their progress.'</i></p>	<p>Regular, thoughtful and needs-led direct work that is well recorded will be a core feature of all our work with children and families, at all levels of need, including early help</p>	<p>50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>according to audit direct work criteria EH and CSC Also where records evidence that the child/YP has been seen and their voice informs the assessment (Intervention)</p>	<p>-We will ensure that the management team will continue to analyse quality and impact of direct work through case audit -We will analyse the Gradings in This Child Thematic Audit -We will regularly review engagement with/attendance at induction and training to support direct work -We will progress with the development of systematic practice across the service</p>	<p>31/03/22</p>	<p>Institute of Family Therapy</p>
<p>Deputy Director, Performance Manager</p>	<p>Children and families must be seen sufficiently regularly according to need. We need greater confidence in performance information relating to visits to children.</p>	<p>Performance information relating to visits matches Paris_</p> <p>-Apart from looked after children with agreed exceptional visiting patterns, 90% of visits to looked after children will be minimum 6-weekly, children on a CP plan 2 weekly & CIN 4 weekly</p> <p>-Case audits will provide assurance about visiting patterns being congruent with risk and need</p> <p>50% good or outstanding –red 60% good or outstanding – amber 70% good or outstanding – green</p>	<p>-We will ensure the assurance clinics will scrutinise performance information and challenge practice relating to visits to children -We will ensure that audits will continue to consider frequency and quality of visits to children</p>	<p>31/12/21</p>	<p>Data Team</p>
<p>HoS for Social Care, Looked after Children, Quality Assurance</p>	<p>Life story work will start early, with social workers and carers engaged in this from the start of children's care journeys, and life story books will be created for all children who are adopted</p>	<p>High quality vibrant life story books completed for all children prior to adoption order. Case audits will demonstrate that life story work starts early</p>	<p>-We will ensure the number of outstanding life story books will be reviewed through dip sampling. - We will ensure an audit template for looked after children is to be adjusted to include whether life story work has been started and quality</p>	<p>30/06/22</p>	<p>Service Manager for Permanence</p>

Management support for better practice

LINKED SERVICE DELIVER PLANS: MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>HoS Quality Assurance, Principal Social Worker</p> <p><i>Ofsted area for improvement (2021): The quality of supervision and management oversight of children on child protection and child-in-mind plans.</i></p>	<p>Through substantially more frequent & thoughtful supervision and management oversight practitioners will receive good quality advice and support from managers. This will include reflection on progress and support to undertake direct work with children and families, meet need, reduce risk and promote good outcomes</p> <p>CORE OFSTED RECOMMENDATION</p>	<p>Case audit outcomes: 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records show regular and effective 8 weekly supervision/management oversight. The use of supervision tools will be analysed</p> <p>-Performance information demonstrates that supervision is sufficiently regular in 80% of cases, with assurance about the remaining 20% via dip sampling. - 90% of staff will participate in reflective activity and be able to articulate the impact</p>	<p>-We will calibrate performance information re case supervision against case audit to check for accuracy</p> <p>Collate the number of sessions offered and numbers attending for:</p> <ol style="list-style-type: none"> 1. Reflective supervision 2. Practice Surgeries 3. Action Learning sets <p>-We will oversee case supervision performance in assurance clinics -We will analyse the gradings of associated audits -We will provide supervision coaching via PIP - We will embed Reflective Practice sessions across the service</p>	<p>31/12/2021</p>	<p>Deputy Director, Heads of Service, Policy team, Communications Team</p>
<p>HoS Quality Assurance</p>	<p>We will ensure significant improvement in completion of annual staff appraisals</p>	<p>80% of permanent staff, and agency staff who have been in SCC for more than 12m will have an annual appraisal.</p>	<p>-We will ensure regular appraisals are undertaken and that development needs are identified and met</p> <p>-We will review current supervision arrangements to All line managers will undertake high quality, supportive & challenging annual appraisals with supervisees. -We will ensure Senior managers will monitor completion.</p>	<p>31/03/22</p>	<p>HR Business Partner</p>
<p>HoS Quality Assurance, Principal Social Worker</p>	<p>We will embed meaningful and well-understood practice standards across the service</p>	<p>Practice standards will promote best practice in improving outcomes for children and young people from early help to adoption. They will be understood and embraced by managers and front-line officers, demonstrated by practitioners' articulation of the standards in case discussion and in case audit outcomes.</p>	<p>-We will undertake comprehensive review of practice standards.</p> <p>We will Re-launch practice standards and ensure policy hub version is always up to date.</p> <p>We will ensure case audits analyse compliance with practice standards</p> <p>-We will ensure all new staff will receive a briefing on practice standards</p>	<p>31/12/21</p>	<p>Deputy Director, Heads of Service, Policy team, Communications Team</p>

Management support for better practice

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Principal Social Worker	Use of Research in Practice will be common place across the service	100% of staff registered are using RIP by usage breakdown. Audits demonstrate use of research and evidence-based practice	We will analyse RIP usage. -analysis of evidence based and research-informed practice through case audit	31/03/22	Research in Practice, Heads of Service
Head of Service, Quality Assurance	We will increase the effectiveness of case-related panels across the service, to support good decision making and reduce delay for children	Legal Gateway Panel, Exceptional Arrangements Panel, Permanence Panel and Weekly Care Panel have clear terms of reference, avoid duplication and are well understood by staff across the service. Children do not fall through gaps in decision making processes. All panel discussions are minuted, and provide robust scrutiny, assurance, and direction. New social workers can articulate the purpose and process for each pane	We will have a 6-monthly review of each panel and produce clear flowcharts for new staff	31/12/21	Legal Services; Business Support
All Heads of Service	Provide enhanced case supervision and welfare support for practitioners who are helping families where children are at risk from sexual abuse and exploitation	All managers will receive CSAFE training within 6m of being appointed. BRS will be able to provide case examples of enhanced support and reflective conversations with practitioners and managers where sexual abuse or exploitation is a concern. CP advisor tracking demonstrates positive impact of intervention and well supported practitioners	We will provide Child Sexual Abuse within the Family Environment (CSAFE) training for all managers -We will provide additional oversight from an independent specialist assessor -We will ensure BRS provide additional support and reflective case advice -Child protection advisor to track cases where CSAFE is an identified risk factor to consider the impact of the work being undertaken with all family members. The Head of Service and Service Manager are actively working to reduce high caseloads. -We will ensure CP Conference Chairs will consider management oversight and supervision in the audits for all review conferences, and within the Quality Assurance Framework of monthly case audits.	31/03/22	CP advisor

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Management support for better practice

