

Children and Families Scrutiny Panel

Thursday, 30th January, 2025
at 5.30 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Barnes-Andrews (Chair)
Councillor Allen
Councillor Beaurain
Councillor Chapman
Councillor Y Frampton
Councillor G Lambert
Councillor Webb (Vice Chair)

Appointed Members

Catherine Hobbs, Roman Catholic Church
Vacancy Primary Parent Governor
Vacancy - Secondary Parent Governor
Rob Sanders, Church of England

Contacts

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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 or other IT 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 2022-2030 sets out the four key goals:

- Strong Foundations for Life.- For people to access and maximise opportunities to truly thrive, Southampton will focus on ensuring residents of all ages and backgrounds have strong foundations for life.
- A proud and resilient city - Southampton’s greatest assets are our people. Enriched lives lead to thriving communities, which in turn create places where people want to live, work and study.
- A prosperous city - Southampton will focus on growing our local economy and bringing investment into our city.
- A successful, sustainable organisation - The successful delivery of the outcomes in this plan will be rooted in the culture of our organisation and becoming an effective and efficient council.

Dates of Meetings: Municipal Year

2024	2025
18 July	30 January
08 August	27 March
26 September	
28 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 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 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING) (Pages 1 - 2)

To approve and sign as a correct record the Minutes of the meetings held on 28 November 2024 and to deal with any matters arising, attached.

7 CHILDREN'S SOCIAL CARE UPDATE: AIMING HIGHER, FAMILY SAFEGUARDING AND BUDGET UPDATE (Pages 3 - 38)

Report of the Deputy Director for Children's Social Care outlining how Southampton's Children and Learning Service is sustaining good practice and outstanding leadership and is progressing with the implementation of the Family Safeguarding Model.

8 CHILDREN AND LEARNING - PERFORMANCE AND TRANSFORMATION

(Pages 39 - 84)

Report of the Scrutiny Manager recommending that the Panel consider and challenge the performance of Children's Services and Learning in Southampton.

9 MONITORING SCRUTINY RECOMMENDATIONS

(Pages 85 - 100)

Report of the Scrutiny Manager recommending that the Panel considers the responses to recommendations from previous meetings and provides feedback.

Wednesday, 22 January 2025

Director – Legal and Governance

SOUTHAMPTON CITY COUNCIL
CHILDREN AND FAMILIES SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2024

Present: Councillors Barnes-Andrews (Chair), Webb (Vice-Chair), Chapman, Allen, G Lambert, Beaurain and Y Frampton

Apologies: Appointed Members: Rob Sanders

20. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED that the minutes of the meeting held on 26 September 2024 be approved and signed as a correct record.

21. **EXCLUSION OF THE PRESS AND PUBLIC - EXEMPT PAPERS INCLUDED IN THE FOLLOWING ITEM**

RESOLVED that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of any consideration of Appendix 2 be considered as exempt from general publication based on Category 7a of paragraph 10.4 of the Council's Access to Information Procedure Rules.

22. **EDUCATION OUTCOMES AND CONTEXT**

The Panel considered the report of the Executive Director - Children and Learning, providing an overview of education outcomes at Key Stages 2 and 4 in Southampton in 2023/24 and associated education issues.

Cllr Winning – Cabinet Member for Children and Learning; Rob Henderson – Executive Director, Children's Services & Learning; Clodagh Freeston – Head of Education Services; Kerica Hunt – Service Manager, Education Welfare Service; Bryn Roberts – Service Manager, Inclusion; Edd Shackleton – Principal Data Analyst; Zoe Snow – Admissions and School Place Planning Manager and Alison Philpott – Cross Phase Advisor were in attendance and, with the consent of the Chair, addressed the meeting. In addition, the Panel watched a video presentation from Harry Kutty – Head Teacher of Cantell School detailing his schools journey to improved performance.

The Panel received briefings that set out the current position of educational attainment in the City and the Authority's ambitions and accompanying plans to address education outcomes in Southampton.

The priorities for the education outcomes transformation programme were outlined. The priorities included increasing attainment levels; improving school attendance; and reducing exclusions.

To deliver the objectives the focus was on working with schools to become more collaborative and collective, harnessing a one city approach through an Education Partnership vehicle.

The Panel noted that improving education outcomes in Southampton would take time and it would require persistence, patience and commitment. Concern was raised that

pressures on budgets would deflect from the long term goal of improving the quality of education for all children.

Panel Members were informed that the capital programme for schools was a cause of friction between the Council and Schools. Issues relating to a lack of understanding about how capital works get prioritised; a lack of clarity about responsibilities and poor communication about the school capital programme were raised as areas where improvements were required.

23. **CHILDREN AND LEARNING - PERFORMANCE AND TRANSFORMATION**

The Panel considered the report of the Scrutiny Manager recommending that the Panel consider and challenge the performance of Children's Services and Learning in Southampton.

Councillor Winning – Cabinet Member for Children & Learning, Rob Henderson - Executive Director, Children & Learning, Steph Murray – Deputy Director, Children and Learning and Laura Trevett – Strategic Performance Manager were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed the performance of safeguarding services in October and questioned why there had been an increase in activity and demand in the period. The Panel also raised the timescales for the opening of the new children's homes in the city; 16-17 year olds in our care receiving support to access education, employment and training; and, the recruitment of foster cares. It was explained that the city performed well compared to regional and statistical comparators but that there was a national shortage of foster carers. The Panel also reviewed the number of children with parental consent to adoptive placement under Section 20 of the Children Act 2002.

RESOLVED that the Panel are provided with a briefing about children who are in care under section 20 of the Children Act 2002.

24. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel considered and noted the report of the Scrutiny Manager recommending that the Panel considers the responses to recommendations from previous meetings and provides feedback.

Agenda Item 7

DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL
SUBJECT:	CHILDREN'S SOCIAL CARE UPDATE: AIMING HIGHER, FAMILY SAFEGUARDING AND BUDGET UPDATE
DATE OF DECISION:	30 JANUARY 2025
REPORT OF:	STEPH MURRAY – DEPUTY DIRECTOR, CHILDREN'S SOCIAL CARE

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director Community Wellbeing, Children and Learning	
	Name:	Rob Henderson	Tel: 02380 834102
	E-mail	robert.henderson@southampton.gov.uk	
Author:	Title	Head of Quality Assurance (Principal Social Worker), Children and Learning	
	Name:	Stuart Webb	Tel: 02380 834102
	E-mail	stuart.webb@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
Not applicable	
BRIEF SUMMARY	
The accompanying presentation, attached as Appendix 1, outlines how Southampton's Children and Learning Service is sustaining good practice and outstanding leadership and is progressing with the implementation of the Family Safeguarding Model. An update regarding the 2025/26 service budget is also included.	
RECOMMENDATIONS:	
	(i) To support further improvements, it is recommended that the Scrutiny Panel consider: <ul style="list-style-type: none"> • Panel visits to teams – to ask questions about focus 5 and our service delivery plans • Aiming Higher and social care reform updates in the 2025/26 work programme • Opportunities to promote and focus on corporate parenting • A briefing on localities and integrated working pilot
REASONS FOR REPORT RECOMMENDATIONS	
1.	To support the Scrutiny Panel's oversight of the service's progress and direction of travel and its ability to provide a critical friend challenge to Children's Services and Learning.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	Not applicable
DETAIL (Including consultation carried out)	

3.	Attached as Appendix 1 is a presentation that outlines, alongside the Service Plan summaries attached as Appendix 2, how the service aims to further improve outcomes for children and young people in Southampton.
4.	Aiming Higher: This section introduces the concept of aiming higher for children in Southampton, emphasising the importance of sustaining good practice and outstanding leadership. It discusses the Ofsted ILACS outcome of 2023, which rated the service as "Good with outstanding leadership". The section also outlines the evidence base for continuous improvement and the characteristics of an outstanding service according to Ofsted.
5.	Family Safeguarding Update: This section provides an update on family safeguarding, including the impact on repeat referrals. It discusses various workstreams such as partnerships and governance, recruitment, evaluation, and training.
6.	Children and Learning Budget: This section provides an update on the budget, focusing on the immediate transformation process and workstreams aimed at improving both financial and quality of care outcomes for residents.
7.	Recommendations for Scrutiny Panel: Summarised above, this section outlines recommendations for the scrutiny panel, including oversight activities, corporate parenting focus, and briefings on localities and integrated working pilots.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
8.	The service is delivering against the priorities within agreed budgets. Additional grant funding has been awarded for 2025/26 to support the local authority response to the social care reforms. More detail is provided in the presentation appended.
<u>Property/Other</u>	
9.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
10.	Children Act 1989
<u>Other Legal Implications:</u>	
11.	None
RISK MANAGEMENT IMPLICATIONS	
12.	The service improvement journey and financial stability is overseen effectively through the director's management team arrangements. Family Safeguarding is a programme delivered with oversight through Southampton's integrated safeguarding partnership arrangements.
POLICY FRAMEWORK IMPLICATIONS	
13.	The recommendations and learning from this report are important in achieving better outcomes for in Southampton, as outlined in the Southampton City Council Corporate Plan 2022 – 30.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Aiming Higher, Family Safeguarding and Budget update presentation.
2.	Service Delivery Plans
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

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Children and Learning Update for Scrutiny Panel

Aiming Higher, Family Safeguarding Model, Budget 2025 / 26

January 2025

Page 7



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SOUTHAMPTON
CITY COUNCIL

Agenda Item 7
Appendix 1

Aiming Higher

Page 8



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SOUTHAMPTON
CITY COUNCIL

Introduction

Ofsted ILACS outcome 2023 - *Good with outstanding leadership*

This part of the presentation outlines how the service is sustaining good practice and outstanding leadership. And then, how we aim to further improve outcomes for children and young people in Southampton.

