

Southampton's Children
and Young People's
**Corporate Parenting
Annual Report
2021/22**

Making a difference to
children and their families
September 2022



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**Children
& Learning**
Making a difference

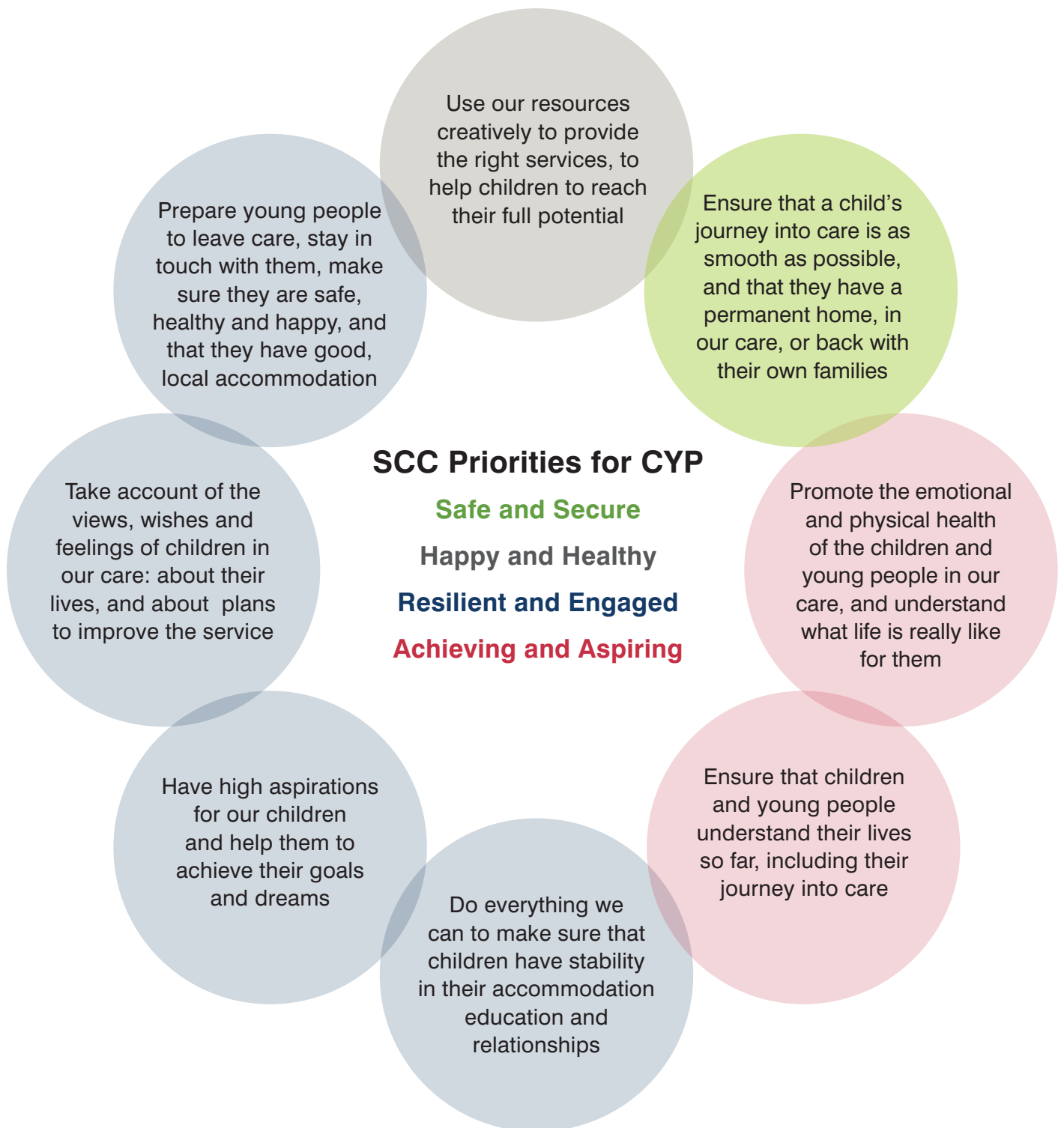


Children & Learning
Making a difference



Our vision

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.



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What corporate parenting means to us



Rob Henderson
Executive Director
Children & Learning



Cllr Darren Paffey
Cabinet Member for
Children & Learning

The concept of corporate parenting was formalised in the Children and Social Work Act 2017 to and accompanying statutory guidance, 'Applying Corporate Parenting Principles to Looked After Children and Care Leavers' February 2018.

It encompasses other legal responsibilities set out in the Children Act 1989, Children Act 2004, Leaving Care Act 2000 and Care Planning Regulations, outlining how local authorities and multi-agency partners must work together to safeguard and promote the wellbeing of children and young people in our care and those leaving care.

In essence, it is how the entire council, and our partner agencies, see themselves as the parents of Southampton's looked after children. This is to ensure that they have a better and safer experience in our care and that they aspire, achieve, and succeed as children and as adults in our community.

Elected members and senior leaders in Southampton carry out our corporate parenting duty through:

- Regular meetings between the Cabinet Member for Education and Children's Social Care and the Executive Director for Children's Learning and Wellbeing Service
- Scrutiny of reports at the Corporate Parenting Committee and Children and Families Scrutiny Panel
- Engaging with Representatives from Southampton Voices Unite (previously the Children in Care Council) at relevant meetings
- Supporting engagement events and using their influence to improve the lives of children in care and care leavers

This report outlines how well we have delivered on our eight corporate parenting principles that Southampton City Council has adopted throughout 2021/22 and outlines our plans for continual improvement as set out in the Corporate Parenting Strategy 2022 - 2027.

We invite challenge, scrutiny, and collective celebration of success, much as a family would.

Setting the scene

The Child's Journey

Listening to children and young people is at the heart of good care planning in Southampton and so, from the moment a child begins their journey through care, we promote:

1. **Consultation:** gathering children's or young people's views on a particular issue or question
2. **Participation:** children and young people joining in in decision-making
3. **Involvement:** where adults give children and young people opportunities and support to take part

We aim to use a strengths-based approach which builds upon and celebrates the success and achievements of the child.

Where there are concerns to be addressed, we think carefully about how these are explored with the child and ensure that we are solution-focused.

We consider how to gather and share information in a meaningful way that can contribute to children and young people's life story work.

Ultimately, we seek to put ourselves in that child's shoes and think, "**What is life like for this child right now?**" By understanding and giving a voice to lived experience, we gain the knowledge to develop our services to best serve young people.

Every child in our care has a Care Plan, which is established through multi-agency, parental and child contribution. It reflects the collective responsibility of the local authority and partner agencies (Education, Health, and others) to provide the best possible care for our children and young people.

Achieving **permanence** is at the heart of the child's Care Plan. Permanence gives a child a sense of security, continuity, commitment, and identity and ensures that they have a secure, stable and loving family to support them through childhood and beyond.

This has been a unique and challenging year, coming out of the Covid-19 pandemic, and collectively facing the impact on children, young people, parents, foster carers, providers, and local services for children.

During the year from September 2021 and August 2022 we have launched and begun to embed our Destination 22 transformation programme, with substantial changes across the service including the development of a 'through care' service for children in care and care leavers. The year has also seen a substantial improvement in the stability of the social care workforce in SCC, with a 90% permanent leadership and management team in place, and a hugely successful recruitment drive in January 2022.

At the time of writing the Executive Director, Deputy Director and all seven Heads of Service are permanent. We are pleased to be welcoming new Heads of Services for Pathways through Care and Resources in January 2023

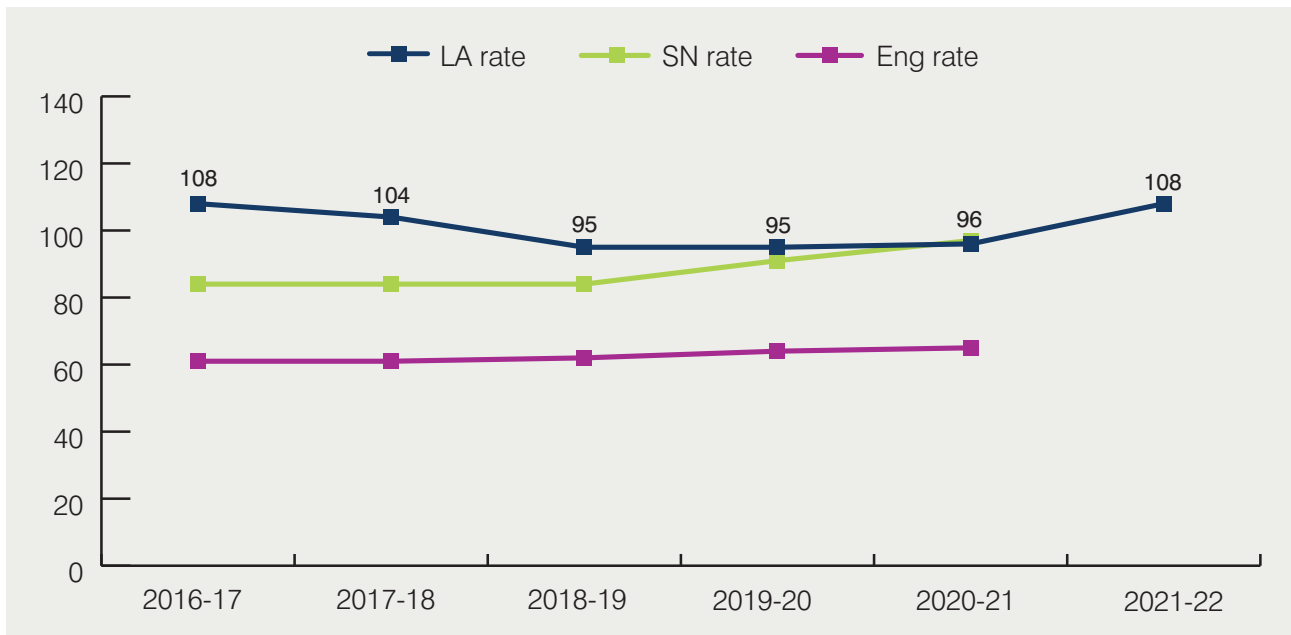
Between September 2021 and August 2022, 237 children came into the care of Southampton City Council (SCC) and 197 left our care. In this context, sufficiency of placements continues to be a significant challenge as we strive to recruit more in-house carers and source good quality registered residential provision. The number of looked after children in Southampton is slowly stabilising. Pre-proceedings and proceedings are falling, and there are green shoots in relation to the number of in-house own foster carers, as a result of a successful recruitment campaign.

The data in this report is a combination of financial year data and school year data, to enable us to scrutinise our performance against our statistical neighbours, but also to help our understanding of children's education progress.

Profile of children in care

On 1 September 2021 SCC cared for 509 children, rising to 552 on 1 September 2022. Based on Financial year data (April 2021 – March 2022), the rate of children in our care per 10k was 108, which is above statistical neighbours and England.

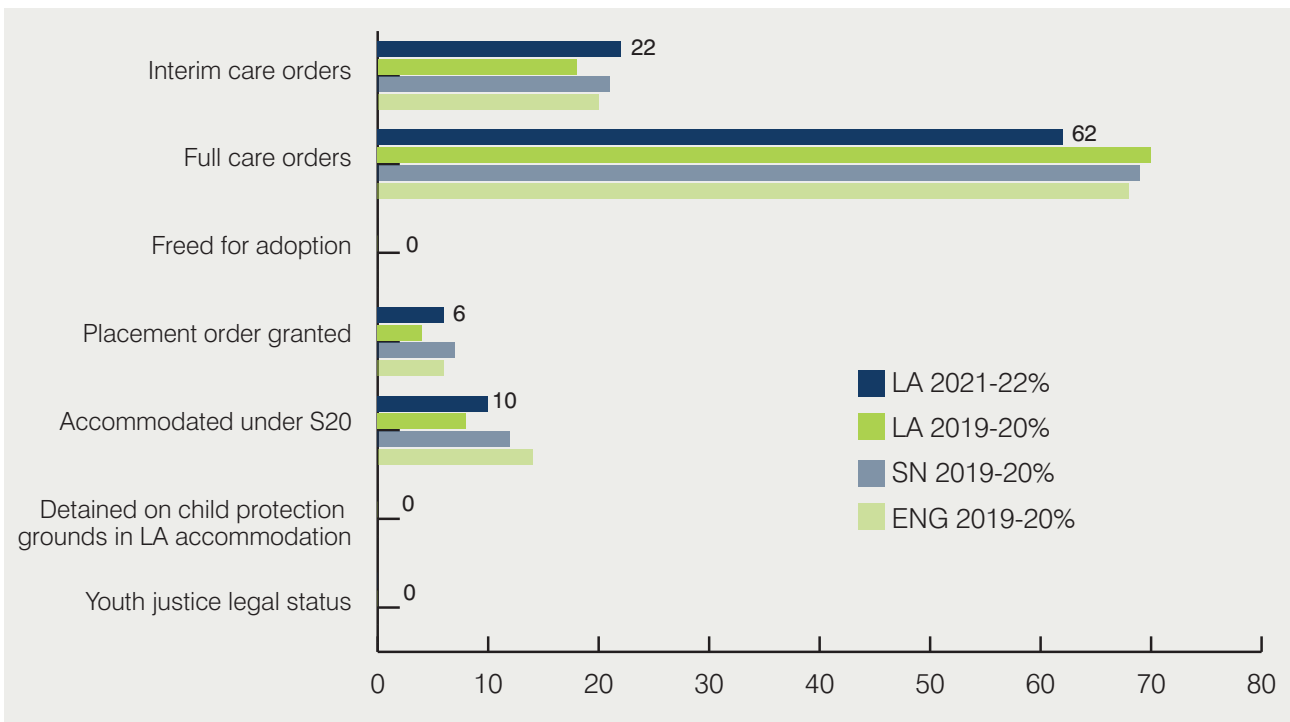
Children looked after at 31 March (rate per 10,000 population)