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>MET Team Manager, HoS Young People</p> <p>All Heads of Service, Deputy Director</p> <p><i>Ofsted area for improvement (2021): The quality of supervision and management oversight of children on child protection and child-in-need plans.</i></p>	<p>We will strengthen the partnership oversight of Children at highest risk of exploitation/contextual harm.</p> <p>We will substantially improve managers' footprint on case records at key decision points</p>	<p>Monthly MET meetings demonstrate good attendance, collaboration and sharing of information/resources across agencies. Positive feedback from partners / stakeholders</p> <p>Case audits demonstrate good management oversight at all levels, in line with delegated responsibility for decision making, particularly at key decision making points</p>	<p>-We will have MET Case Review meetings will be half monthly</p> <p>-We will ensure clear plans for contextual safeguarding processes within D22 work. New contextual safeguarding processes will be developed</p> <p>We will introduce monitored management oversight inbox for HOS, DD and director case decisions, review and direction</p>	<p>31/03/22</p> <p>31/12/21</p>	<p>MET Case Review / MET Operational Group</p> <p>Business support</p>

The right service at the right time

LINKED SERVICE DELIVER PLANS: MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
HoS Social Care, MASH Team Manager	There needs to be a good understanding by partner agencies of referral thresholds	Referrals evidence that partners understand children's services thresholds. Conversion rate from contact to referral significantly increase.	We will Re-launch a of continuum of need document and accompanying multi-agency briefings in line with D22 restructure	01/12/2021 threshold document re-launch	Safeguarding Children Partnership
HoS Social Care <i>Core Ofsted recommendation (2019):</i> <i>Decision making in the MASH: 'There is no evidence that local guidance and children do not experience unnecessary statutory assessments.'</i>	We need to ensure that decision making in the MASH consistently adheres to local threshold guidance and children do not experience unnecessary statutory assessments	100% of new Partnership Navigators receive MASH Training	-We will monitor the Partners' MASH Navigator attendance at MASH Induction training We will ensure oversight and scrutiny of the number of contacts received and conversation to referral/assessment, with dip-sampling to review (e.g) efficient Information sharing to inform recommendations and decisions -We will provide evidence of appropriateness of referral across all Referral sources Graded by: Immediate action is required Child is safe with further work required accuracy of data recording	31/12/2021	Safeguarding Children Partnership
HoS Social Care, Partnerships Team Manager	We will raise service and partnership awareness of procedures for notifying Local Authority	We will ensure 2 SCP training sessions per year are offered, 2 annual submissions to the CSL practice bulletin are made, annual report to SCP submitted, information provided to educational establishments.	We will ensure the completion of the actions/tasks.	31/03/22	Safeguarding Children Partnership, internal teams.

The right service at the right time

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
HoS Young People	We will ensure children and young people at risk of exploitation receive the right support at the right time to reduce risk and promote good outcomes	We will ensure effective intervention with children at risk of exploitation. Workforce will be confident in identifying and responding to risks at earliest opportunity and specialist resources available for children at most risk	<ul style="list-style-type: none"> -We will ensure the review and re-launch multi-agency planning pathway for children at risk of exploitation, including high level risk management and planning. -We will strengthen audit activity relating to exploitation and Improve data reporting on CE risk level -We will seek feedback from YP/parents on how they feel about their safety and the impact of support 	31/03/22	Safeguarding Children Partnership, Police
HoS Young People	We need to improve the partnership response to adults who exploit children	We can evidences a robust and assertive response to perpetrators of exploitation.	<ul style="list-style-type: none"> -We will ensure a HIPS-wide meeting to consider partnership response to perpetrator's -We will incorporate data analyst role into D22 team structure and the new YP service will have a focus on reducing exploitative behaviour as well as supporting young people to reduce risk of harm 	31/12/21	Safeguarding children partnership. HIPS, Police
HoS Social Care and Early Help <i>Core Ofsted recommendations (2019):</i> <i>Decision making in the MASH adheres to local guidance and children do not experience unnecessary statutory assessments.'</i>	We will provide a swift and proportionate response to families who need early help, particularly those who are most in need of help	We will ensure 90% of Families are seen within 5 days of referral to EH	<ul style="list-style-type: none"> -We will track the % of new referrals seen within 5 day through D22 ensure there is sufficient resource within the service to respond quickly to need, alongside robust step-down and referral processes 	31/03/22	MASH

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The right service at the right time

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>Head of Education</p> <p><i>Ofsted area for improvement (2021):</i></p> <p><i>Visits to vulnerable children who are electively home educated (EHE).</i></p>	<p>We need to ensure that EHE cases within the priority cohorts of CP, CIN and YOS to be allocated an EHE Visitor, where appropriate and we will engage with families to provide appropriate support Ofsted recommendation</p>	<p>100% allocated and 100% of priority groups engaged</p>	<p>-We will increase capacity to work directly with EHE parents</p> <p>-We will capture the % of EHE cohort engaged and the % of new cases that are still EHE who have had initial engagement within the first 4 school weeks</p>	<p>31/12/21</p>	<p>Schools; Children's Social Care; Youth Justice</p>
<p>HoS Early Help</p> <p>Page 45</p>	<p>We need to be confident that the right cases are stepping up to and down from early help, at the right time, according to family need</p>	<p>Maintain baseline, which is 29% (Ofsted CHAT, November 2019). SE SLIP SN Quarter in last 12 months case audit provides confidence that decisions to step up/down are appropriate</p> <p>50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence good threshold decisions and outcomes for children.</p>	<p>We will monitor the % cases stepped down/up and strengthen case audit to include step up and step down thresholds including thematic audits to assess the quality of work for cases stepping down</p>	<p>31/03/22</p>	<p>Data Team</p>
<p>Service Manager, Early Years</p>	<p>We need to increase the take up of 'Funded Early Education' for all eligible 2 year olds</p>	<p>Target 80% 80% Nat Baseline 65%</p>	<p>We will promote the take up of provision across the service and with key stakeholders and communities.</p>	<p>31/03/22</p>	<p>EH Teams, Social Care Teams, Providers</p>