Page 9
The Ofsted ILACS guidance provides an important framework for us to benchmark practice against – however, it is important to outline that our aspirations for children and their families are broad and informed by our understanding of best practice and our local context.

We are aiming higher for children in the city because their outcomes are integral to Southampton's success as a city. We have a moral imperative to do so.



Evidence base Continuous improvement

ACTION RESEARCH INTO IMPROVEMENT IN LOCAL CHILDREN'S SERVICES

Practical implications for lead members and senior leaders

Seven enablers of improvement in children's services

1	Strategic approach	<ul style="list-style-type: none"> Rigorous and forensic self-assessment of the organisation's strengths and weaknesses Honest and open response to any external feedback or inspections – focus on improvement, avoid denial Develop a vision & strategic plan that is right for the organisation – not to “tick a box” or be seen to be acting
2	Leadership & governance	<ul style="list-style-type: none"> Maintain the right, stable, focused leadership at all levels – political, senior leaders & middle managers Don't rush into a restructure – engage staff and develop structures that will best support improving practice Effective, professional governance – with key decision-makers from partner agencies to enable swift action
3	Engaging & supporting the workforce	<ul style="list-style-type: none"> Change the rhetoric – avoid the “blame game” and ensuing turbulence in staffing Articulate high expectations & ambitious goals – provide a clear description of what good practice looks like Stabilise the workforce – and support frontline professionals through manageable caseloads and supervision Develop staff from within – through a pro-active recruitment and a robust staff development strategy
4	Engaging partners	<ul style="list-style-type: none"> Engage senior partners – for example, through well-run, effective LSCBs, to create a mandate to collaborate Align thresholds – to ensure consistent decision-making about referrals to the service Review practices through multi-agency audits – to drive improvements across all services and agencies Remain outward-facing – to avoid the risk of “group-think” or slipping into denial about performance
5	Building the supporting apparatus	<ul style="list-style-type: none"> Maintain a secure front door – to ensure the right cases are dealt with in the right way, at the right time Ensure the flow of cases reflects a child's journey – to ensure decisions are taken in the child's best interests Know the business – ensure regular flows of robust evidence that can be used by members, leaders & staff Develop routines to track progress, audit quality, monitor improvements and hear from children themselves
6	Fostering innovation	<ul style="list-style-type: none"> Create a learning culture – one in which new ideas and initiatives to improve practice are openly encouraged Test and pilot new ideas carefully – adopt a measured approach to find out what works in the local context Evaluate rigorously – to learn from and respond to innovative practice – and know when to “hold your nerve”
7	Judicious use of resources	<ul style="list-style-type: none"> Ensure strategic & financial planning are aligned – to enable and sustain short- and long-term improvements Invest where it is needed – deploy additional resources to unblock back-logs or develop critical new processes Sustain investment – avoid the risk of diverting resources elsewhere before improvement is embedded Focus on long-term priorities – investing in prevention services to reduce demand on other services

‘For local areas seeking to improve from good to great, or sustain excellent performance, the emphasis was on maintaining consistently high-quality frontline practice and managing risk effectively. In this stage of the journey, improvement activities are no longer something discrete and separate from the day-to-day operations of children’s services. Instead, they have become the norm, or “what we do”. There are robust routines in place to ensure oversight of key service areas, but these are so embedded as to be able to embrace disciplined innovation – clear planning, precise implementation, and rigorous evaluation of its effectiveness – to drive ongoing improvement.’

Evidence base

Ofsted characteristics of an outstanding service

- A focus on getting basic social work practice right
- A consistent understanding and application of thresholds – essential for making good decisions
- Well-supported, confident and knowledgeable managers who understand the quality and impact of practice
- Performance management and quality assurance arrangements that support managers in monitoring work and to take action where necessary
- Manageable caseloads and a stable, knowledgeable and committed workforce
- Strong learning culture and a strong focus on practice
- Effective working with other agencies
- System that focuses on providing help early to children and their families and a “preventative” approach across all the levels of need, vulnerability and risk
- A child-centred system with robust arrangements and processes
- A focus on achieving sustained improvements in the lives of children and their families

Evidence base **Ofsted outstanding judgement**

The experiences and progress of: children in need of help and protection, children in care, care leavers – *‘consistently good or better and results in sustained improvement’*

‘The impact of leaders on social work practice with children and families’ *is likely to be outstanding if, in addition to meeting the requirements of a ‘good’ judgement, there is evidence that leaders (both professional and political) and managers are confident, ambitious and influential in changing the lives of local children, young people and families, including children in care and those who have left or who are leaving care.*

They inspire others to change the lives of these children and young people and their families. They innovate and generate creative ideas to sustain the highest-quality services, including early help services, for all children and young people. They know their strengths and weaknesses well and both respond to and are resilient to new challenges. Professional relationships between the local authority and partner organisations are mature and well developed. Accountabilities are embedded and result in confident, regular evaluation and improvement of the quality of help, care and protection that is provided.’



National Context – Social Care Reform

Keeping children safe, helping families thrive

Family Help and Multi-Agency Child Protection:

- *Objective:* Support more children to stay safely with their families and improve outcomes.
- *Approach:* Integrated support from multi-agency and multi-disciplinary teams.

Lessons from FFC Pathfinders:

- *Co-Design:* Collaborative work with local authorities, multi-agency partners, and families.
- *Activities:* Setting up change programs, workforce engagement, and multi-agency governance.

System Transformation:

- *Principles:* Align with the National Framework and Working Together.
- *Focus:* Multi-agency working, leadership, and workforce effectiveness.

Family Help:

- *Vision:* High-quality, end-to-end support system for families.
- *Features:* Family Help Lead Practitioner role, community-based teams, integrated front door for services.

Multi-Agency Child Protection:

- *Teams:* Establish Multi-Agency Child Protection Teams (MACPTs) with expert practitioners.
- *Roles:* Lead Child Protection Practitioner (LCPP) for statutory decisions.

Family Networks:

- *Goal:* Prioritise family networks to support children and prevent local authority care.
- **Method:** Embed Family Group Decision Making (FGDM) throughout the system.

Multi-Agency Safeguarding Arrangements (MASA):

- *Aim:* Greater consistency and accountability in safeguarding.
- *Structure:* Lead and delegated safeguarding partners, partnership chair, and independent scrutiny.

Local Context Corporate Plan, City Plan *Adapt Grow Thrive* Transformation Programme

The Corporate Plan recognises the significant financial challenges faced by the council and sets out twelve strategic objectives, six external and six internal, to guide our initial phase of change.

External objectives	Internal objectives
Safe and stable home environments	Strong centralised enabling support services
Accessible education and skills pathways	Positive organisational culture
Healthy and active residents	Increased self-serve
Sustained infrastructure investment	Good governance
Growth that benefits local people	Consistent good practice
Welcoming and supporting communities	Balanced budget

We are calling our transformation programme: **adapt | grow | thrive** to reflect the specific challenges and opportunities of Southampton.

adapt... to achieve a sustainable financial position and succeed within a volatile world, we will create a more effective and agile organisation focussed on outcomes for our residents.

grow... for longer-term success, we will work with our partners to achieve growth and prosperity for our region and our city.

thrive... the work that we are doing with our partners will enable our residents and the city to thrive.

Adapt | grow | thrive not only drives how we improve council services, but also how we step up work with partners to deliver growth, prosperity and long-term success for our residents, region and city.

It is about rethinking what we do, not just doing things differently, but doing different things and making fundamental changes to the way we operate to offer better value for money and contribute to at least one of the outcomes set out in the graphic.