Children looked after by legal status in the financial year 2021-2022:

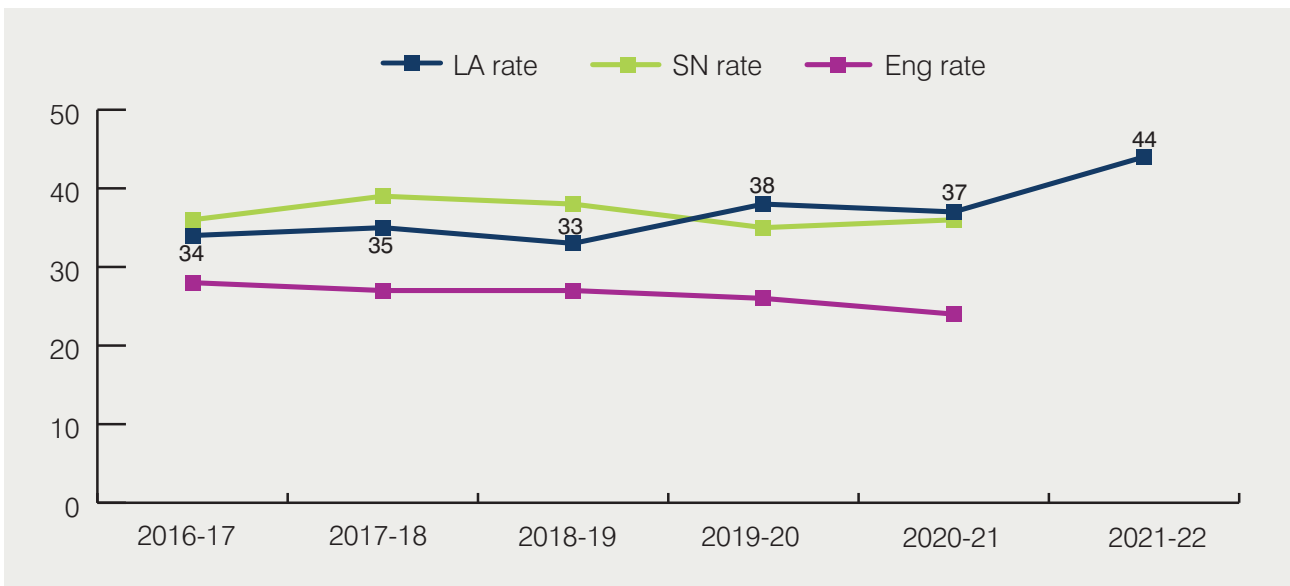
- 62% on full care orders
- 22% interim care orders
- 10% sec 20
- 6% (33 children) granted a placement order

Children looked after at 31 March by legal status (%)



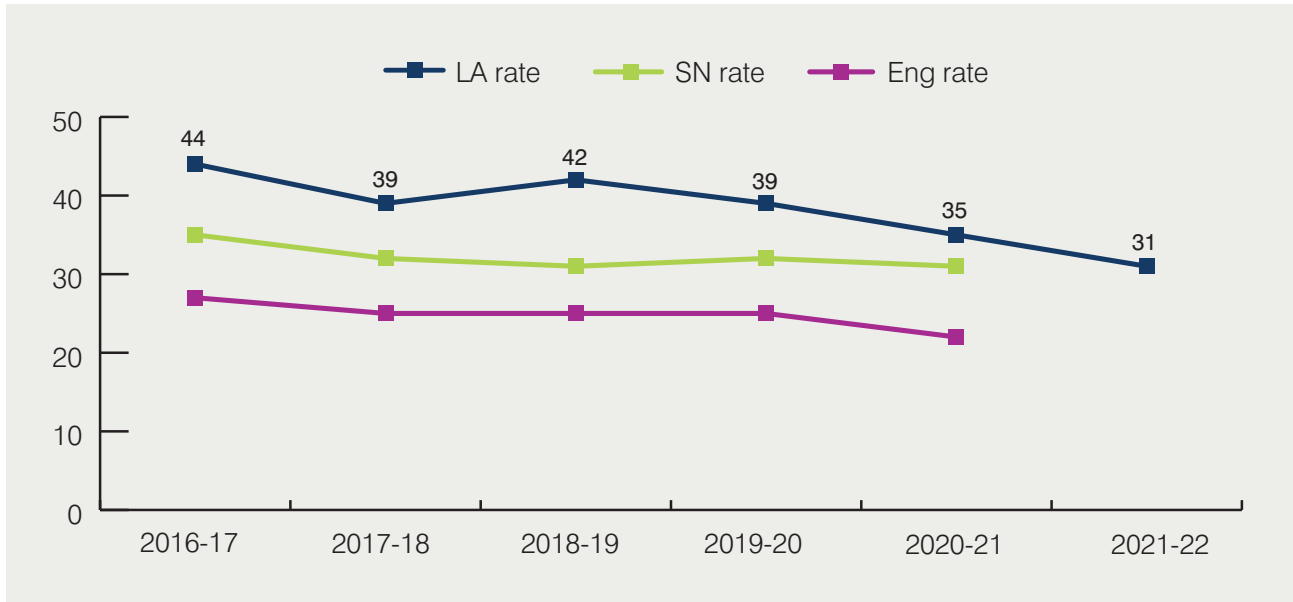
Children who started to be looked after in the year (rate per 10,000 population):

This is a higher rate per 10k of children compared to statistical neighbours, England, and previous years.

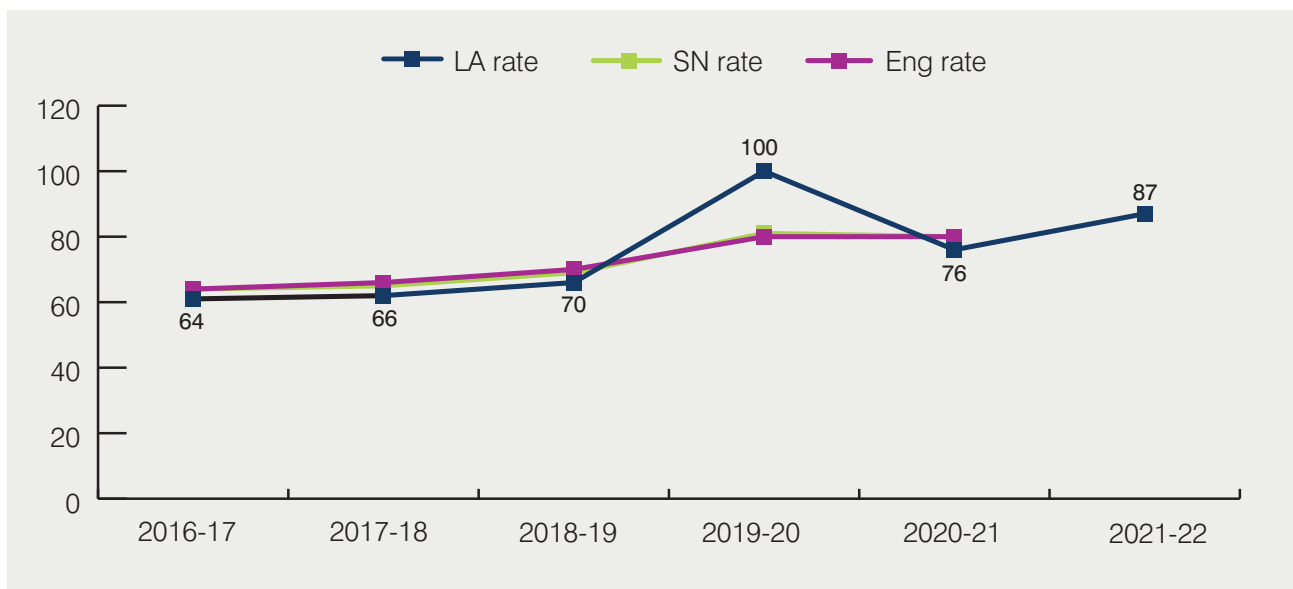


Children who ceased to be looked after in the year (rate per 10,000 population):

163 children (rate 31 per 10k) ceased to be looked after during 2021-22 slightly lower figure than in previous years and continuing a downward trend from previous years.

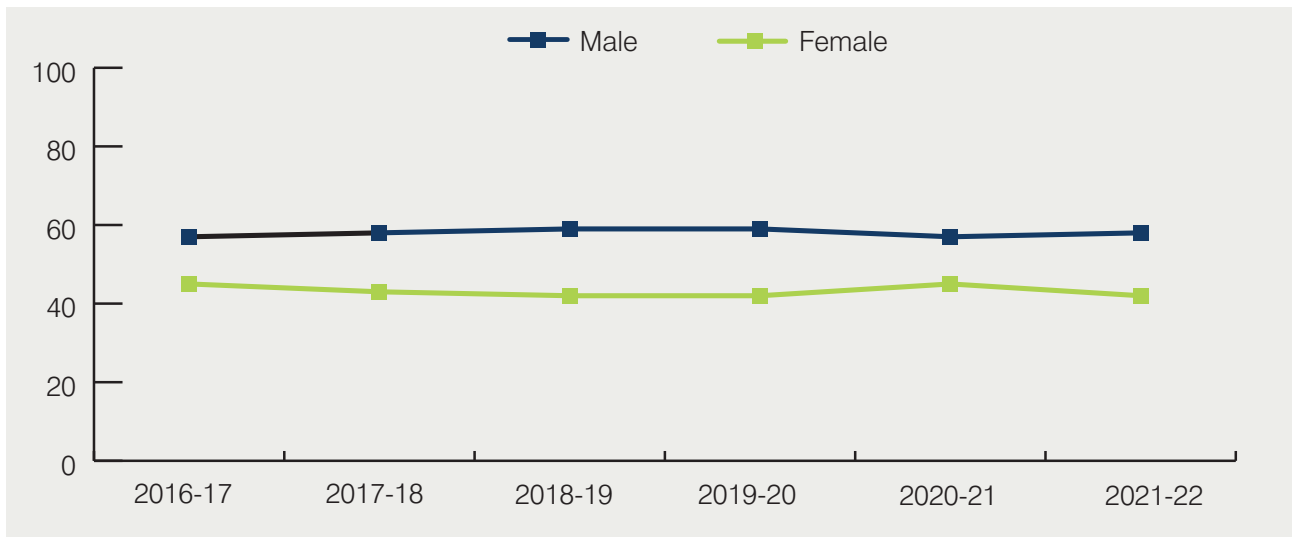


Leaving care 1: Children who ceased to be looked after aged 16-plus who remained in care until age 18 (%)



Children Looked After on 31st March 2022 by Gender: 57% of males and 43% of females. The percentage of children and young people in our care by gender remains relatively unchanged for the past four years. The following graph shows the proportion of children and young people in our care by gender. This is done by their gender identity at birth and not by how they may identify now or those who identify as non-binary.