Robust Corporate Parenting

LINKED SERVICE DELIVER PLANS: MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>Deputy Director/Service Managers</p> <p>Core Ofsted recommendation (2019)</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 46</p>	<p>Our matching, approvals, scrutiny and review of unregistered placements, and the care and welfare of children placed in such provision, will be robust. Social work support to children in these arrangement's will be effective.</p>	<p>The service practice standard is that unregistered provision should not be used. In circumstances where there is no alternative non-negotiable practice standards will apply. Files will evidence approval by deputy director or Exec Director, notification to Ofsted & close oversight by operational and senior managers of plans & ongoing placement search. Regular face to face visiting by SW team and scrutiny by placements team will be evident.</p>	<ul style="list-style-type: none"> -We will urgently review all existing unregistered placements to provide assurance about: initial checks on the quality and safety of the placement; regular face to face visiting; Onsight scrutiny by placements team; that Ofsted has been advised; that registration status and progress has been verified by Ofsted We will ensure approval for any future unregistered placements will be sought by DD/Exec director with close oversight by -We will ensure any unregistered placement will be reviewed in weekly exceptional arrangements panel, chaired by HOS, from June 2021 -We will ensure case audits will scrutinised compliance with this process -We will ensure that the placements team will check all such arrangements prior to each exceptional arrangements panel -We will ensure monthly briefing to DD and Exec director and notification to host authority in all cases We will review checklist for unregistered placements -We will ensure that confirmation of permissions / oversight process and checks with unregistered providers are managed We will ensure mandatory briefings for relevant staff on minimum expectations and good practice in relation to reg 24, PWP and unregistered placements We will ensure IRO case discussions take place at the onset of any unregulated, unregistered and PWP placement & a care plan review will be arranged. We will undertake learning review of VB, share findings across the service 	<p>01/06/2021</p>	

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>Deputy Director/Service Heads/Permanent Manager/Head of Service/IRO'S</p> <p style="text-align: center;">Page 47</p> <p>Head of Service/Service Manager</p> <p>Core Ofsted recommendation (2019)</p>	<p>Senior management decision making about placement with parents and emergency Reg 24 placements will be routinely evident and of good quality</p> <p>We need to ensure that care leavers have authorised care plans and they are good quality</p>	<p>Timely senior management decisions and oversight will be evident on the case records of all children who are in such arrangements. Data will be accurate, up to date and shared in the right forums to allow proper scrutiny. The service will be firmly held to account in respect of timeliness of approvals.</p> <p>We will be able to evidence the timely completion of good quality pathway plans 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence that pathway plans have clear outcomes with actions and timescales and are authorised</p>	<ul style="list-style-type: none"> - We will urgently review all PWP and regulation 24 placements to ensure that approvals are in place for each child and properly recorded on Paris. -We will ensure regular checks by placements team, reported to weekly exceptional arrangements panel, will scrutinise senior managers' oversight of these arrangements. -We will ensure the review of performance and data reporting in respect of unregistered, PWP and reg.24 placements, must include report on number of unlawful connected carers placement at each period end. Corporate parenting. Reports to senior leadership team via learning and improvement panel and Improvement Board. additional scrutiny via assurance clinics -We will ensure mandatory briefings for relevant staff on minimum expectations and good practice -We will ensure case-by-case reviews of all children where approval is delayed <p>We will use our performance data to monitor the completion rates of pathways plans. We will analyse the outcomes of management and This Child audits and use the findings to inform better practice.</p>	<p>01/06/2021</p>	<p>Comms team</p> <p>QA Unit</p>

Robust Corporate Parenting

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>Head of Service</p> <p>Service Managers- Permanent/Head of Service</p> <p>Service Managers/Head of Service/Deputy Directors</p> <p>Core Ofsted recommendation (2019)</p>	<p>Assessments relating to children look after are good quality and impact is clearly measured. These children get the right help quickly.</p> <p>CORE OFSTED RECOMMENDATION</p> <p>Unplanned Placement breakdowns</p> <p>We need to be confident that the right children are looked after</p>	<p>We will ensure significant improvement in % of CLA with authorised care plan (90% by Feb 2021)</p> <p>50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence that assessment tools are used to good effect and children in need or at risk of neglect are assessed rigorously – using an evidence-based framework.</p> <p>Unplanned placement breakdowns reduce by 25%</p> <p>We will safely reduce the number of children becoming looked after and safely increase the numbers of children returning to family, creating a net reduction taking into account those who are turning 18</p>	<p>-We will work with performance team to ensure data accuracy</p> <p>-We will analyse audit outcomes and use these to reflect on and improve the quality of practice within the teams.</p> <p>Introduce and embed placement disruption pathway to include targeted support for placements, better commissioning arrangements and good placement planning to prevent breakdown</p> <p>-We will review care panel to ensure the right children are discussed and that there is appropriate attendance by partners.</p> <p>-We will improve the quality and intensity of support to children on the edge of care</p> <p>-We will strengthen care planning immediately after a child is accommodated to robustly consider options for return to family -</p> <p>We will increase the use of family groups conferences and strengthen the pathway for 16/17 yr old homeless yp to ensure they receive the right support at the right time, We will give LAC/Care Leavers access to website for advertising apprenticeships</p> <p>-We will capture the data in regards to the number of hits on LAC/Care Leavers website back to families project to identify and progress plans for children who can return from residential to a family setting and close scrutiny of children turning 18</p>	<p>01/02/2022</p> <p>01/01/2022</p> <p>01/02/2022</p>	<p>IRO Team; Business Support</p> <p>Placements team, commissioning unit, CIC service</p> <p>Finance</p>

Robust Corporate Parenting

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
IRO Service Manager	Children looked after will benefit from consistent relationships with their IROs	100% IRO capacity/ establishment - reliable data relating to IRO turnover and consistency of IRO relationships Target to be set when data report has been formulated.	-We will develop data reporting re IRO turnover and changes in allocated IRO -We will capture data of the Number of IROs allocated to a child since the child became Looked After		HR; Hays
IRO Manager	We need to improve the impact of IRO escalation and challenge across the service	We will use an Effective and Child centred CIC review process	All alerts are addressed within the 10 WD timescales, as per local policy		Operational Teams
IRO Manager/Deputy Director	We need to improve the timeliness of CLA reviews, reducing those that are postponed	Postponed CLA reviews will be rare	We will closely monitor the % of CIC Reviews scheduled in the month held within timescale and oversee this via assurance clinics		Data Team
Care Leavers Service Manager	Children in care and care leavers will benefit from detailed up to date care plans and pathway plans in which they are fully engaged	50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green Where records evidence that the plan has clear outcomes with actions and timescales and records evidence that children have been heard	-We will ensure weekly data reporting on care plans and pathway plans to operational and senior managers. -We will ensure close scrutiny in assurance clinics		QA Unit
Participation Officer/Head of Service	We need to increase the engagement of children in care and care leavers in children in care council (Southampton Voices Unite) and corporate parenting forums	Engagement of children in care and care leavers at Southampton Voices Unite will continue to rise, with successful separation of juniors and seniors group. The interface between CLA and CL and corporate parenting committee will be meaningful. Informal mentoring relationships between CLA and councillors to be established.	-We will accurately record attendance of CLA and care leavers at the CIC council and review how these groups are publicised. -We will engage with CP and SVU to consider how to strengthen interface between the two	01/01/22	Operational Teams / Corporate Parenting Committee