A focus on prevention led by a public health approach



Residents have support, where necessary, to live independent lives



Budget set for 2025/26 without additional Exceptional Financial Support (EFS)



Ten-year Medium Term Financial Strategy (MTFS) agreed based on growth and devolution



Investment portfolio for the region and city to increase growth and productivity



An engaged council at the heart of city partnerships

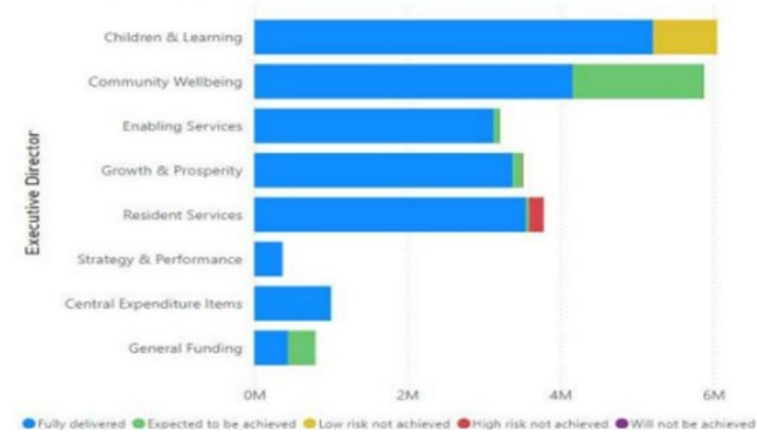


A more resilient community with improved housing, labour market participation and pay



Children and young people are safe and valued

Savings Targets per Directorate



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Dependencies

Deprivation	Relatively high levels of deprivation provide a challenging context in which to deliver services for children.
Budget	Sufficient budget to provide good services and ensure that necessary service developments or improvements are made. This is particularly important in the context of the social care reforms outlined earlier in the presentation. The service continues to work proactively with Newton Europe.
Leadership	Strong and stable leadership focused on the areas outlined in the evidence base.
Corporate Support	Robust commitment across the council to the welfare and wellbeing of children – and particularly corporate parenting responsibilities.
Capacity	Operational (with specific focus on social work), strategic and stakeholder (enabling services, partners) capacity to support service development and innovation.
Evidence based approaches	The service is using <i>Outcomes Based Accountability</i> as a framework for further improving outcomes.

Ofsted Improvement Plan Keeping focused on being consistently good

Ofsted ILACS inspection 2023

Focus on Practice: Focus Five	
	Chronology
	Visit
	Assessment
	Plan
	Supervision

Informs

Service Delivery Plans	
	Right Service Right Time
	Localities
	Reunification
	Permanence and Stability
	Recruitment and Retention
	Practice Framework

Monitored through

Quality Assurance and Performance Framework		
Audit Performance	Assurance clinics CMB / DMT / SMT	Self evaluation Peer review

Page 16

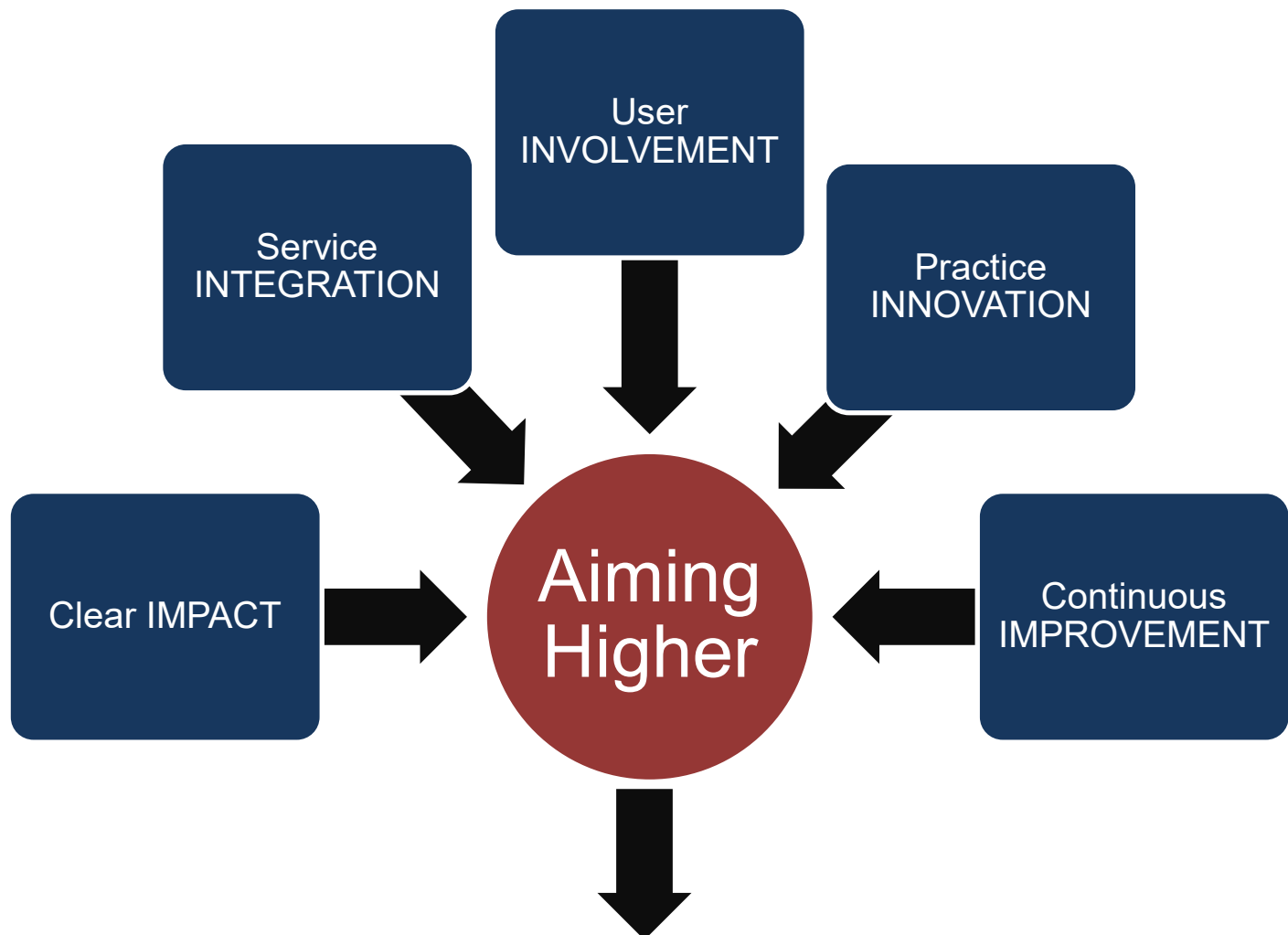


Local and National Drivers

Organisational Context

Page 17

Dependencies



Practice Priorities: Focus 5

Standard Practice

Service Delivery Plans

Even better outcomes for children and young people in Southampton



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Clear Impact Embedding an evidence-based approach to show we are supporting sustained improvements to children's lives.

	2025 / 2026				2026 / 27			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Outcome Based Accountability	Embed approach across assurance clinics, performance reports etc.	Test out impact of plan	Update QA and performance framework	Business as usual				

User Involvement Service users at the centre of everything we do; as we move beyond participation to co-production

	2025 / 2026				2026 / 27			
Page 10	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Young researcher project with University of Southampton	Review project findings – how to embed Child Friendly council processes	Implementation plan with core stakeholders	Feedback and discussion regarding implementation	Activity to be determined by research outcomes				
Young inspectors	Confirm Child Friendly Inspection Framework	Trial approach with housing providers	Review business case for wider implementation	Agree young inspection focus for 26 / 27	Business as usual			
Family Safeguarding	Develop plan for parent reference group	Implementation plan		Reference group feed into local response to social care reforms	Activity to be determined through local approach to social care reforms			



Service Integration

Social care, education and our partners working together to provide effective services

	2025 / 2026				2026 / 27			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Localities	Develop Thornhill focused plan as part of Early Help / Prevention OBC	To be determined by full business case plan						
Improving EET outcomes for care leavers	SLT to agree integrated action plan by 1/4/25	To be determined through integrated action plan						
'All in' reducing absence initiative	SLT to agree integrated action plan by 1/4/25	To be determined through integrated action plan						

Page 19

Practice Innovation

Trialling new approaches to improve local practice

	2025 / 2026				2026 / 27			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Artificial Intelligence	Confirm platforms for social work use	Aligned to Data and Digital Board Strategy						
Risk Outside the Home	Develop transitional safeguarding panel	Co-locate multi-disciplinary teams	Launch teams / delivering evidence informed approaches.	Review impact	Business as usual			



Continuous Improvement Responding to new developments, using evidence-based approaches

	2025 / 2026				2026 / 27			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Social care reforms	Agree local implementation plan	Activity to be determined through local approach to social care reforms						National requirement to implement reforms
Research and evaluation	Agree strategic approach with local and regional universities	Strengthen links with public health and Health Determinants Research Collaboration		Review impact	Business as usual			
Mutual work with other LAs	Southeast Sector Led Improvement Partnership (SESLIP) peer review				SESLIP peer review			