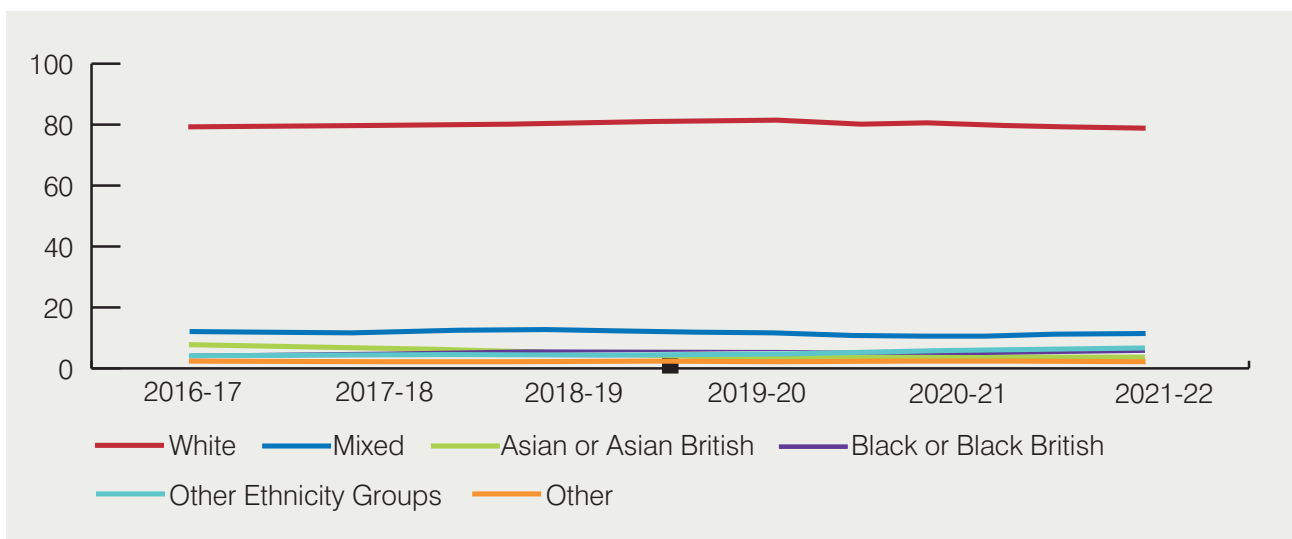
CLA at 31 March by Gender (%)



Children Looked after by Ethnicity:

- 79% White
- 10% Mixed heritage
- 5% Other ethnicity groups
- 3% Black or Black British
- 3% Asian or Asian British
- 1% Other

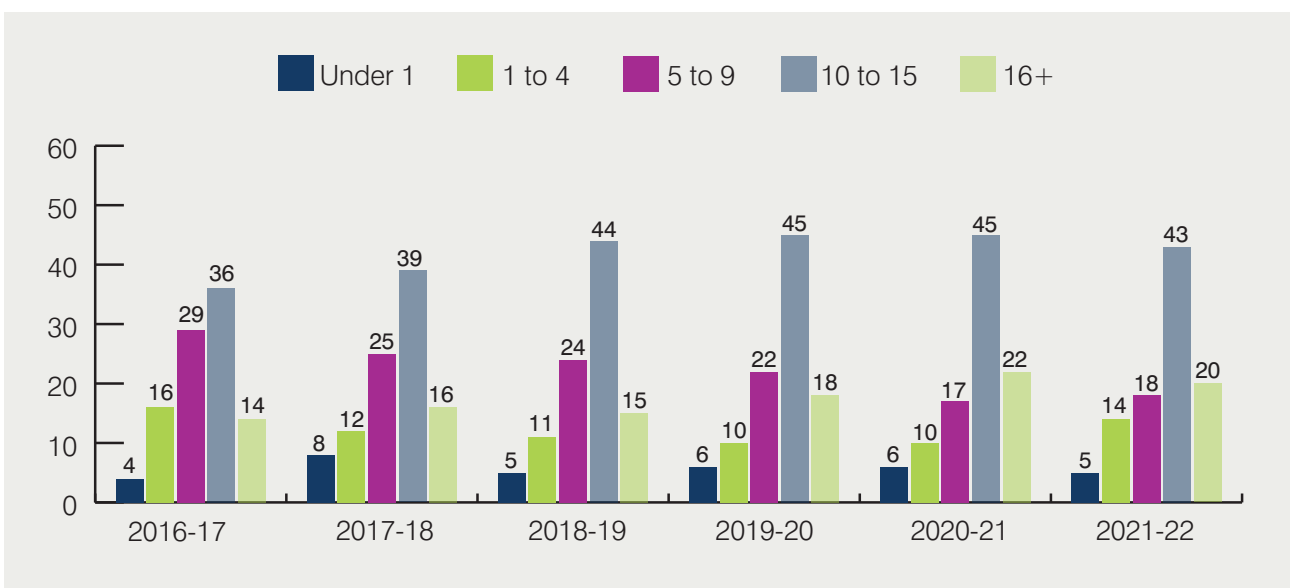
CLA at 31 March by Ethnicity (%)



Children looked After on 31st March 2022 by age:

- 43% ten to fifteen years old
- 20% Sixteen plus
- 18% five to nine years old
- 14% one to four years old
- 5% under one

CLA at 31 March by Age (%)



Keeping Children and Young People Safe and Secure

Smooth Transition into Care

Help me understand my journey into care

When children and young people come into our care it can be a daunting and confusing experience. It is important that they are prepared as well as possible, even when this is difficult due to family circumstances. The child's social worker should introduce them to their new carer, visit them again within a week to see how they are doing, and have clear plans for their immediate and future care.

Children are allocated an independent reviewing officer (IRO) who is responsible for obtaining their wishes and feelings and providing oversight, quality assurance, and scrutiny of the local authority's care plan. A looked after child review meeting is held within 18 working days of the child coming into our care. Wherever possible these meetings will involve the child or young person, their parents, carers, and other professionals such as teachers. These professionals are collectively responsible for providing wrap-around care and support for the child, ensuring their needs are met now and in the future. Following the meeting the IRO will write a personal letter to the child explaining what was discussed at their review meeting and what has been agreed, in a way they can easily understand.

The IRO is responsible for reviewing the care plan to ensure the child is in our care for the right reasons, there is clarity about whether they can return home to their family or another connected person, and what support is needed to explore all these options. They will meet with the child or young person, support them to attend and contribute to their review, and most importantly ensure.

In 2021-2022, a total of 1411 statutory Care Plan Reviews were facilitated, 94% of which were held within statutory timescales. This is a year-on-year improvement in our performance. In 2021-2022, a total of 81% of review records were recorded within statutory timescale. This was a slight decline in our performance from 2020/21 (85%).

93% of children receive a personal letter and/or report from the IRO following the Care Plan Review.

One of the key roles of the IRO is to resolve problems arising out of the care planning process. Where the IRO is not satisfied that care plans for a child or young person are proceeding as they should, they will challenge this through the agreed Case Resolution Process. The first step is informally with the social worker and their line manager. If necessary, a Case Resolution can be escalated to a senior manager in order to seek an appropriate outcome.

In 2021-22, a total of 180 Case Resolutions were raised. 52% of these were specifically raised due to an up-to-date and authorised Care Plan not being shared with the IRO prior to the review, leading to the review being adjourned. Due to careful scheduling, this has not adversely affected the timeliness of reviews overall.

The IRO service has been working with the Workforce Development Team to offer e-learning, face to face training, workshops, and a range of resources which provide guidance on the purpose of care planning and review.

Quality assurance clinics, led by the Deputy Director, were launched in October 2021. These clinics focus on performance and the underlying cases of declining or 'stuck' performance as well as celebrating improvements. The availability and reliability of performance data has historically been poor in SCC. This has steadily improved during the period of this report.

Although the workforce is stabilising, changes in social worker, worker sickness, and service changes have continued to make it difficult to bring about stability for children. The Lead IRO has worked

with the Workforce Development Team to develop training for social workers on child focused care planning and emphasising the voice of the child and their involvement in their care planning.

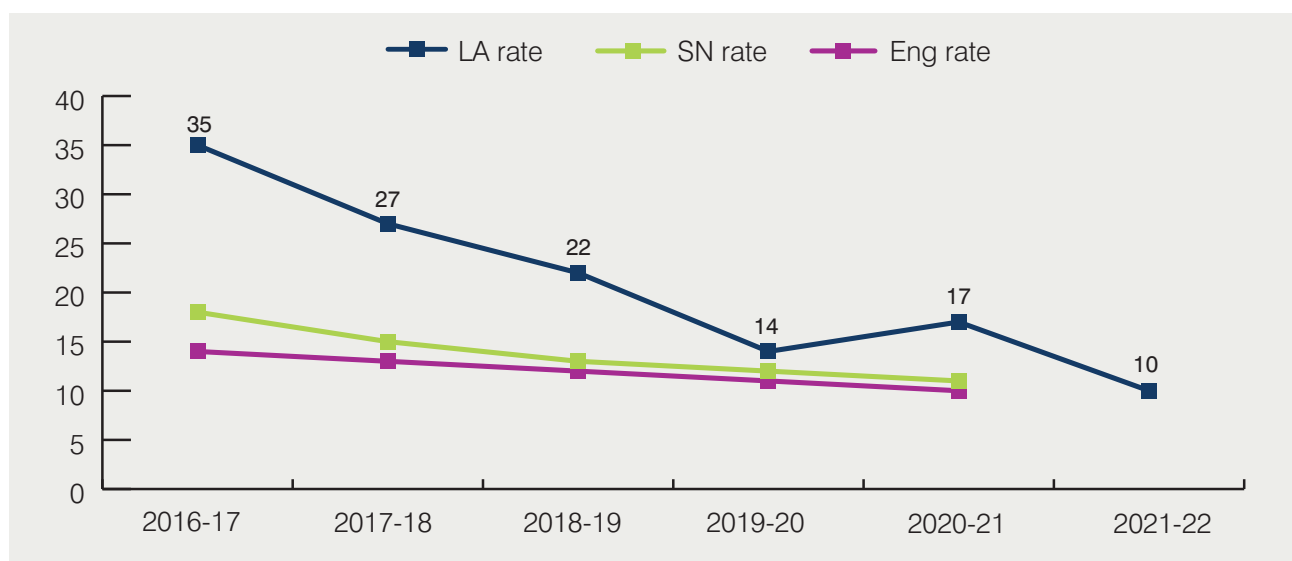
Further training for the workforce on the narrative and systemic models of social work practice is being developed with the aim to help social workers and managers understand how trauma affects children and the importance of helping them understand their history and why they are in our care has to their overall recovery.

Achieving permanence as soon as possible

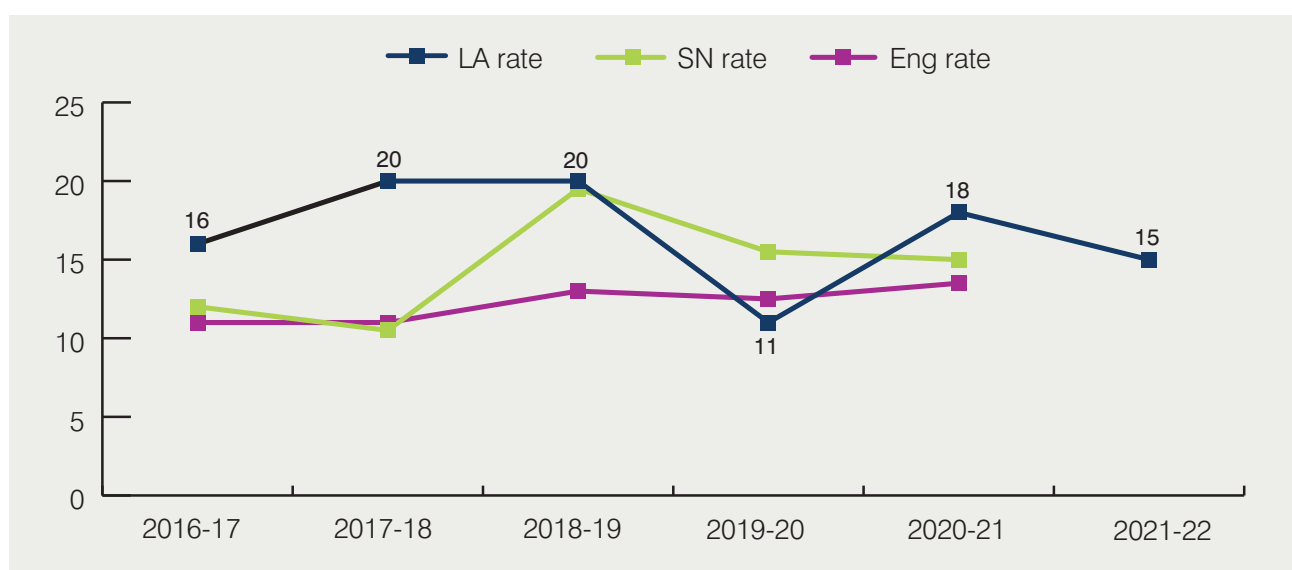
For some children and young people, permanence is achieved by remaining in our care. For others, permanence is achieved by being adopted into a new family, by another closely connected person obtaining a Special Guardianship Order (SGO), or by returning home to their parents when this is right for them.

The following tables shows how permanence was achieved for children and young people who have left our care.