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Service Managers- Fostering/Head of Service	We need to substantially increase the number of in-house foster carers	15 new carers per year, 155 mainstream foster carers at end of year, 3 new step across placements	<ul style="list-style-type: none"> -We will ensure accurate recordings of applications, new carers and those who are de-registered -We will ensure additional resource in the team via marketing role -We will ensure targeting of carers for specific groups of children i.e. UASC -review of recruitment strategy -We will provide enhanced fostering provision through the 'step across' scheme (from children's home) -We will ensure additional marketing resource within the fostering service to support recruitment of new carers 		Data Team, Communications Team, Corporate Parenting Board, HR Service.
PACT Service Manager Saw Team Manager CLC Team Manager	Practice in relation to children in care and care leavers is consistently benchmarked against our practice standards	Practice standards clearly articulate what is expected in relation to children in care and care leavers. Staff can confidently articulate their responsibilities.	<ul style="list-style-type: none"> -We will update practice standards in line with consultation with teams and managers. -We will Introduce learning circles to embed good practice. Ensure learning from audits is shared across relevant parts of the service. 	30/10/2021	Operational teams
Quality Assurance Manager	We need to ensure that all of our policies, procedures and protocols relating to CLA are accurate, up to date and easily accessible by staff	Policies and procedures resources are up to date in line with good practice, understood by staff and in place via Tri X	<ul style="list-style-type: none"> -We will ensure LA consultant to be recruited fixed term to update key policies and procedures. Final sign off or Tri X We will ensure all activity is covered off in the procurement of the new e-policy resource. -We will ensure all requirements will be clearly outlined in revised Policy Framework 	30/10/2021	Procurement Team

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Quality Assurance Manager	We will ensure senior-level line of sight of improvement activity; progress against improvement plans and any ongoing practice issues	We will ensure that there will be regular reports to Learning and Improvement Panel, Improvement Board and Corporate Parenting Committee. These will include progress reports against the priority improvement plans, alongside the annual Lead Independent Reviewing Officer's report.		From 10th June 2021 Lead IRO report November 2021.	Data Team IRO Service
Quality Assurance Manager/Head of Service/Deputy Director	We will ensure that there is a clear service understanding of quality of practice with and the experiences of looked after children.	We will ensure that the quality assurance unit will work with the service area to scope and deliver a thematic audit of practice against the Ofsted ILACS framework and local practice standards.		30th September 2021	Data Team
Head of Service/LAC Team Manager	We need to ensure that the emotional and mental health needs of children in care and care leavers are met.	Emotional/mental health worker is successfully embedded within the Looked After Children and Care Leaver's Service. CIC and Pathway plan reviews and PEPs evidence that children's emotional and mental health needs are met	-We will identify and embed designated worker in the service -We will ensure that the relevant themed and this child audits consider the emotional wellbeing of children and young people with learning fed into the service	01/12/2021	Behavioural Resource Service
Performance Manager/LAC Team Manager/Head of Service	We will ensure that looked after children and care leavers' physical health needs are assessed and met	90% initial health assessments on time 80% of children with up to date dental check up	-We will ensure assertive engagement with health partners to ensure accurate data re IHAs -We will ensure targeted discussions with partners at HOS level to identify barriers to good performance -We will ensure continued discussion with health partners to identify resource to undertake catch up dental check-ups	01/02/2021	Health P'ship

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Education Manager	We will improve the proportion of care leavers who are EET	40%	-We will ensure accurate data -We will give LAC/Care Leavers access to website for advertising apprenticeships.	01/12/2021	Education Service; Careers Service
Head of Service/Permanence Manager	We will ensure Children have their LAC Reviews held within timescales We will improve timeliness of Long term permanency planning and matching	80% of children will have a permanence plan in place by 2nd review	We will accurately monitor the % of Children have a permanence placement plan by their 2nd review PACT and LAC Has the plan been achieved 1. Date of 2nd LAC Review 2. Timeliness of 2nd LAC Review 3. % of positive response to current question: has permanence been achieved? 4. % of positive response to current question: is there evidence of planning for permanence?	01/01/2021	Data Team
Permanence Manager	We will improve the timeliness of children whose care plan is long term fostering being matched with their foster carers	90% of children with a plan of long term fostering will be matched with their foster carers within 18 months of placement.	-We will have effective use of permanence panel -We will have close scrutiny and follow up of care plans for children by IROs -We will follow up the escalation by IROs where there are matching delays and have close oversight of children's plans for permanence in case supervision	01/03/2022	LAC/Pathways, Data team, Business Support, IRO team

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Robust Corporate Parenting

LINKED SERVICE DELIVER PLANS: MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Permanence Manager	Timescales for children with a plan for adoption are in line with national average timescales at all points from plan for adoption to adoption order national average timescales.	At least national average timescales at all stages	<ul style="list-style-type: none"> -We will closely monitor timescales at all stages in a child's journey. -We will ensure IROs and operational managers to identify and escalate delays or potential delays for children 	01/03/2022	Adopt South; Family Court
Head of Service Page 53	We need to ensure that care live in accommodation that is safe and that meets their needs	We will increase the percentage of Care Leavers in suitable accommodation to 81% Bed and breakfast accommodation will be an absolute exception for care leavers, with clear risk assessments and evidence of approval by HOS	<ul style="list-style-type: none"> -We will review sufficiency strategy in relation to accommodation options for care leavers -We will ensure pathway planning to pay close attention to accommodation stability -We will assurance clinics for Pathways service to include suitable accommodation _Approval for B&B at HOS level 	01/12/2021	Business Support Integrated Commissioning Unit; Housing

A common practice framework

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
CP Advisor	We need to ensure that Strengthening Families child protection plans are child centred.	We want to be able to evidence that children are able to contribute to the Strengthening Families process.	We will capture the number of appropriate children who engage with CP Champions.	31/03/22	Business Support ; Child Protection Champions
HoS Social Care	All children attending an ICPC will have an allocated social worker within the PACT service prior to initial conference right service right time	100% of children subject to ICPC will have an allocated PACT SW by the time of the conference	-We will process for allocation of PACT social workers to children being presented at an ICPC will be adhered to. -We will ensure the allocation of PACT SW at the time of ICPC will be monitored by CP chairs and scrutinised in assurance clinics	31/12/21	Performance Manager
HoS Social Care, SSCP Chair	We need to be assured that our core group meetings are effective in ensuring that child protection plans progress.	We will be able to show that core group meetings are timely and quorate and are effective in either progressing child protection plans or dealing with barriers to plans progressing. Audit target: 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green	-We will improve our data so that we can tracker core group timeliness better. Our audit programme will include a focus on the impact of core groups.	31/03/22	Safeguarding Children Partnership Data Team CCM Project Team