Recommendations for Scrutiny Panel Oversight

- Panel visits to teams – to get their understanding about Focus 5 and service delivery plans
- Aiming Higher and social care reform updates in 2025 / 26 schedule
- Rigorous promotion of corporate parenting
- Briefing on localities and integrated working pilot
- Meeting with young researchers

Page 21

Family Safeguarding Update

Page 22



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Workstream Updates

Partnerships and governance	Strategic oversight of Family Safeguarding sits within the new, integrated children and adult partnership arrangements. Our safeguarding scrutineer has been well engaged with implementation.
Operational group	The project implementation group has transitioned into a monthly operational group, which is well attended by partners. An area of development has been the partnership data set, and we are close to finalising a regular data report which will inform local practice.
Recruitment	We have been most successful at filling domestic abuse work posts. We are in the process of agreeing a long-term strategy to maintain our substance misuse staff. The main area of challenge has been recruiting mental health staff – and, we have now secured a practitioner and psychologist. To mitigate the impact of recruitment delays in this area we agreed a mental health pathway for adult services.
Evaluation	Cases are audited regularly as part of our own programme (see overleaf). A follow up audit with Hertfordshire is scheduled for early summer 2025. We are also exploring research opportunities with Southampton and University College London universities.
Training and development	Extensive training was successfully rolled out across the service at implementation phase. Our training needs analysis takes review training into account. We have commissioned further motivational interviewing training to support developments in specific service areas (CRS / conversational model).
Next steps	We are beginning to explore extending FSM principles to our work with parents with a learning disability, with support from adult services and Hertfordshire to further develop our thinking in 2025.

Page 23



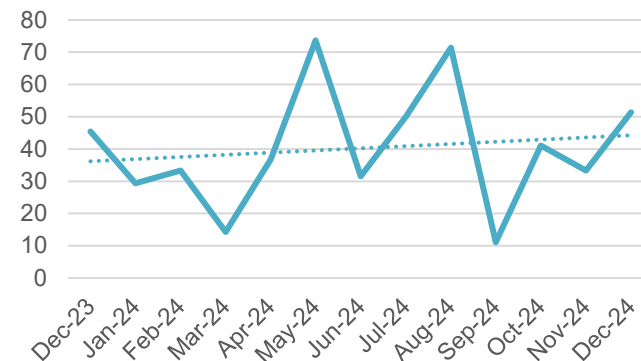
What we know about performance

405 children are currently supported by the FSM that launched in July 2024.

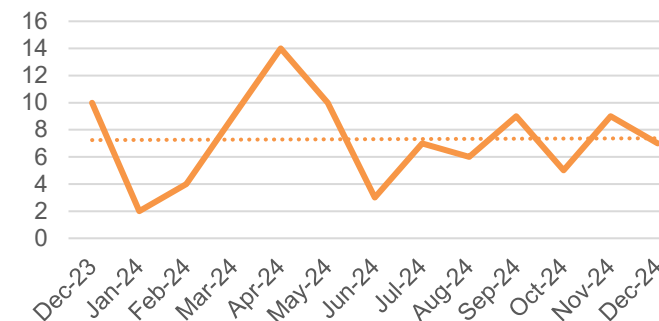
The model aims to support families at an early stage with multi-agency support for domestic abuse, parental mental health and substance use. This will result in fewer children requiring a child protection plan as the harm is reduced. The trend from July is an increasing percentage of children starting CP from a CIN plan, however, the period in question covers the Q3, which is when there is often a spike in escalating harm for children, so is expected to reduce in the spring. We have not been able to fulfil the full FS model due to the difficulty in recruiting adult mental health workers. A mental health worker is due to start with the service shortly. As this worker is embedded, and further MH workers join, this should impact on the outcomes for children.

Similarly, with support that addresses the underlying causes of neglect and harm for children being provided through specialist workers that influence the team understanding and approaches with families, the expectation is that fewer children will need to come into our care from a CIN or CP plan. Since December 2023, the trend for children entering our care from CIN/CP plans has remained level, however, it has stabilised since the FS model has been implemented. The spikes in numbers of children coming into care has been linked to children not already on a CIN/CP plan.

Percentage of Child Protection Plans started in month escalated from Child In Need

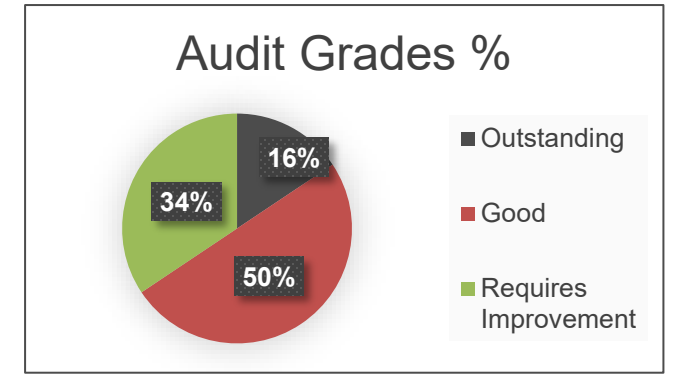


Number of new children in our care escalated from CP or CIN plans



What we know about practice

From July to November 2024, 32 out of 37 allocated full audits were completed by Family Safeguarding. The service is invested in the audit programme and completion of audits is prioritised. During audits, most auditors speak to the allocated practitioners and/or manager. The breakdown of gradings is shown in the graphs, 66% of audits were graded outstanding or good with 34% graded requires improvement. There were no audits graded inadequate.



Areas of Good Practice:

- Allocated practitioners know children's needs well and plans are child focused.
- Relational approaches and transparent conversations with families
- Overall timely visits, assessments and planning leading to timely progression of work
- Good multiagency working alongside working with Adult Workers and Family practitioners in Family Safeguarding to support families and improving outcomes for children
- Creative and flexible approaches to support children to return the care of parents or family
- Persistent attempts to work with parents during pregnancy who have had a previous child removed so that the baby can safely remain with the family
- Children and parents' views are gained and including in assessment and planning
- Multiple examples of positive feedback from families regarding the impactful of the service
- In the main there is timely supervision.

Areas of Development

- There is some variability in chronologies and genograms being up-to-date and showing the breadth of the family network and history
- Some inconsistencies in recording in the Family Workbook across the service and easily locating specific recordings.
- Ensuring that evidence informed toolkits such as Neglect Toolkits are used to inform practice
- Some plans would benefit from more specificity on the actions so they can be measured at reviews.
- Sometimes more evidence is required of recorded management oversight on key events (aside from supervision)
- Progress on work graded 'Requires Improvement' should be tracked by team managers, we are introducing dip sampling for assurance on this..

What we know about the experiences of our families

Making the Difference Awards

Practitioners nominate their colleagues for practice that has made a difference to children and families and carers. At these monthly celebrations practitioners from Family Safeguarding have often been nominated. Examples include:

The service worked with a pregnant mother whose elder child had been adopted. There was very creative use of the family safeguarding model, Adult Workers and a Family Practitioner to allow the baby to remain safely with parents following birth. The mother said 'I am now getting support that I need... I am relying on professionals and communication has been very good... To (the social worker): 'You are a fantastic social worker and I am really glad that we are getting along.'

The service worked with a family of 5 children due to long term neglect and physical harm. The social worker was tenacious in partnering with parents, undertaking late night and weekend visits, getting the right support in at the right time and would advocate for the family to stay together. There was significant positive progress and the family will be closing.

Family Safeguarding – December 2024 Participation Event

Family Safeguarding West 2 organised a Christmas Party in December for children and families working with the team. Around 38 children attended, usually with their parents. During the party practitioners spoke to children and parents to gain their feedback on experiences of the service.

Parents and children were very positive about their experiences and fed back that they felt listened to, understood why they had a social worker and felt things had got better. Children said they would like more events like this.

One non resident father was happy with the support to his children and their mother, but would have liked more contact. The team explored whether children liked being visited at school, older children tended to say they did not, particularly if it was not by their allocated social worker. The team have shared this feedback with the wider service and are incorporating it into practice.



Recommendations for Scrutiny Panel Oversight

- Report on dip sampling of requires improvement audit cases.
- Update on group supervision development.