Adoption 1: Children who ceased to be looked after in the year who were adopted (%)



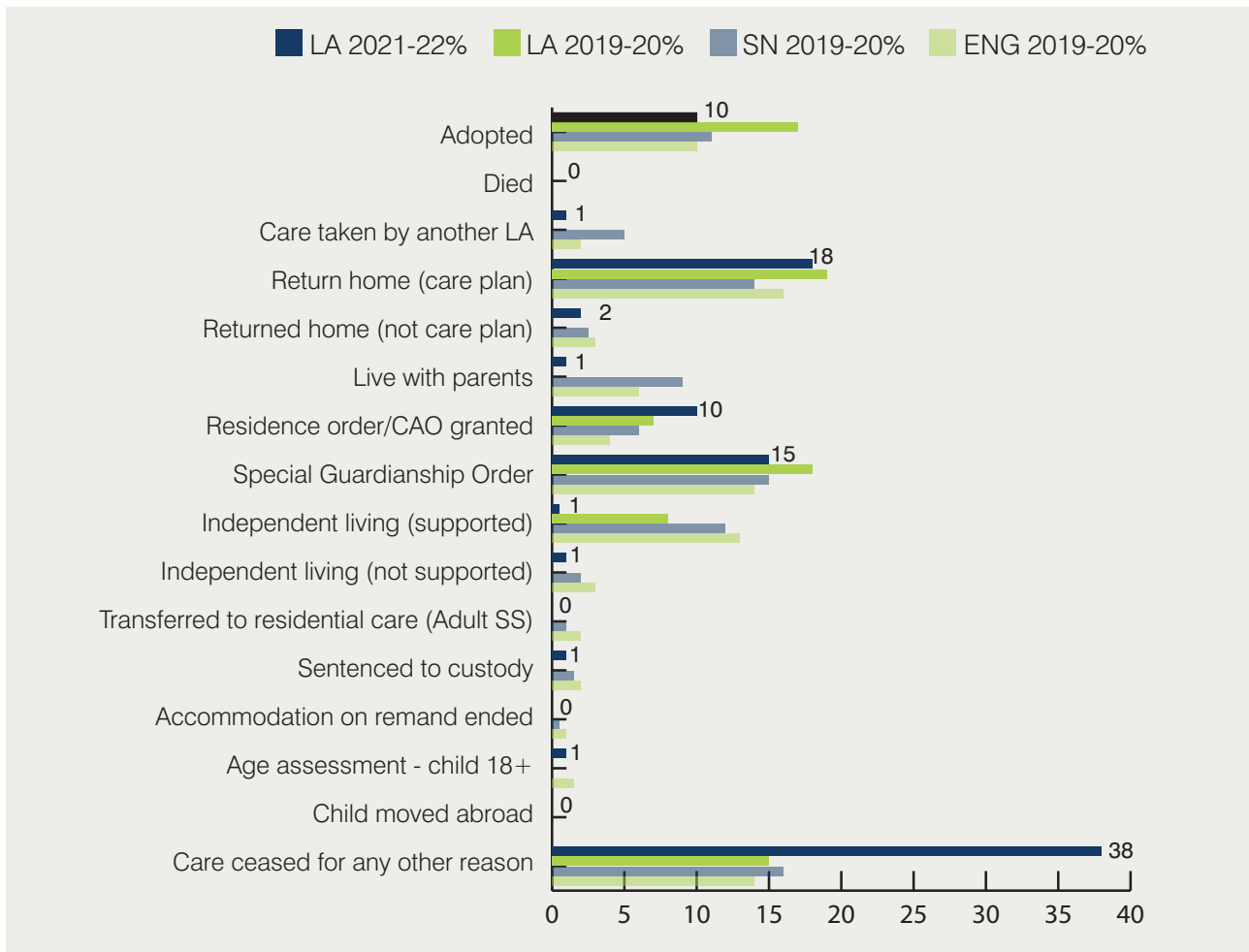
Adoption 2: Children who ceased to be looked after in the year due to a Special Guardianship Order (%)



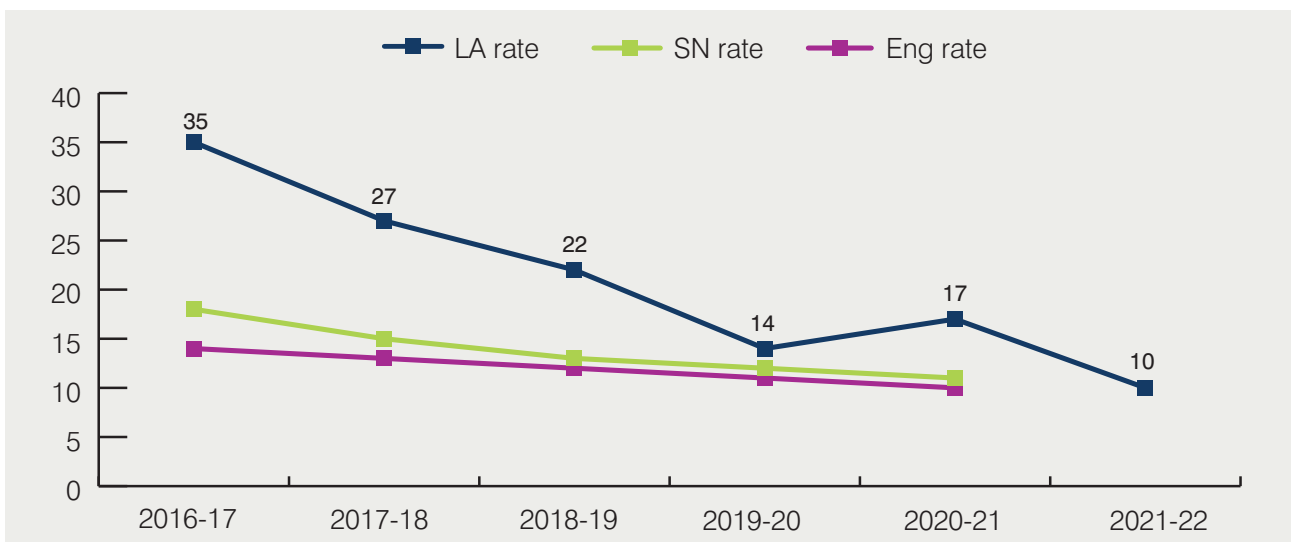
Stable accommodation and maintaining relationships

The following table shows a further breakdown of how many children we have found adoptive families for compared to our regional neighbours, statistical neighbours, and across the country:

Children who ceased to be looked after in the year by reason



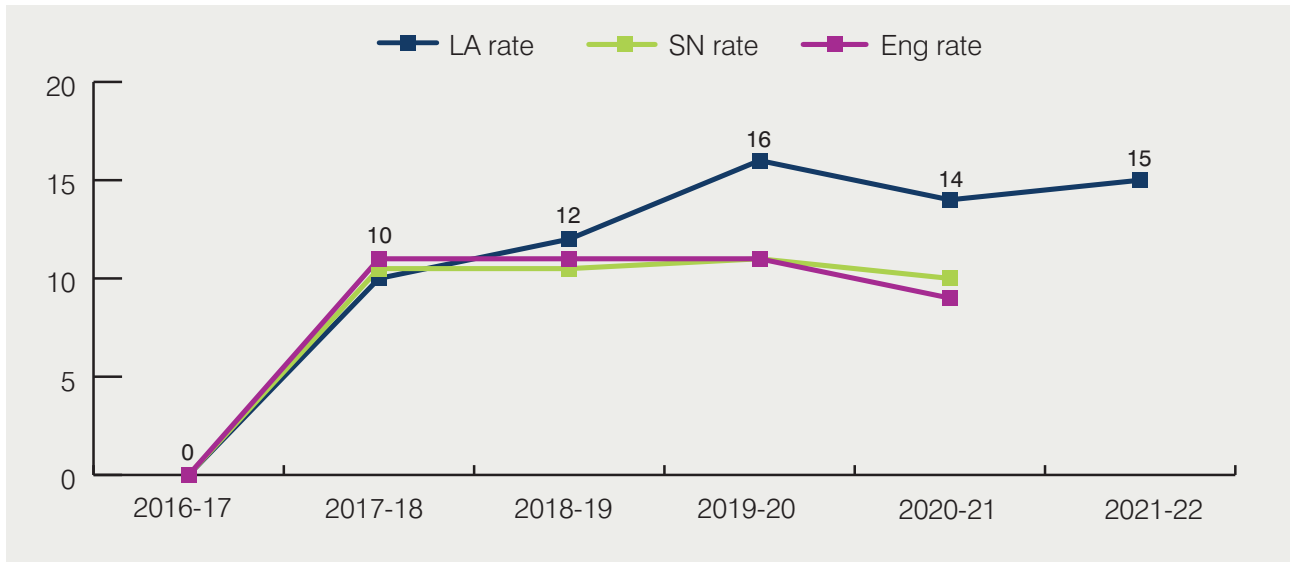
Adoption 1: Children who ceased to be looked after in the year who were adopted (%)



Placement Stability and distance from home

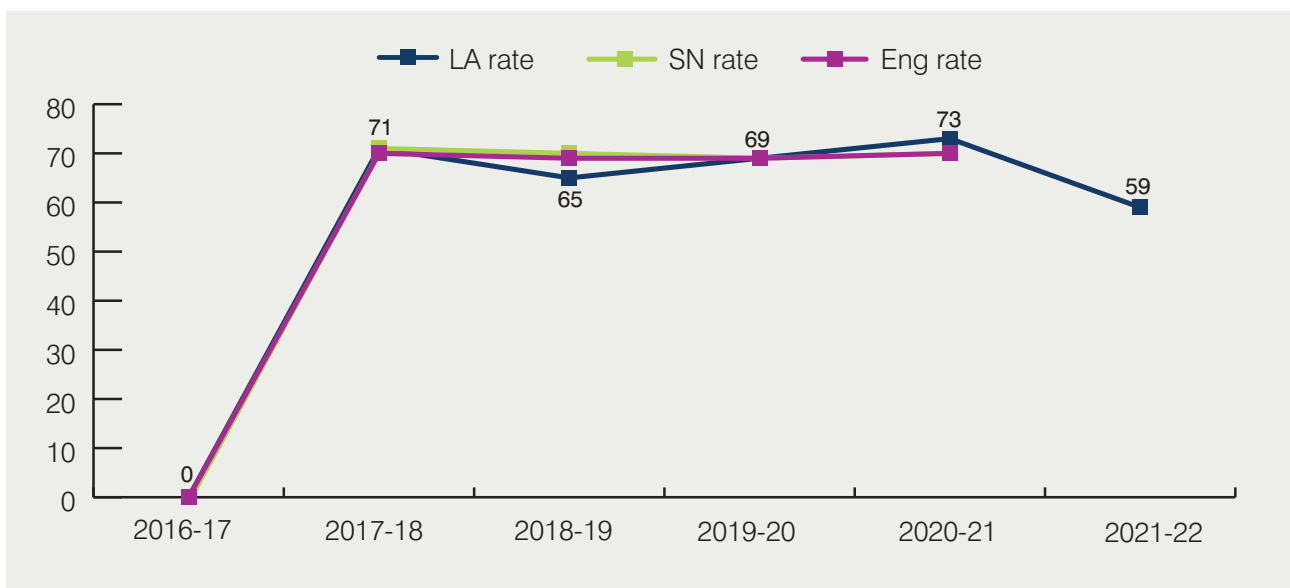
Short term placement stability has gone up 1% to 15% in comparison to previous year and second highest since 2017-2018. Nil return is reflective of data for this cohort of children not being collected and reported on in that year.

Placement 1: Children looked after with 3+ placements in 12 months (%)



Long term placement stability has dropped in 2021-22 to 59%, the lowest stability figure since 2017-2018. Nil return is reflective of data for this cohort of children not being collected and reported on in that year.

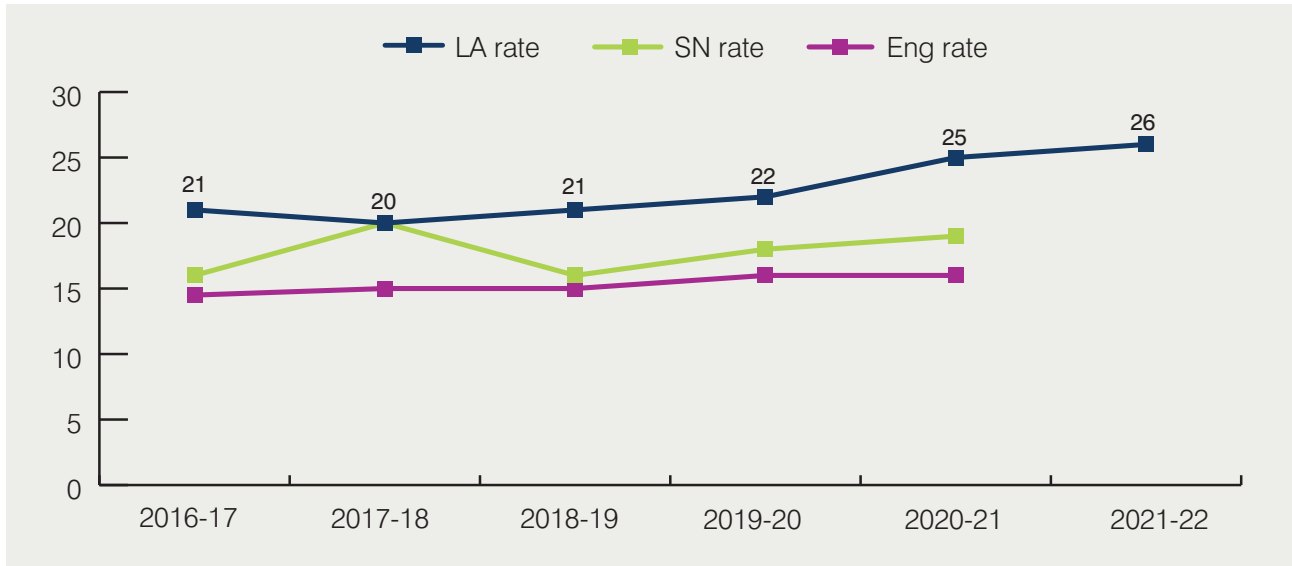
Placement 2: Children looked after for 2.5+ years in the same placement for 2+ years (%)



Placement distance

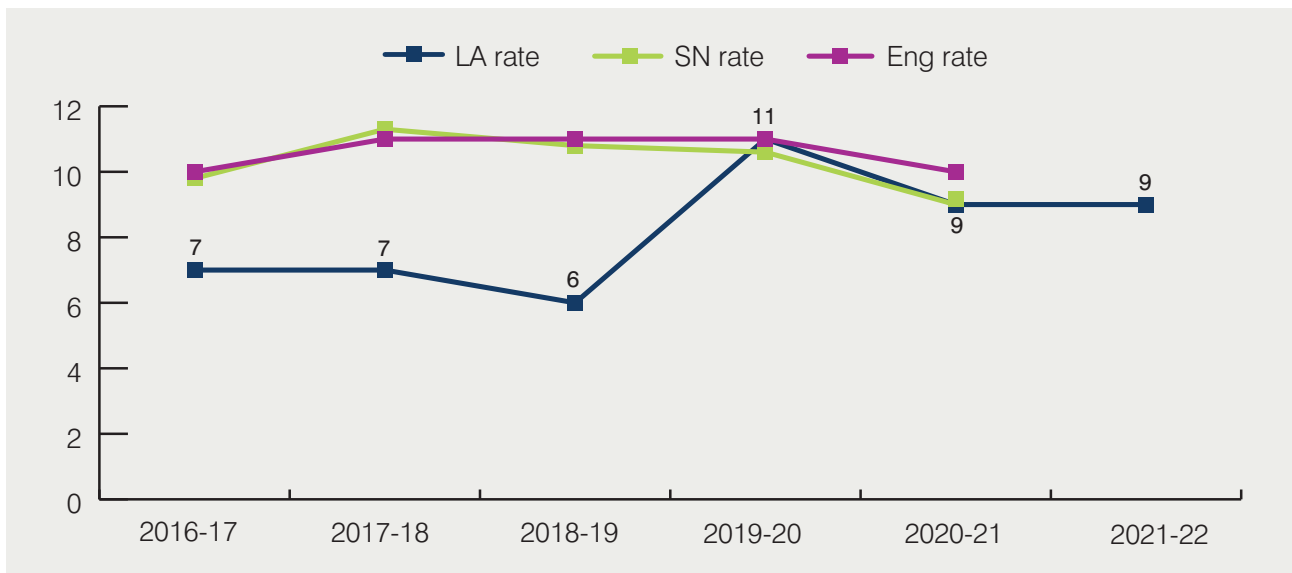
In 2021-22 quarter of our children in care were living 20 or more miles from home.