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Rigorous quality assurance

LINKED SERVICE DELIVER PLANS: MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
HoS, Quality Assurance	We need to ensure that there is independent verification of our quality assurance framework	We will be able to evidence that our quality assurance framework has been reviewed and scrutiny of the framework is built into the scrutiny panel schedule.	We will work with Hampshire Children and Families Service, our partner in practice to review our Quality Assurance Framework. There will be an annual quality assurance report to the Children and Learning scrutiny panel	31/12/21	Hampshire Children and Families Service
HoS, Quality Assurance	We need to engage with offers of external support to inform and implement our improvement plan for children and families.	We will be able to evidence engagement with Partners in Practice, Department for Education and the Local Government Association.	We will ensure representatives of PiP, LGA and DfE will be invited to the Improvement Board. -We will ensure the service will engage with the PiP improvement plan (which includes focus on: residential and 16 / 17 homeless accommodation, management audit training, targeted audit activity (CIN), family safeguarding model). -We will ensure a DfE improvement advisor will be allocated to Southampton.	31/12/21	Department for Education Local Government Association Hampshire Children and Families Service
HoS, Quality Assurance	We need to ensure that audit completion is embedded in management practice	We will be able to evidence that 90% of audits allocated to managers have been completed	-We will confirm the 2021 / 22 audit programme. We will work with our Partner in Practice to deliver audit training for managers. -We will work with the different service areas to review and agree audit tools	31/12/21	Managers of Teams and Services (MOTAS)
HoS Quality Assurance, Partnerships Team Manager	We need to ensure the timely completion of child safeguarding practice reviews	We will ensure that 100% of reviews are completed within timescale	We will track the timeliness of review completion through the Serious Incident and Learning group. There will be regular reports to the Cabinet Member for Social Care.	31/12/21	Local Safeguarding Children Partnership

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Strong performance culture

LINKED SERVICE DELIVER PLANS: MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Performance Manager	We need to review our core data set to ensure that the service is focused on the things that will make the most difference for children.	We will have a core data set that is used by operational teams, senior managers and the improvement board to track progress for children.	<ul style="list-style-type: none"> -We will appoint a dedicated performance manager. -We will review the core data suite to ensure that it monitors compliance, volumes and timeliness and the effectiveness of outcomes. 	30/09/2021	Data Team
Performance Manager, Deputy Director	We need to embed a stronger performance culture across the service.	We will be able to show that managers are taking greater accountability for performance in their teams and that outcomes for children in key areas are improving as a result.	We will launch assurance clinics which will engage with the managers from the following areas: MASH and assessment, protection and court, looked after children and care leavers, fostering and children with disabilities.	30/09/2021	Data Team

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Deputy Director	We need to recruit and retain good quality social workers; to ensure that children and families benefit from consistent support, delivered by staff with whom they have strong and effective relationships.	We will be able to evidence: a reduction in staff absence; a reduction in the number of agency staff; an increase in permanent social workers and an increase in the average caseload across core service areas.	<ul style="list-style-type: none"> -We will respond to the staff survey, testing progress out through our staff reference group. -We will increase the number of social workers we appoint through apprenticeships, Step Up to Social Work, Frontline, Tripod and NQSW recruitment. -We will reduce caseloads in the service to 18 per social worker. 	31/03/22	Human Resources; Communications Team; Improvement Board Partners
Principal Social Worker	We need to launch our Workforce Academy as the vehicle to ensure consistent professional knowledge, expertise and confidence in our practice framework.	We will be able to assure ourselves that our frontline practitioners, managers and partners have been supported to develop professional confidence in our common practice framework and that we have evidence that it is making a difference for children and families.	<ul style="list-style-type: none"> -We will launch the workforce academy, practice framework and standards, Southampton Focus 5, practice weeks and induction programme. -We will confirm the budget for and commission the practice framework training programme. - We will implement the training programme for staff and partners, monitoring progress through the Making the Difference Board. -We will use our audit programme to assure ourselves that practice is improving. 	01/10/22	Safeguarding Children Partnership, Finance, Learning and Development, Policy Team, Procurement, Tri-X

Responsible Officers	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Performance Manager, HoS Quality Assurance	We need to ensure that good social work practice is supported effectively by all relevant council functions / services.	We will be confident that the service receives good business, HR, communications and data support	<ul style="list-style-type: none"> -We will ensure the service will be allocated dedicated HR and communications support. - We will ensure a formal review of business support that is provided to the service. The new performance manager will review data support and analysis with the data team 	31/03/22	Business Support Services Human Resources Data Team Comms Team Project Team
Performance Manager, Executive Director	We need to implement our new case management system, Care Director to support better social work practice.	We will be able to evidence that as a result of Care Director implementation the quality of social work practice and recording improves; staff express a high level of satisfaction in the new system and better data collation and analysis is supported.	<ul style="list-style-type: none"> -We will ensure governance / oversight of project implementation through the project board and operational group. - We will involve teams and services in system design and testing. We will ensure data integrity before the transfer of data into the new system and data repository. -We will ensure that the system development is informed by the Destination 22 programme, inspection feedback and service self evaluation. 	31/03/22	ICT / Care Director Provider

Measures that Matter

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Measures that matter

Measure	Baseline	Actual (September 2021)	Target	Outcomes
<ul style="list-style-type: none"> Number of referrals to EH Number of cases open to Early Help Percentage of re-referrals to EH Percentage of cases closed in the month due to families disengaging Number of referrals that were stepped down from CSC to EH Number of EH cases closed in the month that were stepped up to CSC 				
<ul style="list-style-type: none"> Number of children's contacts in the month Percentage of contacts that led to NFA Number of referrals in the month Number of referrals per 10k Percentage of re-referrals in the month 				
<ul style="list-style-type: none"> Percentage of Assessment s completed in the month that were NFA 				
<ul style="list-style-type: none"> Number of CLA at end month CLA per 10,000 Percentage of CLA whom a visit has taken place within statutory timescales CLA with an update review CLA with an update to date care plan 				