Budget Update

Page 28



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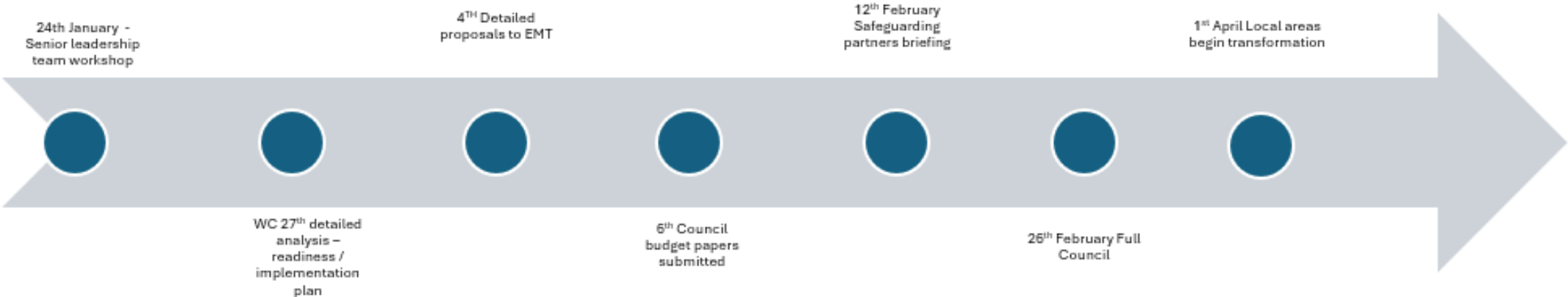
Budget Update

Work is proceeding relating to the transformation process with Newton. This work is based around the following transformation workstreams :

- Right Child / Right Home
- Managing Demand

The transformation programme aims to meet both budgetary and service requirements to improve both financial and quality of care outcomes for residents. In children’s social care, there is also a focus on the national reforms. **Further budget updates** will be part of the budget reporting process for Cabinet and Full Council.

Page 29



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Family Help – Service Delivery Plan

Priorities	Action	Outcome	By January 2026 we will have: (How we will know we are making a difference?)
Priority 1: Right Service, Right Time	<ul style="list-style-type: none"> Families access early help services at the earliest opportunity. 	<ul style="list-style-type: none"> Statutory intervention only when necessary. 	<ul style="list-style-type: none"> Statutory social work intervention is consistent with statistical neighbour averages, or better.
Priority 2: Localities	<ul style="list-style-type: none"> Ensure Family Help teams are based in the communities where highest need is identified. 	<ul style="list-style-type: none"> Services delivered closest to where families live. 	<ul style="list-style-type: none"> Increasing ratio of non-statutory, relative to statutory intervention.
Priority 3: Reunification	<ul style="list-style-type: none"> Identify extended family members and networks of support to ensure children remain with their families wherever possible. 	<ul style="list-style-type: none"> Families and communities are empowered to support themselves without the need for SCC input. 	<ul style="list-style-type: none"> 80% of families open to service have cultural genograms.
Priority 4: Permanence & stability	<ul style="list-style-type: none"> Early attachment/support for families before issues escalate. 	<ul style="list-style-type: none"> Increase breadth/range of evidence-based group work to deliver positive attachment with babies. 	<ul style="list-style-type: none"> 10% increase in group activity focusing on first 1001 days.
Priority 5: Recruitment & Retention	<ul style="list-style-type: none"> Embed Systemic practice while maintaining 90% permanent workforce and 0% agency use. 	<ul style="list-style-type: none"> Practice is systemically informed/strengths based with monthly group supervision. 	<ul style="list-style-type: none"> 10 systemic group supervision sessions per team/year.
Priority 6: Practice Framework	<ul style="list-style-type: none"> Compliant assessments, visiting and supervision. Clinical Leads in strategic places. 	<ul style="list-style-type: none"> Positive relationships/robust management oversight of risks/plans. 	<ul style="list-style-type: none"> All relevant KPIs are met and tracked on PowerBi.

Family Safeguarding – Service Delivery Plan

Priorities	Action	Outcome	By January 2026 we will have: (How we will know we are making a difference?)
Priority 1: Right Service, Right Time	<ul style="list-style-type: none"> Family Safeguarding and Family Help to establish the right transfer points for children to move into Family Safeguarding. Parents receiving specialist support for adult workers to meet their needs. 	<ul style="list-style-type: none"> Children in need of Family Safeguarding services are receiving them at the right time to manage risk effectively and to keep children in their birth families. Parents will receive support for their domestic abuse, substance or alcohol use and/or mental health needs. 	<ul style="list-style-type: none"> Auditing & data - Less children coming in care & less children in CP plans and care proceedings We will have specialist workers embedded across all of the teams.
Priority 2: Localities	<ul style="list-style-type: none"> Reduce % of mixed ethnicity children in CP planning. 	<ul style="list-style-type: none"> Relevant services are offered to children and families from different ethnic backgrounds. Families & communities are empowered to support themselves without the need for SCC input. 	<ul style="list-style-type: none"> Safeguarding has strong understanding of diversity. 85% of families open to service have cultural genograms.
Priority 3: Reunification	<ul style="list-style-type: none"> Service Managers Panel/Legal Planning meetings require Cultural Genograms. Work with extended family networks to keep families together Assessments/planning with family/friends network (incl. non-resident parents). 	<ul style="list-style-type: none"> Creative/effective use of resources to keep families together whenever achievable. An increase in referrals to Kinship Care team for family Group conferences. 	<ul style="list-style-type: none"> Audit shows strong completion of cultural genograms.
Priority 4: Permanence & stability	<ul style="list-style-type: none"> Permanence is achieved for all children living away from their birth families. 	<ul style="list-style-type: none"> Protective/sustainable permanence planning systems. Strong committed relationships with carers/support networks. 	<ul style="list-style-type: none"> Monitor private fostering action plan to demonstrate consistent good practice. 80% of cases good/outstanding.
Priority 5: Recruitment & Retention	<ul style="list-style-type: none"> Embed good quality reflective supervision. Embed multi-professional group supervision in safeguarding teams. 	<ul style="list-style-type: none"> Increased reflective group supervision/6 weekly supervision for support staff audits. Maintain average caseloads per primary case holder. Reduce staff reaching trigger point for short/long term absences/decrease vacancies and agency staff. 	<ul style="list-style-type: none"> Evidence of group reflective supervision delivered by 90% of the managers, measured via audit activity.
Priority 6: Practice Framework	<ul style="list-style-type: none"> Embed Family Safeguarding Model (FSM). Promote Systemic Practice; solution focused interventions, staff trained in FSM/Motivational Interviewing. 	<ul style="list-style-type: none"> FSM launched. Reduction in children in care, sustainable outcomes/fewer repeat CP plans, positive feedback from parents. 	<ul style="list-style-type: none"> Audit and family feedback shows impact of the Family Safeguarding Model.

Young People – Service Delivery Plan

Priorities	Action	Outcome	By January 2026 we will have: (How we will know we are making a difference?)
Priority 1: Right Service, Right Time	<ul style="list-style-type: none"> Preventative services to build resilience in young people, families and local system. 	<ul style="list-style-type: none"> Reduce exploitation, enable learning/maintain positive family relationships. Reduce school exclusions/disproportionality in criminal justice system. 	<ul style="list-style-type: none"> 20% more CYP supported via prevention. 25% less CYP serving custodial sentences. 10% less CYP statutory Youth Justice Interventions. 25% less CYP having 3+ rounds of ROTH planning. 5% decrease of first-time entrants to Youth Justice System.
Priority 2: Localities	<ul style="list-style-type: none"> Maintain 3 Team Around the School Partnerships to improve coordination/communication. 	<ul style="list-style-type: none"> Earlier effective response, reduced statutory social workers. TAS to have dynamic 'SMART Action Plans'. 	<ul style="list-style-type: none"> 15% reduction of referrals to statutory social workers services from schools involved in TAS.
Priority 3: Reunification	<ul style="list-style-type: none"> CYP successfully/safely live within family/friends network. 	<ul style="list-style-type: none"> Intensive Support and Supervision (ISS) instead of custody. Safe family solutions created/enabled for CYP impacted by exploitation. 	<ul style="list-style-type: none"> CYP remain/enter care for >21 days is rare. ≤2 CYP p/a enter care after custody. CYP supported to live with family/friends.
Priority 4: Permanence & stability	<ul style="list-style-type: none"> Develop 'Building Bridges' within ICAS to enable placement support/foster care stability. ICAS resources to support reunifications. Building Bridges to provide 'Edge of Care' intensive support service to children aged 7 to 13. 	<ul style="list-style-type: none"> Fewer children enter residential care, more resilient Foster placements and coordinated reunifications. Intensive support for families with children aged 7 –13 where there is a risk of entry to care. 	<ul style="list-style-type: none"> 20% fewer CYP enter residential care p/a as a result of foster care disruption. 2.5% fewer Children of Care as result of effective reunifications approach. 35% p/a reduction in 7–13-year-olds entering care as a result of 'Edge of Care' work.
Priority 5: Recruitment & Retention	<ul style="list-style-type: none"> Evaluate YPS against national best practice/statistical neighbours. Evidence-based practice/reflective supervision for every response. 	<ul style="list-style-type: none"> Small team with manageable caseloads meeting CYP needs with Systemic Practice embedded/evidenced. Case holding by otherwise qualified staff will be embedded/evaluated. 	<ul style="list-style-type: none"> 10% improvement in staff turnover trend. 2 of YPS team undertake accredited Systemic Practitioner Training. Max caseload of 12 for practitioners in YJS and YPS.
Priority 6: Practice Framework	<ul style="list-style-type: none"> Establish best practice managing risks outside the home and significant harm. 	<ul style="list-style-type: none"> Increase ROTH conferences, respond to risk connected to peer groups, places/spaces. Missing pod to reduce missing episodes. Vulnerable adolescents will be responded to with a coherent approach. 	<ul style="list-style-type: none"> 25% of ROTH conferences to focus on peer groups/places/spaces, rather than CYP. Interconnectivity between ROTH, Systemic Practice & Focused Deterrent. 25% less CYP having 3+ rounds of ROTH planning. 10% less CYP high risk CERAFs. 15% less missing episodes p/a. 20% less CYP have 3+ missing episodes in 90 days.