Placement 3: Children looked after placed out of borough and 20+ miles from home (%)



Children and young people who go missing from our care.

CLA with a missing incident in the year (%)



Our data shows that during 2020-21, 60 children and young people went missing during this reporting year. This is a reduction on the previous year, which is promising, however it is still showing an upward trend over previous years when compared to overall numbers of children and young people in our care during those same reporting years. We do know that some individual children and young people have many missing episodes during the year, whilst others have none or very few.

The Missing Exploited Trafficked (MET) Team co-ordinates the work with children and young people who are missing from our care, with other multi-agency professionals, to explore how we can reduce the incidences and risk factors for why they go missing. The MET shares information coordinates how to best work together to help keep our children and young people safer, and works closely with multi-agency colleagues to find ways to disrupt those who seek to abuse and exploit them sexually or criminally.

One thing that helps us get a better understanding from children and young people in our care as to why they go missing is offering each of them a return home interview (RHI). Depending on their circumstances this might be by a specialist worker from our Missing, Exploited and Trafficked (MET) Hub, an independent person from the National Youth Advocacy Service (NYAS), or their allocated social worker. We offer an interview to every child and on average over 80% of children take up this offer.

Our local response is strengthened by having specialist MET workers completing the majority of RHIs. This sets us apart from other local authorities in the region and contributes to us continuing to achieve high success rates for RHIs, ensuring children and their parent or carers experiences of missing episodes are analysed to inform further support, learning, and safety planning.

In March 2022 we launched our Young People's Service which, offering a more targeted response to the issues primarily affecting young people, notably contextual safeguarding issues. This is alongside locality teams offering support at an early help level and within social care, with a strong focus on minimising changes and numbers of professionals who work with young people and increasing joint working with police partners. With the development of the Young People Service, the MET Team now focuses on providing intensive support to those children at high risk of/experiencing exploitation, whether they are living at home or care experienced, and offers consultation to those professionals working with young people at lower levels of risk.

Since the end of Covid lockdowns, we have seen a gradual increase in the number of children being identified as at risk of exploitation, including those at high risk. This in part appears to be linked to increased awareness and focus from professionals on identifying and assessing exploitation risks, however it is also felt that there has been an overall increase in contextual safeguarding risks presenting in the community.

The MET team continues to deliver training to all Designated Safeguarding Leads from schools, early years settings and wider organisations, in order to promote their confidence and ability to identify concerns early and promptly and know how to respond to get the right support when it is needed. Last year we also supported the delivery of training to post-16 semi-independent accommodation providers in Southampton, in response to recognition that increasing young people, including some of our most vulnerable to missing/exploitation risks, are being accommodated in these types of provisions. We also assisted in facilitating a forum for these providers to discuss their responses to missing/exploited children.

The Philomena Protocol was launched in 2021 as a tool to help ensure care experienced children are appropriately reported missing where necessary, and also that their carers are taking all appropriate steps to try to locate them before reporting this to the Police. This encourages a response that does not just feel like a process to children and instead demonstrates true care and concern from those who look after them. The Philomena protocol is being utilised for Southampton children who have gone missing from care or who are at high risk of exploitation.

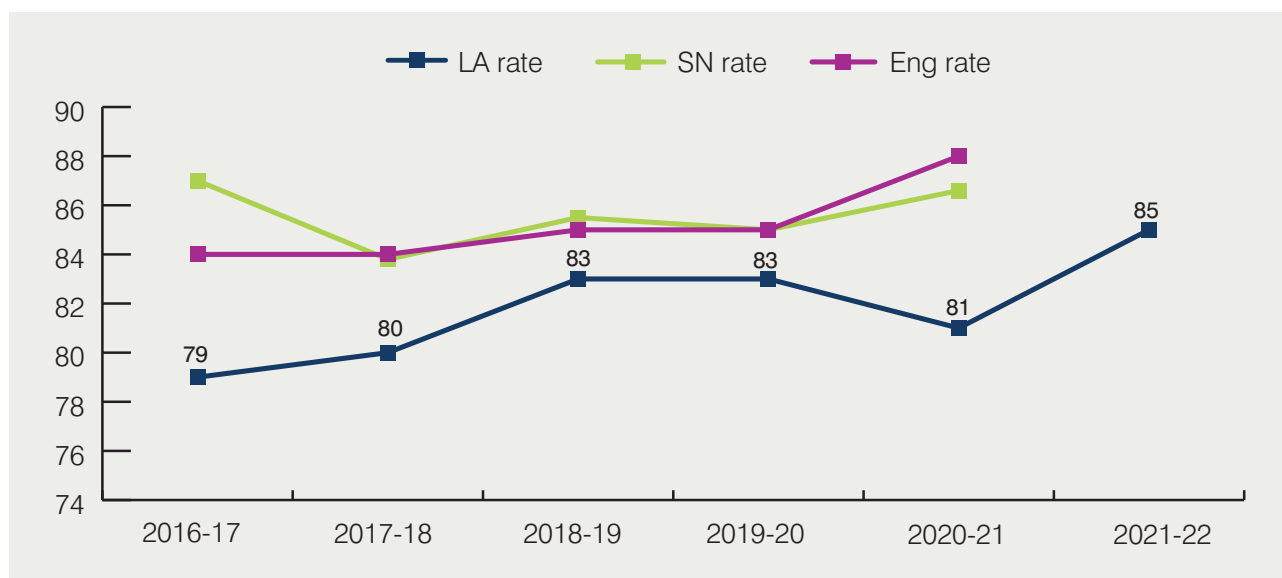
There has also been increased partnership engagement with our Hampshire Police Monument Team colleagues who work specifically to disrupt county lines drug networks: this has seen quicker identification of children at potential risk of harm within these contexts, and more effective joined up working to safeguard them.

Suitability of Accommodation for Care Leavers

Our data for 2020-21 shows that at year end the percentage of our care leavers who are in touch with the service and in suitable accommodation remains quite strong.

The following graph shows the percentages of care leavers who were in touch and in suitable accommodation each quarter. The slightly lower levels of contact in the second half of the past year have affected the numbers in suitable accommodation. During Covid 19, we did not always have face-to-face contact with young people in their accommodation and thus we could not evaluate its suitability for them. (Note: these submissions may vary from internal data, due to checks and data cleansing activities prior to and during the statutory annual data collections).

Leaving care 3: Care leavers aged 19-21 who are in suitable accommodation



The weekly multi-agency housing panel is chaired by the Homelessness Manager, with regular attendance by the Pathways Through Care service. The panel has been extended but needs to be reviewed further in 2023, in the context of a need to ensure that all care leavers are supported to live in the right accommodation for them. This includes, for most, a decreasing tariff of support and increasing opportunities for independence.

Placing a care leaver in bed and breakfast accommodation is always a last resort, when absolutely all other options have been considered and found not to be viable. When this is deemed necessary, their personal advisor completes a risk assessment to be signed off by operational manager and the Deputy Director. The period of unsuitable accommodation is kept to the absolute minimum. The young person is presented to the subsequent housing panel for consideration.

There remains an agreement with the Local Authority Housing Dept that up to 10 of our care leavers each year, who are specifically assessed to ensure they meet set age and tenancy readiness criteria, can be supported to achieve their own permanent tenancies in local authority housing. This housing is much sought after and young people who have achieved their own tenancies through this route have to date successfully retained them thereafter. The minimum age for a care leaver to be eligible for their own tenancy has been lowered from 21 to 18. The young person's readiness is more relevant than their age.

In the focused visit in 2021 Ofsted found there was a need for more robust senior management oversight of children and young people in care placed in unregistered settings. This related to a small but nonetheless significant cohort of our children who had been placed in unregistered settings due to challenges in identifying registered settings for them. For a small number of children their living arrangements (e.g. placement with parents) were not assessed in a timely way. There was insufficient rigour and oversight in our contact with some of these children.

A very small number of children under the age of 18 who require care have been placed in unregistered children's homes in the year 2021-2022. In addition to this a number of young people aged 16/17 who require support and accommodation are placed in unregulated settings. All new unregistered placements must be agreed by the Deputy Director and all children and young people in unregistered/unregulated setting are regularly reviewed at an 'exceptional arrangements' panel, chaired by Head of Service.

There are clear expectations regarding regular visiting and additional quality assurance oversight.



Happy and Healthy

Promote the emotional and physical health and wellbeing of the children and young people in our care

The NHS Hampshire, Southampton, and Isle of Wight Clinical Commissioning Group (CCG) and Solent NHS Trust have provided an update on their efforts to provide for the health and wellbeing of children and young people in our care. Over the past year they have achieved the following:

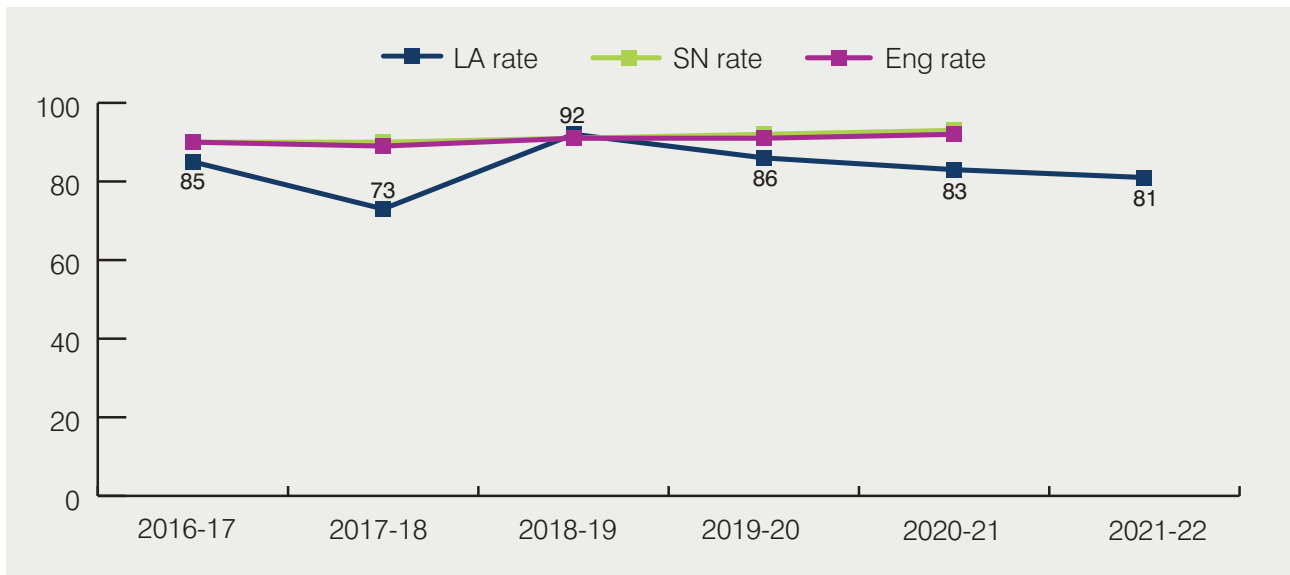
- Health assessments for children and young people in care have been prioritised by Solent NHS Trust Looked After Children's Health Team throughout the Covid-19 pandemic and new ways of working have been utilised, including regular meetings with a named manager in the safeguarding service, to track children who are new into care.
- Online strengths and difficulties questionnaires (SDQs) have been completed maintaining contact with and oversight of children placed out of area and improving multi-agency involvement to help promote the emotional and mental wellbeing of children and young people in care.
- Working with community dental teams to improve dental care services for children and young people coming into care during and post Covid-19 who have acute dental needs. This has included providing a mobile dental service.
- Community paediatric medical services are working with the child protection medical services to pilot a new electronic system that identifies children and young people who are in care or supported through a child protection plan.
- Continuing to encourage foster carer medical examinations to take place by the named GP for safeguarding where it is not possible to have this by their local GP practice during Covid.
- Undertaking auditing work with local authority partners and CAMHS to explore the access, quality, needs, and areas of improvement relating to the emotional health and wellbeing of children and young people in care.
- The named doctor for safeguarding has attended a national workshop for Unaccompanied Asylum-Seeking Children with a view to improve health service provision for them.
- A decliner pathway with Solent NHS Trust has been approved which clarifies how health providers will seek the consent of those with parental responsibility to provide health assessments and treatment in the best interest of a child where they decline to give their own consent.
- When any child comes into our care, they should have an initial health assessment within 20 working days. Thereafter, children under five will have a further review every six months and older children will be reviewed annually. Our performance in achieving the 20-day timescale is poor, but tracking of these children is substantially better, with most delays kept to a minimum.