Measures that matter

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Measure	Baseline	Actual (September)	Target	Outcomes
<ul style="list-style-type: none"> • Number of Open cases at the ned of the month • Number of CIN on a plan • Number of CPP • Number of CPP per 10,000 • Number CLA • Number of CLA per 10,000 • Percentage of CIN on a plan visits in timescale • Percentage of CLA visits in timescale • Percentage of CPP reviews in timescale • Percentage of CLA reviews in timescale • Percentage of care leavers with an up to date Pathway Plan • Percentage of 17-21 Care Leavers who are NEET 				
<ul style="list-style-type: none"> • Percentage of cases with an up to date supervision • Number of Audits in the month • Percentage of Audits good or better 				
<ul style="list-style-type: none"> • Number of SW's with caseloads above target 				

Improvement Plan 2021 - 22

Southampton Children and Learning Service

September 2021

For further details contact :

Robert Henderson– Executive Director, Southampton Children & Learning Service
02380 834 899 or robert.henderson@southampton.gov.uk

Proposed Core Data Set Key Performance Indicators

- Number of referrals to Early Help
- Number of cases open to Early Help
- Percentage of re-referrals to Early Help
- Percentage of cases closed in the month due to families disengaging
- Number of referrals that were stepped down from Children's Social Care to Early Help
- Number of Early Help cases closed in the month that were stepped up to Children's Social Care
- Number of children's contacts in the month
- Percentage of contacts that led to no further action (NFA)
- Number of referrals in the month
- Number of referrals per 10,000 0 – 17-year-olds
- Percentage of re-referrals in the month
- Percentage of Assessments completed in the month that were NFA
- Number of Children looked after (CLA) at end month
- CLA per 10,000 0 – 17-year-olds
- Percentage of CLA whom a visit has taken place within statutory timescales
- CLA with an update review
- CLA with an update to date care plan
- Number of open cases at the end of the month
- Number of Children in Need (CIN) on a plan
- Number of Child Protection Plans (CPP)
- Number of CPP per 10,000 0 – 17-year-olds
- Number of CLA per 10,000 0 – 17-year-olds
- Percentage of CIN on a plan visits in timescale
- Percentage of CLA visits in timescale
- Percentage of CPP reviews in timescale
- Percentage of CLA reviews in timescale
- Percentage of care leavers with an up-to-date Pathway Plan
- Percentage of 17-21 Care Leavers who are not in education, employment or training (NEET)
- Percentage of cases with an up-to-date supervision
- Number of Audits in the month
- Percentage of Audits good or better
- Number of social workers with caseloads above target

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Children and Learning Service Improvement Board Schedule for 2021 / 22

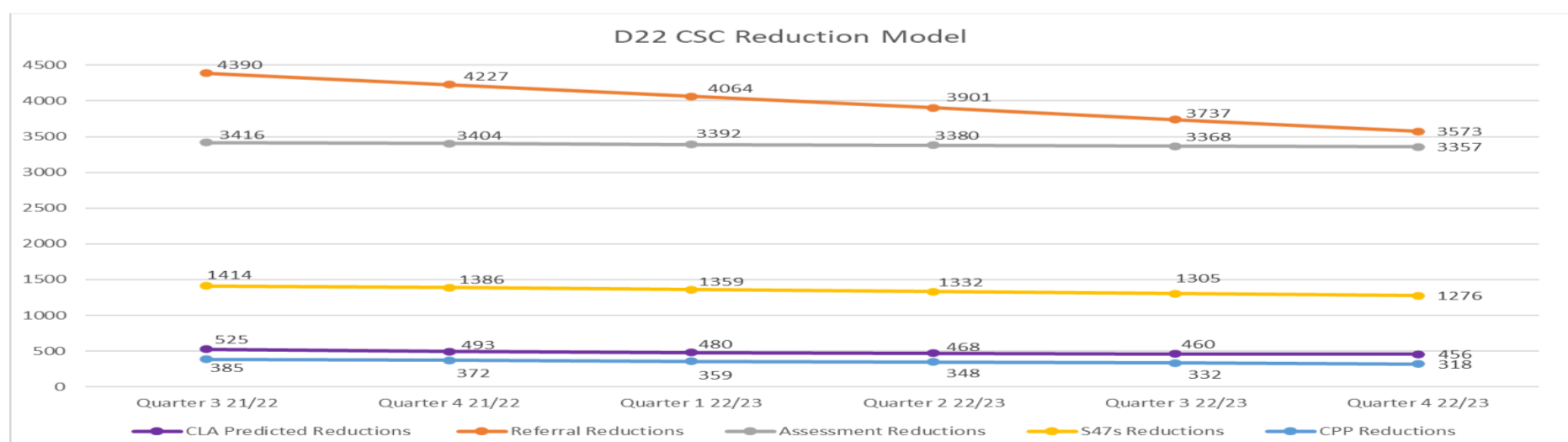
Meeting date	Outline of agenda
	<p>Standing Items</p> <ol style="list-style-type: none"> 1. Review of Action Tracker 2. Director's Update 3. Staff Reference Group 4. Improvement Report 5. Partners in Practice

Meeting date	Outline of agenda
<p>15th November 2021 1 pm – 3.30pm</p>	<p>Mental health (review of progress)</p> <p>Partnership Improvement Theme: Vulnerable Adolescents (inc. NEET)</p>
<p>17th January 2022 1 pm – 3.30pm</p>	<p>Sufficiency (review of progress)</p> <p>Partnership Improvement Theme: Looked after children and care leavers (progress against priority action plan)</p>
<p>21st March 2022 1 pm – 3.30pm</p>	<p>Partnership Improvement Theme: New Early Help and Social Care pathways / Children's Resource Hub</p>
<p>16th May 2022 1 pm – 3.30pm</p>	<p>Partnership Improvement Theme: Audit and quality assurance</p>
<p>18th July 2022 1 pm – 3.30pm</p>	<p>Partnership Improvement Theme: Elective Home Education</p>
<p>19th September 2022 1 pm – 3.30pm</p>	<p>Partnership Improvement Theme: Looked after children and care leavers (progress against priority action plan)</p>
<p>21st November 2022 1 pm – 3.30pm</p>	<p>Partnership Improvement Theme: TBC</p>

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Improvement Timeline 2021 - 2023:

	Key Milestones					
	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
	<i>October 21 – December 2021</i>	<i>January 22 – March 22</i>	<i>April 22 – June 22</i>	<i>July 22 – September 22</i>	<i>October 22 – December 22</i>	<i>January 23 – March 23</i>
	<ul style="list-style-type: none"> * Placements Action Plan * Management review of unregistered placements * Management review of PWP and regulation of 24 placements * Review of Core data set * Launch of Assurance Clinics * Refresh of recruitment website * Assurance letter to minister *Practice Standards launch * Review of safeguarding review action plan * Launch of Senior Social Worker role * Step Up students start * Leadership team engagement with IFAs * Submission of UNICEF Child Friendly Expression of Interest 	<ul style="list-style-type: none"> * Focus on management oversight of practice *Launch of young people’s service *Relaunch the neglect strategy *Launch of threshold document * Focus on contact levels with police. * Launch of Care Director * Approval of Corporate Parenting Report and Care Leavers Offer 	<ul style="list-style-type: none"> * Children and Young People’s Plan and strategic document suite launch. * Review of Quality Assurance Framework and Audit Schedule *Review of improvement / partnership governance arrangements *Permanent Practice Leads confirmed *Firstline management team programme starts * Launch of Practice Framework training Offer *Development of common practice framework 	<ul style="list-style-type: none"> *Frontline pods start *Apprentices qualify *Destination 22 education workstream *Further review of integrated early help model *Destination 22 fostering placements service review 	<ul style="list-style-type: none"> *Independent review of Practice Framework *Residential Launch 	<ul style="list-style-type: none"> *Step Ups qualify



	Quarter 3 21/22	Quarter 4 21/22	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23
CLA Predicted Reductions	525	493	480	468	460	456
Referral Reductions	4390	4227	4064	3901	3737	3573
Assessment Reductions	3416	3404	3392	3380	3368	3357
S47s Reductions	1414	1386	1359	1332	1305	1276
CPP Reductions	385	372	359	348	332	318

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DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL
SUBJECT:	MONITORING SCRUTINY RECOMMENDATIONS
DATE OF DECISION:	4 NOVEMBER 2021
REPORT OF:	SERVICE DIRECTOR – LEGAL AND BUSINESS OPERATIONS

<u>CONTACT DETAILS</u>			
Executive Director	Title	Deputy Chief Executive	
	Name:	Mike Harris	Tel: 023 8083 2882
	E-mail	Mike.harris@southampton.gov.uk	
Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail	Mark.pirnie@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
This item enables the Children and Families Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.	
RECOMMENDATIONS:	
	(i) That the Panel considers the responses to recommendations from previous meetings and provides feedback.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.
DETAIL (Including consultation carried out)	
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Children and Families Scrutiny Panel. It also contains a summary of action taken in response to the recommendations.
4.	The progress status for each recommendation is indicated and if the Children and Families Scrutiny Panel confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the Children and Families Scrutiny Panel.

RESOURCE IMPLICATIONS	
<u>Capital/Revenue/Property/Other</u>	
5.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
6.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
7.	None
RISK MANAGEMENT IMPLICATIONS	
8.	None
POLICY FRAMEWORK IMPLICATIONS	
9.	None
KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Monitoring Scrutiny Recommendations – 4 November 2021
2.	Year 12 and 13 unknowns comparison
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Children and Families Scrutiny Panel

Scrutiny Monitoring – 4 November 2021

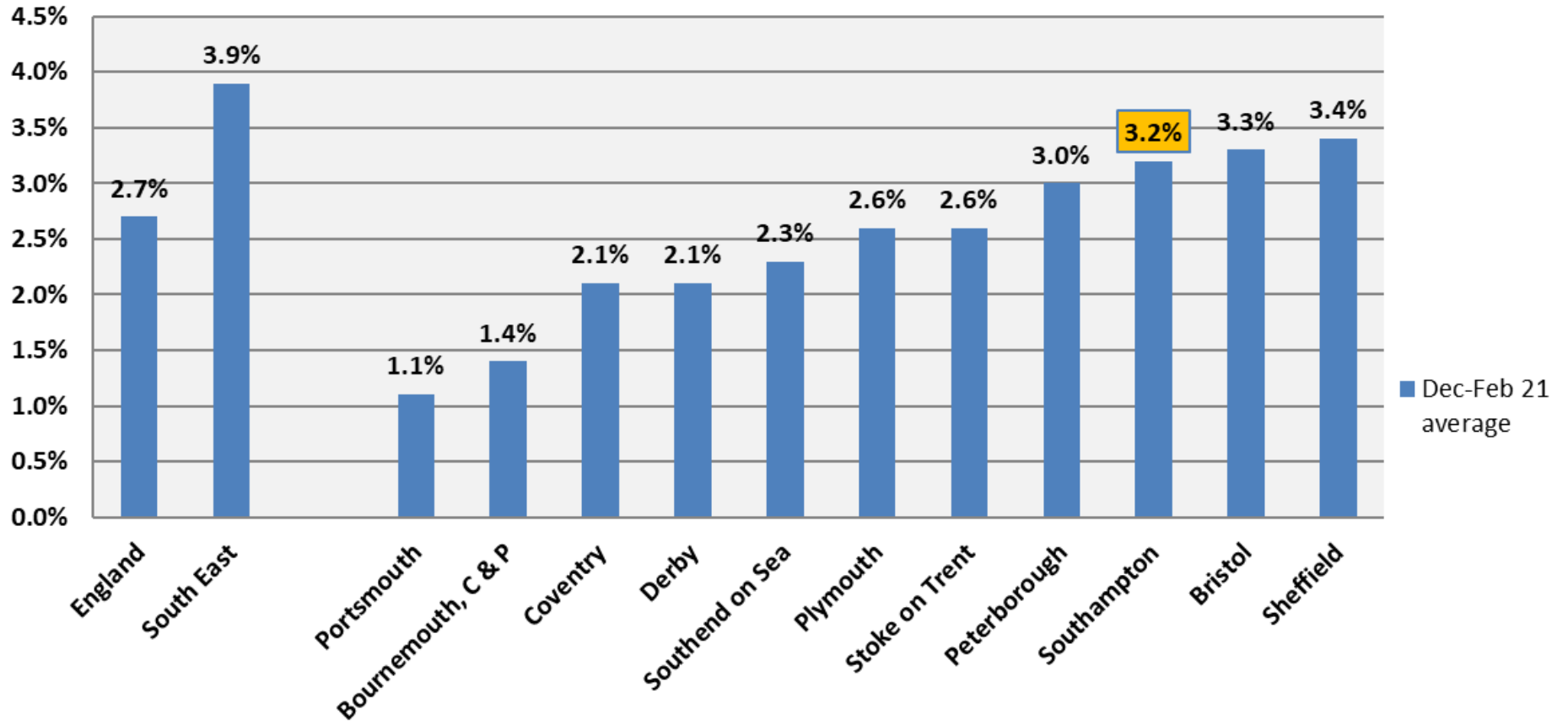
Date	Title	Action proposed	Action Taken	Progress Status															
17/06/21	Ofsted Focused Letter	1) That the Cabinet Member for Education lobbies the Government, on behalf of the Council, to give local authorities additional powers with regards to the oversight of elected home educated children.	The Cabinet Member has received a briefing from the Head of Education and Early Years on Elected Home Education.	Partially complete															
30/09/21	Educational Attainment	1) That the Executive Director engages with the leadership of Oasis Community Learning to encourage them to reverse their policy not to share school attainment data with local authorities.	The Executive Director is working with the Head of Service for Education regarding the engagement plan for senior leaders to discuss the issues with Oasis Academy Learning.	Partially complete															
		2) That, if available, the Panel are provided with an overview of the disparity between KS4/5 projected and awarded grades at Southampton schools and colleges.	Given the nature of this year's exams which involved teacher assessed grades (TAGs) it is unlikely that there will be much disparity between what the schools submitted and the grade awarded. The only situation where this might arise is where a grade is moderated down because it was felt the marks were too generous. There is no evidence that this has occurred within Southampton.	Complete															
		3) That the latest available school attendance data for Southampton schools is circulated to the Panel.	Data provided by Education Welfare Service Manager below: <table border="1" data-bbox="1137 1023 1798 1370"> <thead> <tr> <th></th> <th>Overall absence</th> <th>Persistent absence</th> </tr> </thead> <tbody> <tr> <td>Primary</td> <td>4.0%</td> <td>10.3%</td> </tr> <tr> <td>Secondary</td> <td>6.9%</td> <td>19.3%</td> </tr> <tr> <td>Special</td> <td>14.2%</td> <td>46.5%</td> </tr> <tr> <td>PRU (Compass) (85 enrolments)</td> <td>51.9%</td> <td>84.7%</td> </tr> </tbody> </table>		Overall absence	Persistent absence	Primary	4.0%	10.3%	Secondary	6.9%	19.3%	Special	14.2%	46.5%	PRU (Compass) (85 enrolments)	51.9%	84.7%	Complete
			Overall absence	Persistent absence															
Primary	4.0%	10.3%																	
Secondary	6.9%	19.3%																	
Special	14.2%	46.5%																	
PRU (Compass) (85 enrolments)	51.9%	84.7%																	
4) That available KS4 attainment data for Southampton children who were home educated is circulated to the Panel.	Unfortunately, this information is not available to the LA and it is not clear whether the DfE collect the data. There is no lawful basis for requesting the information from parents	Complete																	