Pathways Through Care Service Delivery Plan – Care Leavers (CL)

Priorities	Action	Outcome	By January 2026 we will have: (How we will know we are making a difference?)
Priority 1: Right Service, Right Time	<ul style="list-style-type: none"> Personal Assistant (PA) to be allocated at 16 years of age. Pathway plans to be informed by YP & include their views. NEET/EET panel to be attended. 	<ul style="list-style-type: none"> Good joined up working between PAs & social workers to plan for transition & EET post 18. Young people's independence skills will be improved. More CL to be in employment. 	<ul style="list-style-type: none"> All young people to be allocated PA at 16 years. Improved needs analysis for accommodation and EET plans post 18. Reduced NEET figures. Case summaries at the point of transfer & kept updated.
Priority 2: Localities	<ul style="list-style-type: none"> Hub drop-in days to continue with themes from partner agencies. Work between PAs & social workers to offer support to CYP. 	<ul style="list-style-type: none"> Collaborative working within the service & partner agencies. CL feel supported & know where to access support including if on extended offer. 	<ul style="list-style-type: none"> Calendar of participation events in place for 2025. CL & PAs attending hub regularly. Quarterly newsletter to CL.
Priority 3: Reunification	<ul style="list-style-type: none"> Chronologies update 3 monthly. Team around the CL to be developed. 	<ul style="list-style-type: none"> CL to know about their life story. PA's to be familiar with the narrative. CL to be supported to develop support network. 	<ul style="list-style-type: none"> Chronologies & genograms completed. 2 workshops to be completed developing team around the CL.
Priority 4: Permanence & Stability	<ul style="list-style-type: none"> Independence skills workshops & staff to be qualified in ASDAN. Staying Connected offer. 	<ul style="list-style-type: none"> CL to have independence skills. Care Leavers be in suitable accommodation for their level of need & more local and closer to families. 	<ul style="list-style-type: none"> CL to participate in workshop events & achieve ASDAN qualifications. Number of Care Leavers in unsuitable accommodation to reduced.
Priority 5: Recruitment & Retention	<ul style="list-style-type: none"> Manageable caseloads. Training of staff to build knowledge. 	<ul style="list-style-type: none"> PAs to attend training to increase their skills & knowledge. 	<ul style="list-style-type: none"> High number of visits to CL, recordings demonstrate positive relationships. Team away day for PA's.
Priority 6: Practice Framework	<ul style="list-style-type: none"> Reflective teams embedded. Guidance on practice for consistent approach. CL Forum to take place regularly. 	<ul style="list-style-type: none"> Knowledge & skills to be developed by PAs. Stable workforce so CL have consistent relationships. 	<ul style="list-style-type: none"> Audit activity showing increase in 'good' & 'outstanding' grading. Positive feedback from Care Leaver. Monthly Care Leaver Forum in place.

Quality Assurance – Service Delivery Plan

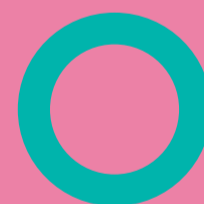
Priorities	Action	Outcome	By January 2026 we will have: (How we will know we are making a difference?)
Priority 1: Right Service, Right Time	<ul style="list-style-type: none"> Increase partnership awareness and confidence in applying local thresholds. 	<ul style="list-style-type: none"> Children and families benefit from proportionate responses to their level of need. 	<ul style="list-style-type: none"> Regular partnership audits; with >80% graded good or outstanding for quality of referral/ decision making.
Priority 2: Localities	<ul style="list-style-type: none"> Develop more sophisticated data on the needs of communities. 	<ul style="list-style-type: none"> Improved partnership understanding of the levels and types of need within specific localities. 	<ul style="list-style-type: none"> A data profile updated every six months, for each separate locality identified as 'high need'.
Priority 3: Reunification	<ul style="list-style-type: none"> IROs ensure plans for reunification, Step Across or children's care are tracked robustly. 	<ul style="list-style-type: none"> Children's care plans progressed more swiftly as a result of more effective management oversight. 	<ul style="list-style-type: none"> IRO case notes which will evidence oversight.
Priority 4: Permanence & stability	<ul style="list-style-type: none"> IROs ensure that care plans consider how children's needs are met, that permanency plans are clear and that contingency plans are in place for potential disruptions. 	<ul style="list-style-type: none"> Stable placements with reduced breakdowns through better matching of children with carers, less crisis intervention and children being moved only in a planned way. 	<ul style="list-style-type: none"> Reduced placement moves, stability performance better than statistical neighbours' average. Children have a plan for permanence recorded at their second review.
Priority 5: Recruitment & Retention	<ul style="list-style-type: none"> Embed extended two-year ASYE 'make the difference' graduate programme, incorporate additional support/case load monitoring for those in their first-year post ASYE. 	<ul style="list-style-type: none"> SW more likely to stay in Southampton and deliver good practice; children benefit from long lasting and effective relationships. 	<ul style="list-style-type: none"> Retention of social workers past their 12-month official ASYE term will increase by 15%.
Priority 6: Practice Framework	<ul style="list-style-type: none"> CPC chairs will act as system leaders for Family Safeguarding Model (FSM) implementation. 	<ul style="list-style-type: none"> Core groups will be supported to apply FSM to their work with children who meet the CP threshold. 	<ul style="list-style-type: none"> 80% of FSM cases that are audited are judged to be good or outstanding.

JIGSAW (Children with Disabilities - CWD) – Service Delivery Plan

Priorities	Action	Outcome	By January 2026 we will have: (How we will know we are making a difference?)
Priority 1: Right Service, Right Time	<ul style="list-style-type: none"> Clear Criteria for Jigsaw focusing on disability related needs. Criteria for Jigsaw to be shared with CRS and wider service teams. 	<ul style="list-style-type: none"> Timely holistic assessment which considers the child's disability related needs and careful consideration of needs, risks and services. 	<ul style="list-style-type: none"> Reduction in children hitting crisis point as right services will be implemented. Strong multi-agency planning.
Priority 2: Localities	<ul style="list-style-type: none"> Jigsaw Team Managers will be linked to a locality to promote locality working & relationships within Family Help & Family Safeguarding. Jigsaw to offer training sessions to wider teams about on short breaks. Jigsaw to make stronger links with specialist Schools. 	<ul style="list-style-type: none"> Better relationships and understanding of service delivery. Continue to promote right service, right time. 	<ul style="list-style-type: none"> Family Help & Family Safeguarding have a better understanding of short breaks offer within Southampton. The right children accessing targeted & specialist short breaks offer.
Priority 3: Reunification	<ul style="list-style-type: none"> Permanency plans reviewed monthly. Reunification/stronger family ties for all children open to Jigsaw. 	<ul style="list-style-type: none"> Where appropriate children are identified earlier for step across, reunification or to stay with extended family using family group conferences with effective resources to review plans. 	<ul style="list-style-type: none"> Demonstrate use or consideration of family group conferences. Evidence use of cultural genograms and Permanence Panel.
Priority 4: Permanence & stability	<ul style="list-style-type: none"> Children and YP are promoted to live comfortably and safely in their homes, where their dignity and independence is promoted. 	<ul style="list-style-type: none"> Review short breaks statement. Family Practitioners offering targeted direct work to promote stability. Children are accessing specialist short breaks & timely multi agency support. 	<ul style="list-style-type: none"> Children would be supported to remain in their families wherever possible & those in care will have permanence planning reviews.
Priority 5: Recruitment & Retention	<ul style="list-style-type: none"> Ensure OT service is correctly staffed. 	<ul style="list-style-type: none"> Stable OT services appropriately staffed- Maintain staff retention within the Jigsaw service, 10% trend in staff turnover improvement. Maintain permanent social work staffing in Jigsaw. 	<ul style="list-style-type: none"> Staff to have access to regular reflective supervision for staff, further celebration of Good and Outstanding practice. Agency numbers within the service to be fully reduced. Senior social worker to offer regular peer mentoring and support. Stable and Perm OT services appropriately staffed.
Priority 6: Practice Framework	<ul style="list-style-type: none"> Support wider service knowledge of responsibilities & best practice. Voice of child – best practice in hearing the voice of children with complex & communication needs. 	<ul style="list-style-type: none"> Teams across children's services will record outstanding direct work & skills in eliciting the child's voice. 	<ul style="list-style-type: none"> Audit activity which will demonstrate consistently high quality direct work. Using the voices of children and families to improve our service.