The following table shows how many of these assessments have been completed and within timescale:

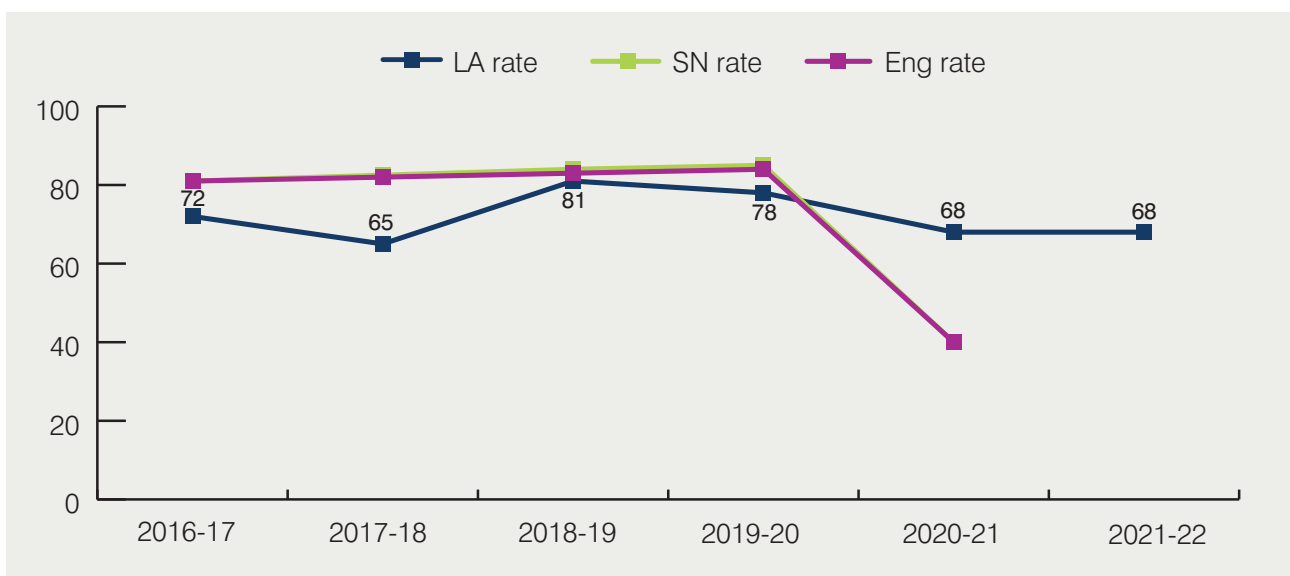
- Health assessments of children in our care
- CLA who had their annual health assessment
- A drop from last three previous years and below statistical neighbours and England

CLA who had their annual health assessment (%)



Dental checks

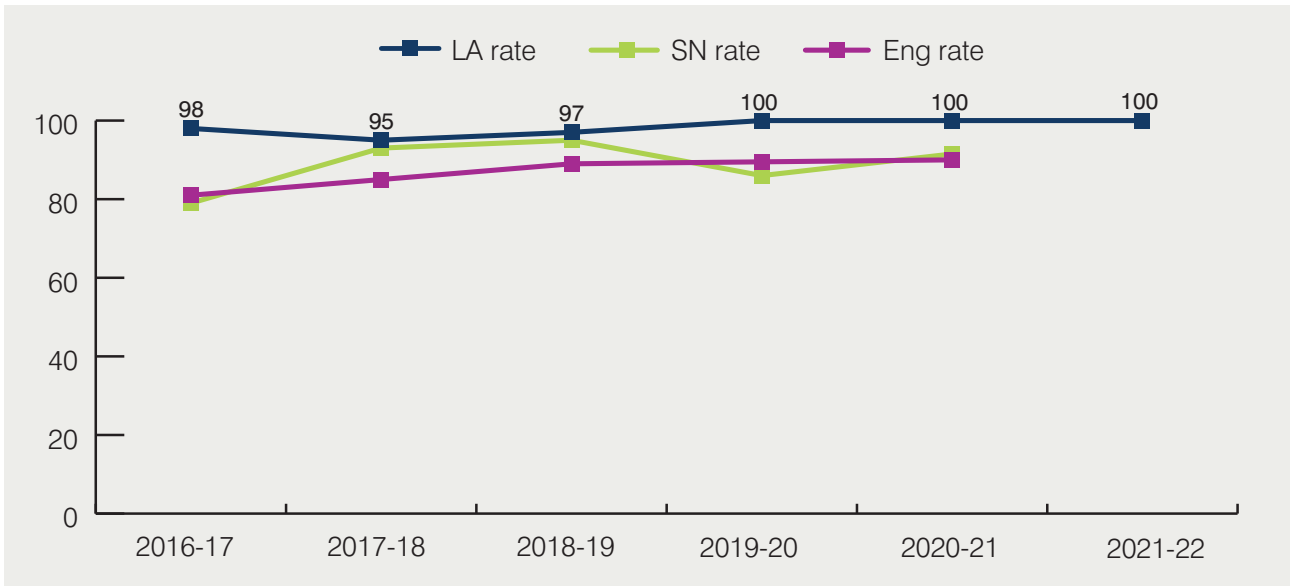
CLA who had their teeth checked by a dentist (%)



CLA under 5 with developmental assessments

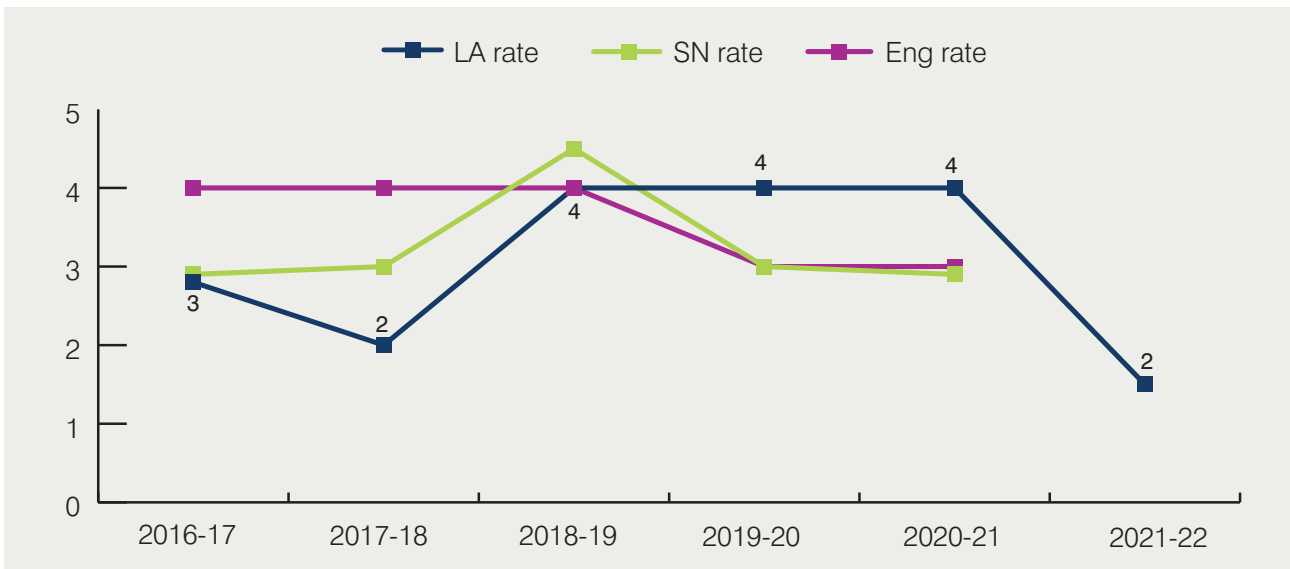
We continue with 100% performance with developmental assessments for under 5s, above statistical neighbours and England.

CLA aged 5 and under whose development assessments were up to date (%)



Substance misuse

CLA identified as having a substance misuse problem during the year (%)



The Covid-19 pandemic has caused unprecedented challenges for the NHS and partner agencies. Despite this, Solent NHS Trust has prioritised health services for children and young people in care. Face to face assessments and care have continued wherever possible, but challenges remained for children and young people placed in other local authority areas. In some areas NHS services have been reassigned to frontline services adding to the challenge.

There has been a significant increase in Children Looked After since April 2021 with the numbers increasing from 494 to 572 in July 2022. The numbers remain high at 554 in September 2022. The KPI reporting data reflects the challenges that this has created with only 23% of Initial Health Assessments (IHAs) being completed in timescales from April 2021 to April 2022. The three main areas of challenge in relation to IHAs being completed within timescales are:

- Delays in all relevant information, including consent, being provided to Solent by Children's Services
- Children placed out of area
- Solent Children Looked After team capacity
- UASC, where the child is technically in our care before arriving in Southampton

A joint system review workshops between Health/ SCC/CCG was held in April 2022. This led to the implementation of a joint working strategy between SCC, CCG and Health was developed to address the challenges and improve performance. A new referral process for IHAs was developed and implemented which requires SCC to complete and submit the referral for an IHA (Part A) within 72 hours from when a child becomes looked after.

A number of steps have been taken by SCC in response to the challenges:

- A Service Lead has taken the lead role on IHAs
- The new Pathways into care process has been shared with the workforce (comms, individual team meetings, whole service meetings) alongside mandatory training for all practitioners working with children
- The new process has been included in the induction programme of all new starters
- Flowchart demonstrating tasks to be completed when a child first becomes looked after including the IHA process

- Better communication and liaison between Health, CCG and Social Care including weekly meetings to track IHAs – any challenges for specific children are being discussed in this forum and joint solutions identified
- Development of an IHA tracker
- Implementation of a new internal system whereby the Team Standards Coordinators (TSC) are being notified of any new child who enters care; the TSC will complete the PART A with the information already available on Care Director on the same day and send it to the social worker – this provides additional admin support to the social workers
- A Part A Director form is under development.
- Part A will be translated into different languages, important for consent purposes.
- The joint working and the steps listed above have started to make a difference in improving performance on IHAs. This is evidenced by the September Hotspot Report on Health Assessments (IHAs and RHAs) with 38% of children having had their IHA within timescales (August performance being 0%) and 100% on RHAs (this remained the same as the previous month). Whilst 38% is significantly low KPI, this is much improved from the previous month and the work in place will continue to drive this with the aim being to achieve 90% on IHAs by the end of the year.

Many children and young people enter our care without having complete immunisation histories.

This is identified at their initial health assessment, and these are followed up and provided where necessary. Our target of 90% of children and young people in care having immunisations done is reached, which is higher than our statistical neighbours.

At every health assessment dental care is always discussed and where children and young people in care need a referral for a local dentist this information will be provided to them. Covid-19 has posed challenges as most dentists are only providing urgent dental care and assessments. The private dental sector has resumed assessments and treatment; however, the costs are often prohibitive. This has been raised with the corporate parenting board and the Chair has agreed to write to central government to raise this issue.

Sexual health is discussed where appropriate in health assessments and referrals to additional services are made where required. The looked after health team have all received sexual exploitation training to help risk assessments in line with Barnardo's 'Spotting the Signs' tool. Where risk factors are identified these are

discussed with the young person before a referral is made to their social worker and the sexual health outreach team.

For unaccompanied asylum-seeking children (UASC) there have been additional challenges due to the higher numbers coming into Southampton's care. This is because of accepting more from neighbouring authorities who have reached capacity. Solent NHS Trust have developed a specialist pack and revised operating procedures to help improve our health provision for these children and young people. This has resulted in improvements in identifying their age, physical health, immunisation status (currently 83% up from 69%), and BCG scars (currently 83% up from 50%). Further improvement has been identified going forward in blood infection screenings, recording BMI and infectious diseases, consent, drug use, emotional support, and PTSD symptoms and referrals.



Resilient and Engaged

Listen to our views, wishes and feelings and understand what life is like for me

Participation and Engagement of Children, Young People and Care Leavers

Access to Advocacy and Independent Visiting

Throughout 201-22, the IRO Service has consulted with children and young people and the Participation Officer about the Care Plan Review consultation forms to ensure that the questions are relevant to them and understood. Also, The Lead IRO periodically attends a meeting with Southampton Voices Unite to gain their feedback on their experiences of participating in Reviews.