Date	Title	Action proposed	Action Taken	Progress Status
			because these children are not educated by the LA and examinations are not a service the local authority provides for this cohort of children.	
		5) That, to develop understanding of the attainment of Southampton's care experiencing children and young people, the Virtual School Annual Headteacher Report is circulated to the Panel.	Report circulated – 01/10/21	Complete
30/09/21	Post 16 Provision and Participation	1) That analysis is undertaken of Post 16 performance to identify the reasons behind the attainment gap, particularly the achievement of A*/A grades, between Southampton FE providers and national performance.	More able students tend to leave Southampton to study at Barton Peveril and Peter Symonds, or Eastleigh. Until there is independent validation of the quality of provision at the post 16 providers this situation has the potential to continue.	Complete
		2) That, in addition to seeking to learn from best practice in reducing NEET levels, officers liaise with Bristol City Council and Coventry City Council to identify how they were able to reduce NEET levels during the pandemic.	The Service Manager – Education Strategy, Planning and Improvement has contacted Bristol and Coventry to discuss successful strategies. A meeting with Bristol has been set up. Awaiting a response from Coventry.	Complete
		3) That analysis is undertaken to improve our understanding of the reasons behind the rise in NEETs between Yr12 and Yr13 in Southampton.	The Service Manager – Education Strategy, Planning and Improvement has initiated conversations with Southampton college Principals to gain a better understanding of factors at play. It will take some time to undertake this piece of research and CF suggests reporting back to Scrutiny in March 2022 (in part due to data cycles).	Complete
		4) That the Panel are provided with data that enables comparisons to be made between the level of 'unknowns' in Southampton and other areas.	Information attached as Appendix 2	Complete
30/09/21	Performance	1) That feedback is provided on the relatively high levels of missing children in August 2021 in comparison to August 2020. (EH5-QL)	The current data does not differentiate between Southampton children and other local authority children placed in the area. The Panel has previously heard that the	Complete

Date	Title	Action proposed	Action Taken	Progress Status																												
			<p>data will become more accurate with the implementation of Care Director.</p> <p>A manual check by the Missing, Exploited, Trafficked (MET) team manager has identified that there is a small increase in Southampton children (45 in August 2021, in comparison to 42 in August 2020).</p>																													
		<p>2) The number of Single Assessments completed has been low compared to other similar areas. As posed by the commentary (EH3), the Panel want clarity as to whether the figure is a reflection that our Early Help offer is working well to prevent risk with families escalating, or, that professionals are not aware of some families in need and are therefore not referring them into the service.</p>	<p>Referring to the rate of assessments completed, we can see that Southampton is moving to a comparable position with statistical neighbours:</p> <div data-bbox="1137 528 1928 839" style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Rate of completed assessments per 10,000 children aged 0-17</p> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Year</th> <th>SNs</th> <th>Eng</th> <th>LA</th> </tr> </thead> <tbody> <tr> <td>2015-16</td> <td>619</td> <td>533</td> <td>461</td> </tr> <tr> <td>2016-17</td> <td>533</td> <td>461</td> <td>482</td> </tr> <tr> <td>2017-18</td> <td>461</td> <td>482</td> <td>898</td> </tr> <tr> <td>2018-19</td> <td>482</td> <td>898</td> <td>666</td> </tr> <tr> <td>2019-20</td> <td>898</td> <td>666</td> <td>666</td> </tr> <tr> <td>Last 6 months*</td> <td>666</td> <td>666</td> <td>666</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">*Annualised rate for comparison purposes</p> </div> <p><i>Data source: CHAT tool October 2021.</i></p> <p>The service assessment is that access to early help services and the quality of assessments needs to be more robust and this is reflected in the Early Help element of the Destination 22 programme. The Scrutiny Panel will receive a presentation on Destination 22 on 26th November 2021.</p>	Year	SNs	Eng	LA	2015-16	619	533	461	2016-17	533	461	482	2017-18	461	482	898	2018-19	482	898	666	2019-20	898	666	666	Last 6 months*	666	666	666	<p>Complete</p>
Year	SNs	Eng	LA																													
2015-16	619	533	461																													
2016-17	533	461	482																													
2017-18	461	482	898																													
2018-19	482	898	666																													
2019-20	898	666	666																													
Last 6 months*	666	666	666																													

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Year 12 & 13 Unknowns comparison - Statistical Neighbours



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