Fostering – Service Delivery Plan

Priorities	Action	Outcome	By January 2026 we will have: (How we will know we are making a difference?)
Priority 1: Right Service, Right Time	<ul style="list-style-type: none"> Regular and supportive supervision for foster carers and proactive responses to placement support. 	<ul style="list-style-type: none"> Carers will feel supported and trust the support provided from children and families services. 	<ul style="list-style-type: none"> 95% of mainstream and connected foster carers to have reflective supervision every 6 weeks.
Priority 2: Localities	<ul style="list-style-type: none"> Skilled foster carers in the local area who are able to meet the needs of our children. 	<ul style="list-style-type: none"> Children will be placed close to their families to maintain identity and regular family time. 	<ul style="list-style-type: none"> More children living in/near Southampton with in-house foster carers (within 20 mile radius).
Priority 3: Reunification	<ul style="list-style-type: none"> Carers to be included in reunification planning and to feel confident in reunification processes. 	<ul style="list-style-type: none"> Carers will be confident to support children return to their family or naturally connected people where possible. Clear plans/ timescales for assessment development. 	<ul style="list-style-type: none"> Percentage of children leaving care via planned reunification is improved. 80% of mainstream foster carers to have completed reunification training.
Priority 4: Permanence & stability	<ul style="list-style-type: none"> Build on existing recruitment/ retention strategy for foster carers. Work with regional partners to launch Mockingbird Model. 	<ul style="list-style-type: none"> Increased number of fostering households. 	<ul style="list-style-type: none"> Reduced placement moves and stability performance better than statistical neighbours. First Mockingbird constellation will be live.
Priority 5: Recruitment & Retention	<ul style="list-style-type: none"> Performance management culture with shared vision/goals. 	<ul style="list-style-type: none"> Increase management oversight and improvement in timeliness of support offered to carers. 	<ul style="list-style-type: none"> Increase across all KPIs on fostering dashboard. (Aim for 95%). Stability across workforce.
Priority 6: Practice Framework	<ul style="list-style-type: none"> Establish best practice – clear and consistent processes and policies to be embedded 	<ul style="list-style-type: none"> Foster carers to feel confident in their practice. To understand factors that contribute to placements ending so we learn from this and implement suitable practice changes. 	<ul style="list-style-type: none"> All foster carers to have access to the handbook. Process to be in place around placements ending and to be implemented.



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Pathways Through Care Service Delivery Plan – Children in care

Priorities	Action	Outcome	By January 2026 we will have: (How we will know we are making a difference?)
Priority 1: Right Service, Right Time	<ul style="list-style-type: none"> Participation events for UASC. Merton compliant age assessments. 	<ul style="list-style-type: none"> CYP feel better supported. Reducing risk of judicial review. 	<ul style="list-style-type: none"> Calendar of events to be confirmed for 2025. Age assessments to include oversight of 1 UASC social worker.
Priority 2: Localities	<ul style="list-style-type: none"> Referrals for FGC to increase & review family time plans. Re-establish children in care council. 	<ul style="list-style-type: none"> Children living close to their families. Children voices are heard to inform practice. 	<ul style="list-style-type: none"> More children living in/near Southampton (Under 30%). Monthly SVU meetings & increased participation.
Priority 3: Reunification	<ul style="list-style-type: none"> Embedding weekly permanence panel reviewing care plans for children. Permanence tracker to be updated and maintained. 	<ul style="list-style-type: none"> Reunification/stronger family ties for all children. Children's identity is strengthened. 	<ul style="list-style-type: none"> Stable numbers of PWP. Regular attendance at LPM evidencing progression of care plans. Care plan on CD amended -reunification focus.
Priority 4: Permanence & stability	<ul style="list-style-type: none"> Develop matching document. Documents to be provided to foster carer at placement. Utilising fortnightly stability panel. 	<ul style="list-style-type: none"> Children to experience less placement moves. Permanence plans to be clear for all children in care & reviewed regularly. 	<ul style="list-style-type: none"> Improvement in placement stability KPIs. Clear documents to be recorded on CD. Checklist to be completed & disseminated across services.
Priority 5: Recruitment & Retention	<ul style="list-style-type: none"> Manageable caseloads. Training to staff to build knowledge. 	<ul style="list-style-type: none"> Improved quality care plans, life story work and supervision. Skilled/stable workforce. 	<ul style="list-style-type: none"> Children to have their care plan shared at review meetings. Stability of SW to improve (85% in 2025). Agency numbers remain less than 3.
Priority 6: Practice Framework	<ul style="list-style-type: none"> Monthly reflective team meetings. Utilising motivational interviewing & systemic practice with CYP & their families. Clear guidance to ensure consistent approach to CYP. 	<ul style="list-style-type: none"> Meaningful relationships with CYP. Confident & skilled practitioners. Confident use of systemic approaches. Embedded reflective teams develop knowledge & skills. Child focused records on CD. 	<ul style="list-style-type: none"> Audit activity showing increase in 'good' & 'outstanding' grading. CYP feedback is positive & received via SVU increased attendance. Records written to child.



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Agenda Item 8

DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL
SUBJECT:	CHILDREN AND LEARNING – PERFORMANCE & TRANSFORMATION
DATE OF DECISION:	30 JANUARY 2025
REPORT OF:	SCRUTINY MANAGER

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director – Enabling Services	
	Name:	Mel Creighton	Tel: 023 8083 3528
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Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
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STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
Attached as Appendix 1 is a summary of performance for Children’s Services and Learning up to the end of December 2024. At the meeting the Cabinet Member and senior managers from Children’s Services and Learning will be providing the Panel with an overview of performance across the directorate.	
RECOMMENDATIONS:	
(i)	That the Panel consider and challenge the performance of Children’s Services and Learning in Southampton.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable effective scrutiny of Children’s Services and Learning in Southampton.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.
DETAIL (Including consultation carried out)	
3.	To enable the Panel to undertake their role effectively members will be provided with monthly performance information and an explanation of the measures.
4.	Performance information up to 31 December 2024 is attached as Appendix 1. An explanation of the significant variations in performance has been included.
5.	The Cabinet Member for Children and Learning, and representatives from the Children’s Services and Learning Senior Management Team, have been invited to attend the meeting to provide the performance overview.
6.	Attached as Appendix 3 is a briefing paper on children who are in care under section 20 of the Children Act 1989 in Southampton. This was requested at the November 2024 meeting of the Panel.

RESOURCE IMPLICATIONS	
<u>Capital/Revenue/Property/Other</u>	
7.	None directly as a result of this report.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
8.	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>	
9.	None
RISK MANAGEMENT IMPLICATIONS	
10.	None
POLICY FRAMEWORK IMPLICATIONS	
11.	<p>The 2024 updated Corporate Plan includes the following strategic objectives:</p> <ul style="list-style-type: none"> • Safe and stable home environments • Accessible education and skills pathways. <p>By delivering consistently good outcomes for the city's children and young people, Southampton's Children's Services and Learning Directorate will contribute to achieving these objectives.</p>
KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Summary of performance and commentary – January 2025
2.	Children and Learning Glossary
3.	Briefing paper on children who are in care under section 20 of the Children Act 1989 in Southampton
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	

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Children's Social Care Performance Report

January 2025

Page 43



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Agenda Item 8
Appendix 1

Contents

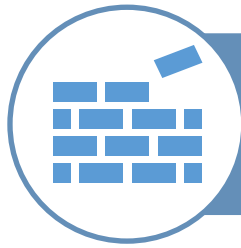
Section	Page
Purpose	3
Right support, right time	4
Strong & vibrant localities	6
Children remain within or return to birth families	10
Promote permanence and placement stability	12
Permanent & stable workforce	15
Embedding practice framework and standards	17
Performance review	18



Purpose

Our monthly performance report enables leaders, managers, frontline staff and members to oversee, scrutinise and track our progress against agreed targets. The data and insight should prompt questions, promote transparency and provide an importance insight into the service's progress towards achieving Building for Brilliance Priorities.

Page 45



Building for Brilliance; Building for Sustainability; Building for Families, with Families



Ensure that children get the **right support at the right time**, meeting need early, reducing demand and spend on statutory services



Develop **strong, vibrant localities** where families can receive the help they need and practitioners can share their knowledge and expertise



Support children to **remain within, or return to, their birth families**, seeking out and reuniting family members, reducing care costs and freeing up placements for other children.