Southampton commissions the National Youth Advocacy Service (NYAS) to provide advocacy and independent visiting services to children and young people in its care. Through their needs based and person-centred approach, NYAS helps support and enable them to express their views on what they would like to see happen and to have someone else keep in touch with them on how life is for them.

The IRO Service leads on liaison with NYAS, attending quarterly commissioning meetings,

regularly liaising with NYAS regarding the promotion of advocacy, and promoting advocacy at the time of the Care Plan Review. At the same time, the IRO service sends out information about advocacy to all children (aged 4 and over) at the point of the 2nd Care Plan Review.

The annual target of 80-100 referrals for an advocate was not achieved in 2021-22. In the future, the ownership and promotion of advocacy will extend beyond the IRO Service and be across the whole service teams, including schools. An 'advocacy ambassador' in each team is planned for 2022-23. This model is used positively in adult services. This will be alongside an 'opt out' service when a child first comes into care, helping to ensure that every child of school age is fully aware of their right to an advocate. This will require system which can automatically generate, and follow up on, any referrals to NYAS.

In 2021-22, there were 27 new referrals for children and young People requiring matching with an Independent Visitor. The intention over the coming year is to match children and young people with the 51 contracted Independent Visitors.

Achieving and Aspiring

Have high aspirations, goals, and dreams

Preparing me for leaving care, becoming an adult, keeping in touch and have stable housing

Pathway Planning

The Pathways Through Care team should undertake a pathway needs assessment at age 15 years and nine months for each of our children who will remain in our care and therefore become a care leaver. It is expected that all children should have a pathway plan in place by the age of 16 years and three months, setting out the future life plan for the young person as they approach and move into adulthood. This includes where they plan to live, what their education and training goals are, the jobs and careers they would like to have, and how their health, safety, and wellbeing will be supported. We are also working on implementing a further needs assessment at age 20 years and nine months to help our care leavers to re-evaluate their life goals and decide whether they would still like to receive our support until they reach 25 years old.

A high percentage of pathway plans are completed in a timely way with 96% completed within timescale. The pathway plans are written to our young people in accessible language that responds to their individual goals and needs, and each are quality assured by the manager of the personal advisor of the young person. Further work is needed to ensure that these pathway plans are always completed at the right time and that young people are fully engaged.

Ofsted, and our own QA processes, have highlighted that we need to improve the means and frequency of our contact with some of our care leavers, and that some of our young people had not had sufficient face-to-face support and oversight. This meant we were unable to be assured of their emotional health and

ability to support them maintaining education, employment, and training. This is an area we are actively working hard to rectify with an expectation that face-to-face contact with our care leavers is the norm unless they make clear their wish to not have this. Where this is the case, we want them to have the clear message we are always here for them as and when they are ready to meet with us.

Use resources to help achieve my potential in life

Savings for our Children's Futures

As good corporate parents we recognise the importance of helping support our children and young people learn the importance of savings and managing their money. We also know how important it is for us to save for their future so they can establish themselves as independent adults and have money to spend on things that can help them obtain the necessary things to achieve and succeed in life.

Some carers of our children and young people have not been good at consistently putting savings away for them. The principle is that we will save at least £5 per week for each child who is in our care for longer than a year. This will be administered centrally within the council and added annually to their Junior Savings ISA accounts, which a young person can access when they turn 18 years old. We are working with our externally commissioned carers to ensure that savings can be taken at source for our children from fees paid to providers so that we can be confident that from next year we are managing this effectively at source. We have a revised savings policy to ensure that we have a consistent means of putting away savings and providing pocket money for our children and young people.

We are still in the process of tracking down some young people's previous savings.

My education, training and employment

Every local authority must have designated head teacher of a virtual school who has overall

responsibility for promoting the educational achievement of children and young people in the care of the local authority. The following is a summary of the education achievement for children and young people in our care provided by the virtual head teacher, Maria Anderson.

The Virtual School action plan for academic year 2021-2022 had the following objectives

- Support transition, the welcome back plan, and the recovery curriculum post COVID19
- Establish a virtual school advisory service for children who have ever had a social worker
- Secure Attainment and Progress
- Raise Attendance
- Inclusion: Reduce Exclusions and Monitoring of Provision
- Participation
- Post-16 Transition and Progress
- Targeted Groups of Children
- SEND Support
- Training and Professional Development

Virtual School Overview of the Academic Year 2019-2020

Summary

- Early Years Foundation Stage Good level of Development is better than national looked after children.
- Phonics screen, Year 1 working at standard is above national looked after children.
- KS1 attainment, is on an upward trajectory in Writing and Maths.
- KS2 average attainment is better than national looked after children.
- At KS4 we have seen the following increases:
 - o 11.2% increase in 9-5 English measure
 - o 15.8% increase in 9-4 English measure
 - o 10.9% increase in 9-5 Maths measure
 - o 10.4% increase in 9-4 English measure
 - o 6.9% increase in 9-5 English and Maths measure
 - o 12.6% increase in 9-4 English and Maths measure

	2014		2015		2016		2017		2018		2019		2020		2021		2022	
% Expected	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat
KS1 Reading	80	71	85	71	50	50	40	51	57	51	47	52	44	N/A	50	N/A	40	55
KS1 Writing	80	61	75	63	42	37	40	39	52	42	47	43	25	N/A	42	N/A	50	66
KS1 Maths	93	72	85	73	46	46	35	46	52	49	53	49	40	N/A	46	N/A	50	56

	2014		2015		2016		2017		2018		2019		2020		2021		2022	
% Expected	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat
KS2: RWM	38	48	47	52	24	25	35	32	39	35	32	37	42	N/A	44	N/A	33.3	32

2017	2017		2018		2019		2020		2021		2022	
Measure	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat
% 9-5 English	8.0	16.0	5.6	16.0	16.7	16.0	12.2	(16.0)	11.8	(16.0)	24.0	TBC
% 9-4 English	12.0	27.0	13.9	26.0	33.3	27.0	24.4	(27.0)	29.4	(27.0)	44.0	TBC
% 9-5 Maths	4.0	11.0	2.8	12.0	10.0	11.0	9.8	(11.0)	5.9	(11.0)	16.0	TBC
% 9-4 Maths	12.0	23.0	16.7	24.0	20.0	24.0	17.1	(24.0)	26.5	(24.0)	36.0	TBC
% 9-4 (E&M)	4.0	17.0	5.6	17.0	16.7	18.0	12.2	(18.0)	14.7	(18.0)	28.0	TBC
% 9-5 (E&M)			5.6	8.0	6.7	7.0	4.9	(7.0)	5.9	(7.0)	12.0	TBC

Measure	Results	Additional Info
KS1 Attainment	46.7% on/above target	5.0 % have an EHCP
KS2 Attainment	33.3% on/above target	20.6% have an EHCP
KS4 Attainment	As above	22.7% have an EHCP
Education Attendance (under 16s)	91.5% in school 96.0% in education	In education reflects lessons done virtually or at home
School Exclusions (under 16s)	10.3% average	2% increase on previous year
Not in Employment, Education or Training (under 18s)	43%	increase on previous year

Education, health and care plans (EHCP) are for children and young people who have additional learning needs and require additional support to help them meet their full learning potential.

The virtual school head teacher has responsibility and accountability for making sure that there are effective arrangements in place for allocating pupil premium plus funding to benefit our children. The funding is £2410 per pupil, of which £800 is dedicated to the Virtual School service with the remainder paid termly, in arrears, to schools to support children and young people in care.

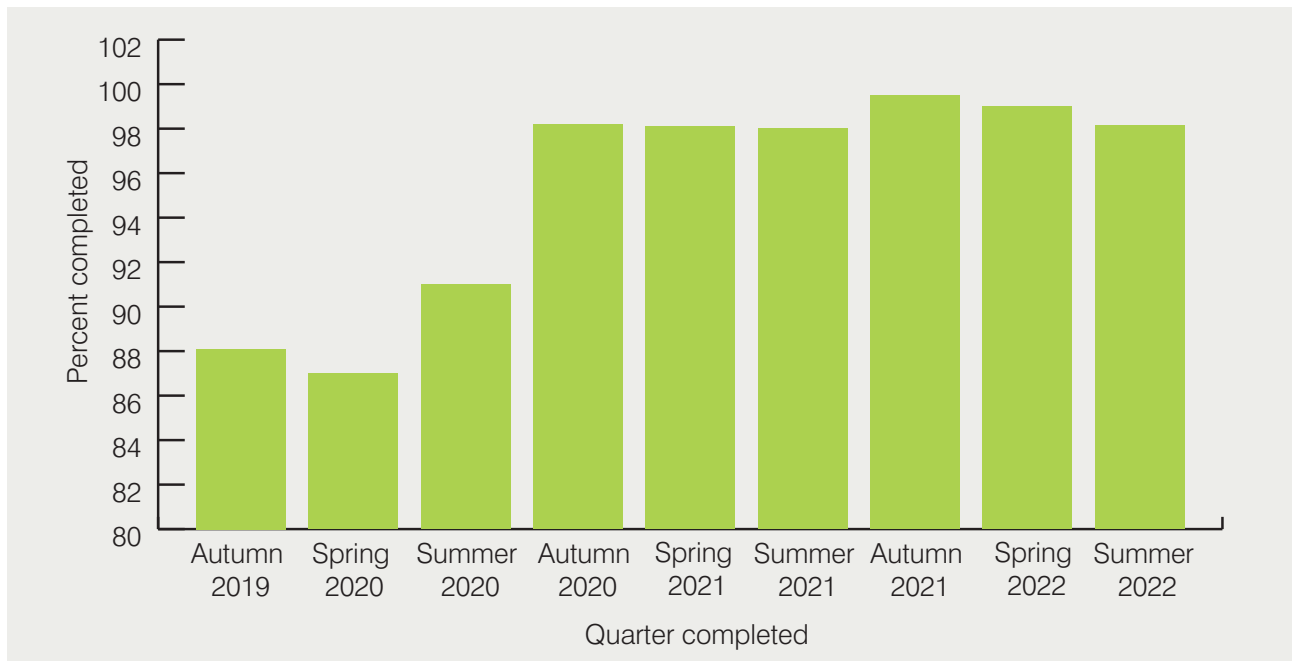
The grant must be managed by the virtual school and used to improve outcomes and “diminish the difference” as identified in the child’s personal education plan in consultation with the designated teacher for the school. How funding is to be spent is discussed during the child’s PEP meeting and must be used efficiently and effectively. Due to the global pandemic, discretion was given to schools to use their allocations more broadly and allocations were allowed to be carried over.

- A PEP tracker is in place with oversight from the VSH and DHT to weekly dip sample PP+ spend.
- Social care team managers and IROs will be updated monthly with any concerns related to inappropriate PP+ use.
- Designated teachers will be contacted individually by the VS and Head teachers will be contacted to confirm that pupil premium plus will be withheld if PEPs are not completed. This will also be communicated in the autumn term mailing sent to all designated teachers.
- Additional recovery funding has been passported to schools in line with conditions of grant: Recovery premium funding - GOV.UK (www.gov.uk).
- Additional tutoring support has been put in place identified children and young people through VS specific funding: School-led tutoring for looked-after children: guidance for local authorities and virtual school heads - GOV.UK (www.gov.uk).

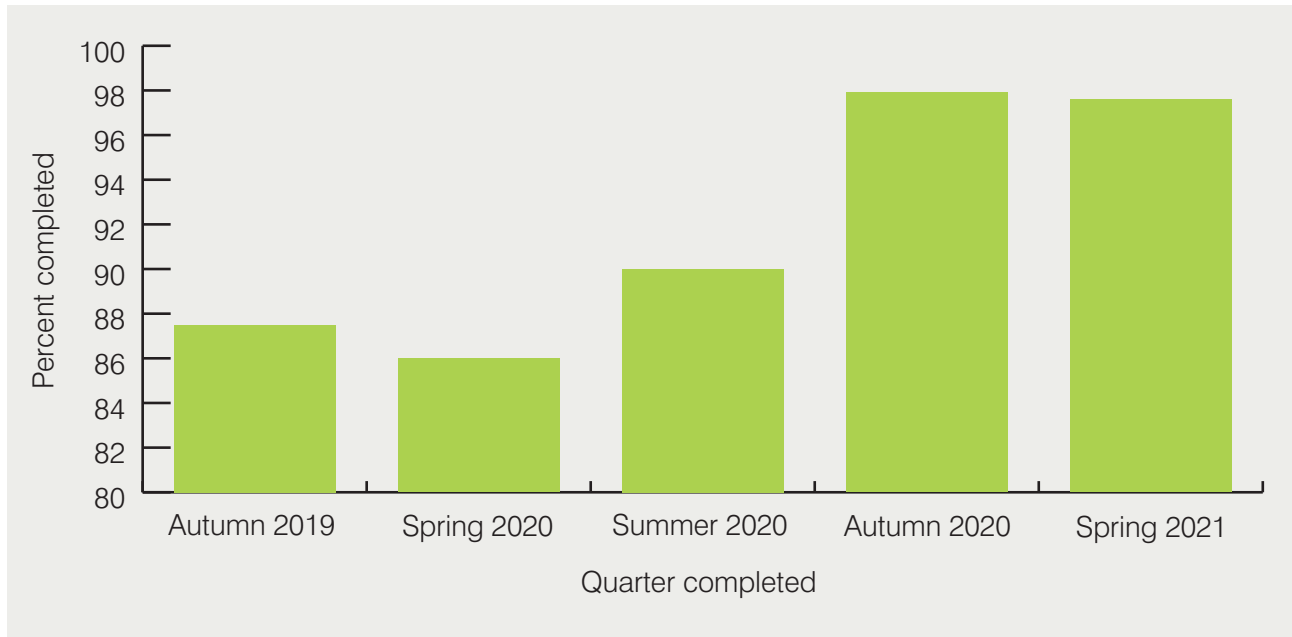
Personal Education Plans (PEPs)

Personal education plans are mandatory and written three times a year, produced collaboratively between the child's social worker, schoolteachers, foster carers, and the virtual school. PEPs are the core means by which all these professionals work together to develop a plan that reviews the child's education progress, identifies what their ongoing learning, mental and emotional wellbeing needs are, develops plans for how they will be supported in all aspects of their learning, and sets clear targets so we know when we are making a difference.

Electronic personal education plans were introduced in September 2017 and have been revised based on feedback from children, young people, and professionals. Full training on completing PEPs continues to be provided through the virtual school to carers and professionals. Any school requesting additional support will have a bespoke offer tailored to their needs. The virtual school also has a personal education plan tracker to ensure timely completion of PEPs and to regularly review and rate their quality. The following table shows how this has contributed to our improvement in completing personal education plans for our children and young people.

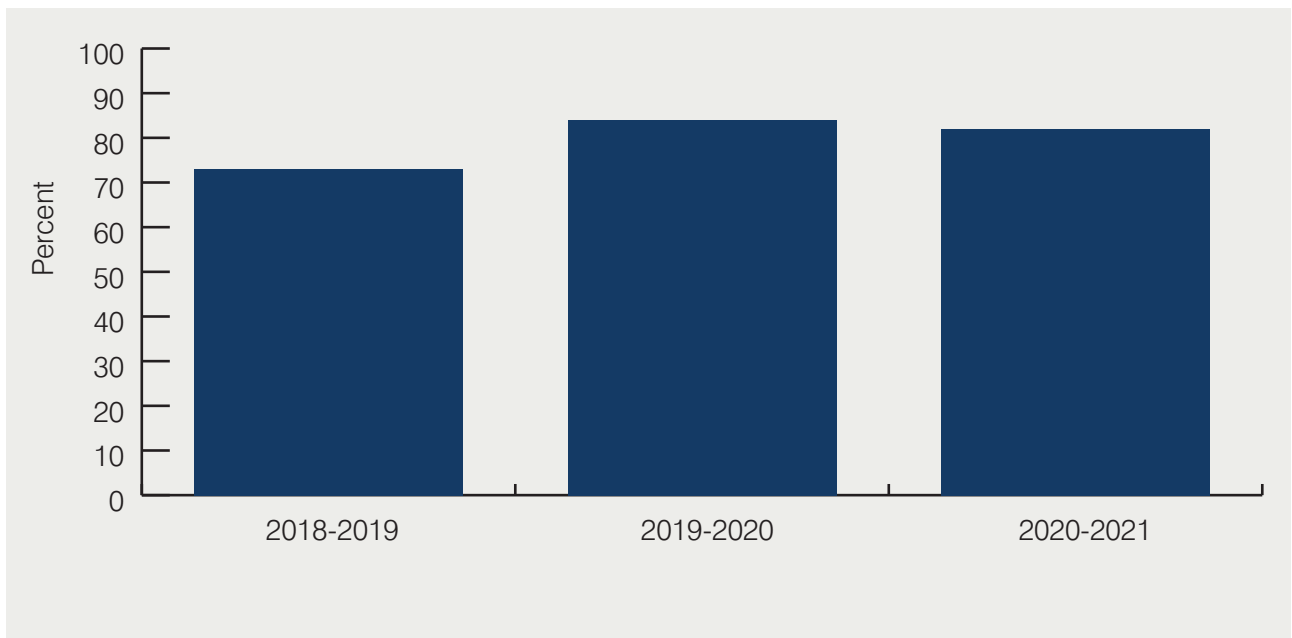


Personal education plans completed



The following table shows how the quality of personal education plans have been graded by the virtual school:

Personal education plans rated good or better



Education, employment, and training (EET) for care leavers

Figures for financial year 2021-2022 show that 44% of our care leavers were in education, employment, or training (EET). That is a 8% increase compared to 2020-2021 and 1% increase from 2019-20 when the value was 43%. The highest value since 2016-2017 being 45% in 2018-2019.

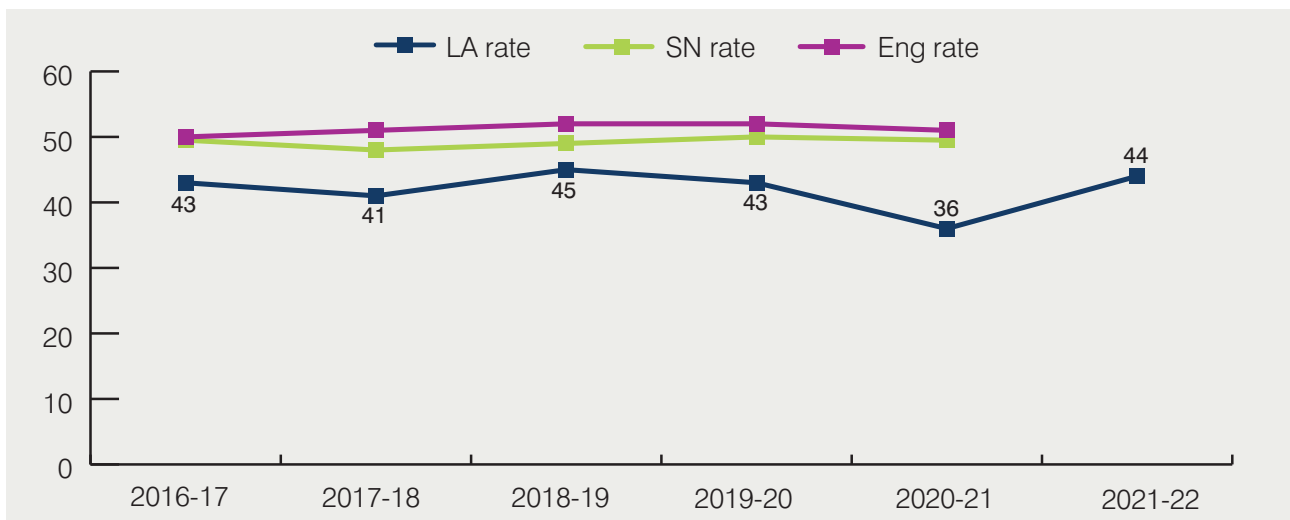
5% of care leavers were in higher education compared to 4% in 2020-2021 and 0% in 2019-2020.

There is a significant number of our care leavers who are not in education, employment, or training (NEET) due to officially being too unwell to be available for work. The majority of this illness relates to their emotional/mental health, which appears to be a contributing factor to care leavers being NEET. The Destination 22 strategy seeks to address this with the proposed addition of emotional wellbeing support workers in the pathway teams.

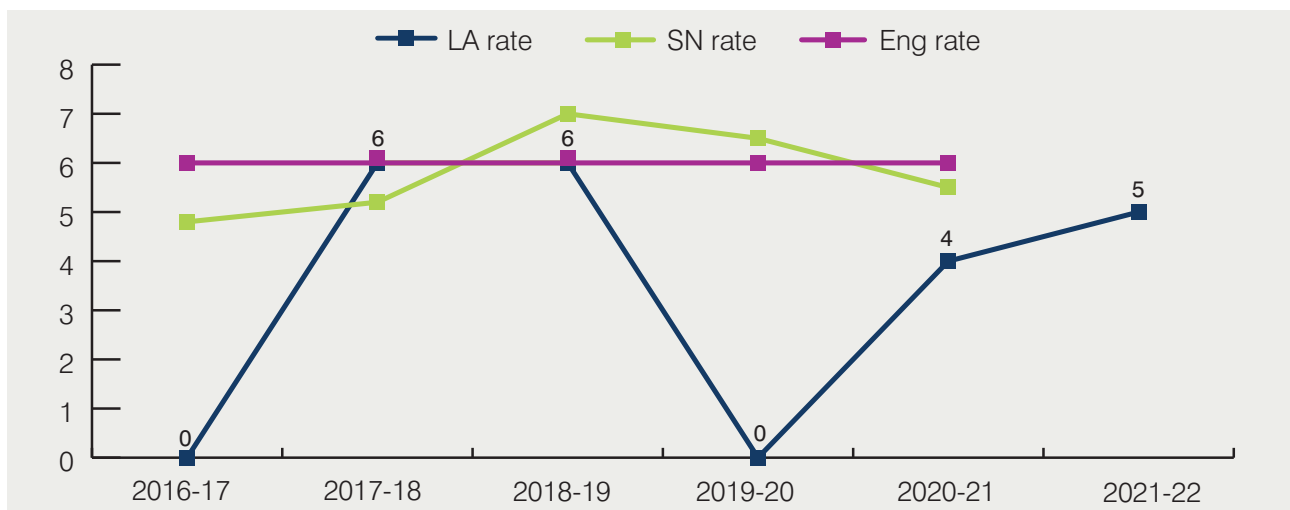
We have worked collaboratively with education colleagues to produce a not in education, employment or training prevention plan, to refocus attention on preventing young people aged 14 and older from becoming NEET. This is a change of emphasis from the current arrangements which have been to try to support our young people who are already NEET back into meaningful education, employment or training opportunities.

Southampton's performance for EET is shown below, together with our regional and statistical neighbours and the country:

Leaving care 2: Care leavers aged 19-21 who are in Education, Employment or Training (%)



Leaving care 4: Care leavers aged 19-21 who are in Higher Education (%)



Nil return for 2016-2017 is due to data not being available for that year and in 2019-2020 nil care leavers were recorded as having accessed higher education.

We continue to underperform in our numbers of care leavers who are in employment, education, or training on a national, regional, and statistical neighbour level. This is an area of improvement also recognised in our most recent findings. Increasing employment, training, and education remain a key priority improvement area, and a range of focused activities are in place to secure better outcomes and performance:

- Improved monitoring and evaluation of personal education plans (PEPs) for our young people in year 10 and 11 transitioning towards independence to look at the timeliness and quality for preparing young people in care for independence.
- Continued to co-fund the placement of a dedicated member of the STEP Team (until the end of September 2021) to work directly with our children and care leavers. The scheme ceasing at the end of September 2021, sees the introduction of a NEET prevention worker to support young people and care leavers obtain and stay in employment, education, and/or training.
- Ensured that all 'in-house' Southampton City Council Apprenticeships are advertised early for one week within the Pathways Team, prior to being advertised elsewhere. In the coming year we are going to build on this with what we refer to as the Care Leaver Guarantee, which now has executive members sign off, and which we will develop to ensure that across the whole of the Council care leavers become a priority for apprenticeship opportunities that we offer.
- We have maintained the increase in number of personal advisors to ensure more targeted support to individual care leavers and to adapt to the increased workload from supporting care leavers up to the age of 25 years old.



Staffing in the Service

There has been some instability within the teams who work with our children and young people specifically, leading to the use of agency staff to fill social work long term sickness vacancies and provide additional capacity. The leadership and management of the service is stabilising. As part of the Destination 22 programme for change, the structure of the team was changed so that young people are no longer transferred to a new worker at age 14.

We have increased the number of personal advisors who support those young people and young adults leaving our care as we have increasing numbers of care leavers.

There are further plans to develop specialist emotional health provision in the service to support our young people with their emotional and mental wellbeing and employment, education, and training workers to help promote their future learning and career opportunities and goals.

Priorities for the Service in 2022/23

Priorities for 2022/23

- Improve children and young people's participation giving them a stronger voice in all aspects of their care, pathway planning, and service delivery.
- Supporting children in care to return to their birth families (reunification) via specialist assessments and bespoke packages of support, reducing care costs and freeing up placements for other children
- Improve the stability, consistency, performance, and permanence of the Pathways Through Care service through recruitment and sickness/performance management
- Promote the stability of placements through proactive and timely support of children and carers.
- Ensure that the physical and emotional health of all our children and young people is well assessed, understood, and properly supported.
- Assertively pursue permanence plans for all children. Regularly review the possibility of reunification, assertively assessing and supporting to make it possible for children to live permanently within their own families where this is the right plan for them.
- Continue to reduce the number of children who live in a residential children's home, supporting most to live within a family instead.
- Build a clear savings policy and process is in place to ensure all our children and young people in care have enough money to put towards additional things they wish to purchase or to support them with independence as they leave our care.
- Increase the number of our young adults leaving our care receive education, training, and employment opportunities, including increasing the opportunities across the council for our care leavers to obtain important work training experience by becoming an apprentice with us.
- Help young people to build their skills and confidence at the right pace, supporting them to live independently and with pride in their ability to support themselves.
- Develop the 'Staying Close' project, supporting our young people to make confident, safe steps from residential care to community placements