Promote **permanence and placement stability**, creating strong forever families and reducing increasingly costly alternatives



Build a **permanent, stable, energised workforce**, increasing consistency for children and reducing agency spend



Embed our **practice framework and practice standards** across the whole service, doing the basics brilliantly and being ambitious in our practice expectations



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Right support at the right time – Family Help

Indicator	Dec-22	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Target	RAG	Direction of travel	So'ton 23/24	23/24 Stat Neighbours	South East 23/24	England 23/24
Number of referrals into Early Help	179	142	144	129	90	87	127	113	182	94	100	197	131	128		-	↓	-	-	-	-
Number of referrals that were stepped down from CSC (no assessment required)	61	18	36	24	15	15	20	21	17	13	12	34	16	5		-	↓	-	-	-	-
Number of Early Help assessments started	102	80	79	86	65	71	71	83	113	47	63	116	88	89		-	↑	-	-	-	-
Number of contacts in the month	1428	1459	2018	1818	1780	1705	1714	1675	1845	1491	1804	1983	1850	1683		-	↑	-	-	-	-
Rate of contacts per 10,000 population under 18 years old	4233	4171	4207	4251	4201	4233	4206	4151	4161	4168	4221	4233	4245	4290		-	↓	-	-	-	-
Number of referrals into statutory service in the month	298	216	308	197	202	191	185	207	254	156	275	266	303	238		-	↑	-	-	-	-
Rate of referrals per 10,000 population under 18 years old	749	720	715	691	645	627	603	588	576	555	557	555	553	557	581	●	↓	614.2	669.1		518.3
Number of C&F assessments started		195	274	172	224	200	172	162	204	176	220	225	237	222			↑				
Number of C&F assessments completed	326	216	266	200	233	186	229	203	195	162	151	274	191	177		-	↑				
Rate of assessments per 10,000 population under 18 years old	783	716	707	685	651	627	588	573	550	530	515	525	510	501	580	●	↑	633.1	667.5		536.0
Percentage of assessments completed within 45 days		81	89	90	85	83	88	85	80	82	76	84	93	92	81	●	↓	88.1	80.6		84.5
Number of children with Child in Need Plan (not CWD)	648	449	480	453	396	377	372	329	334	317	301	323	328	320	-	-	↑				
Number of children with Child in Need Plan (CWD)	222	228	221	222	212	213	209	209	212	222	223	202	198	195	-	-	↑				



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Right support at the right time – Family Help

Desired outcome

Improved understanding of thresholds resulting in less contacts a month, an increase in referrals and assessments for Early Help, a reduction in statutory referrals and assessments and children open to statutory services. This will result in increasingly effective support to a smaller number of families who need statutory services, resulting in less children being subject to child protection processes and less children needing to come into our care, because their needs are being met, and they are kept safe within their own families.

Progress analysis

- While December saw a decrease in referrals coming into the service, demand did not reduce as much as expected during the Christmas break. Contacts were 16% higher than December 2023 and 2022.
- Referrals into the statutory service were in line with the average for the previous 12 months, which is also unusual for December.
- The number of assessments started was higher than expected for the month, however, the rate of assessments completed reduced and remains below the target and stat neighbour average.
- Despite the increased activity, 92% of assessments were completed within 45 days, which is above our target, the stat neighbour and England averages.
- The number of children with a child in need plan, 320, is half that of December 2022, 648.

Page 47





Right support at the right time – Family Safeguarding

Indicator	Dec-22	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Target	RAG	Direction of travel	So'ton 23/24	23/24 Stat Neighbours	South East 23/24	England 23/24
Number of strategy discussions held	191	124	147	97	144	121	120	98	147	109	135	126	156	110	-	-	↑				-
Number of Section 47 enquiries completed	139	101	77	86	90	75	84	49	98	67	90	134	74	123	-	-	↓				-
Rate of Section 47 enquiries completed	364	301	297	285	274	261	251	238	239	234	235	234	222	224	247	●	↓	262.0	287.8		187.1
Percentage of Strategy discussions resulting in Section 47	73	81	52	89	63	62	70	50	67	61	67	106	47	112	-	-	↓				-
Percentage of Section 47s resulting in ICPC	16	13	25	20	18	23	20	22	16	20	14	28	22	27	31	●	↑	28.4	30.6		32.2
Number of children subject to CP Plan at end of month	302	309	304	307	276	257	256	249	221	234	214	224	231	253	-	-	↓				-
Rate of children subject to CP plans	61	62	61	60	56	52	51	50	44	47	43	45	46	51	49	●	↓	54.80	59.80	42.90	41.60
Number of children in our care	543	510	494	492	490	488	488	479	473	470	473	468	476	474	-	-	↑				-
Rate of children in our care per 10,000	113	102	99	99	98	97	98	96	95	94	95	94	95	95	87	●	→	108.00	100.30		71.00
Number of children open to the service (Assessment, CIN, CP, CLA, CL)	2404	2036	2069	1986	1973	1905	1865	1763	1742	1713	1789	1782	1805	1893	-	-	↓				-
Rate of children open to the service (Assessment, CIN, CP, CLA, CL)	466	408	415	396	396	382	374	354	349	347	359	357	362	380	350	●	↓	408.8	436.8		332.9



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Right support at the right time – Family Safeguarding

Desired outcome

Improved shared understanding of thresholds relating to strategy discussions and section 47 enquiries alongside focused and effective interventions with families during assessments and child in need plans. This will result in less children being subject to child protection processes and less children needing to come into our care, because their needs are being met and they are kept safe within their own families.

Progress analysis

- There was a drop in strategy discussions in December, which usually reflects the school holiday break. A greater number of section 47s were undertaken, in comparison to strategy discussions. The data for this is being reviewed and will be a focus for the management and team discussions in January. One third of children subject to a Section 47 are resulting in an Initial Child Protection Conference (ICPC). We are reviewing the protocol for any child where a Section 47 substantiates significant harm, but an ICPC is not required.
- The rate of children subject to CP has risen to just above our target of 49 at 51. This reflects the recent increase in activity and is expected to reduce as we head into spring. This will be closely monitored in the interim.
- The number of children in our care has decreased to 474 with a rate of 95. This has been a steady trend for the last 6 months. Proactive work to support families to care safely for their children is ongoing with focused support for children who are reunified from care to their birth families.
- The rate of children open to the service increased in December to 380, similar to the level in April 2024, and away from our target of 350. However, we remain comfortably below our stat neighbour average.





Strong, safe & vibrant localities

Indicator	Dec-22	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Target	RAG	Direction of travel	Soton 23/24	23/24 Stat Neighbours	South East 23/24	England 23/24
Percentage of re-referrals within 12 months	30%	25%	30%	24%	28%	26%	20%	26%	21%	24%	15%	21%	18%	26%	20%	●	↓	23.2%	21.0%		21.0%
Percentage of referrals leading to NFA	4%	5%	4%	2%	4%	5%	9%	13%	21%	5%	24%	27%	10%	17%	7	●	↓	8.6%	5.8%		6.3%
Percentage of children subject to 2nd or more CP plan	32%	34%	37%	35%	36%	38%	38%	37%	38%	38%	34%	38%	36%	35%	25%	●	↑	29.3%	26.8%		24.7%
Percentage of children subject to 2nd or more CP plan within 2 years		10%	9%	7%	8%	8%	8%	8%	9%	9%	5%	6%	6%	8%							
Percentage of children subject to child protection plans with recent core group held in time	77%	74%	88%	89%	93%	88%	87%	88%	96%	80%	98%	91%	90%	87%	95%	●	↓				-
Percentage of children with Child in Need Plan (not CWD) with CIN review within last 12 weeks	88%	81%	70%	70%	87%	87%	83%	92%	92%	90%	85%	76%	84%	82%	95%	●	↓				-
Percentage of initial health assessments delivered within 20 working days of date child became looked after.	28%	33%	92%	67%	80%	71%	77%	92%	77%	50%	44%	71%	53%	67%	95%	●	↑				-
Percentage of children in care for at least 12 months for whom health assessments are up to date.	88%	78%	83%	87%	88%	94%	74%	59%	73%	75%	84%	64%	73%	56%	95%	●	↓	-	-	-	-



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Strong, safe & vibrant localities

Outcomes

Stronger partner relationships will lead to a better understanding of referral thresholds. Multi-agency plans will be effective at increasing the safety and wellbeing of children. This will lead to a reduction in the referrals from schools, an increase in partner agency-led Team Around the Family plans, timeliness of Core Group activity, decrease in children with more than one period of CP planning, and increase in Child In Need Plans concluding within 6 months.

Progress analysis

- The percentage of re-referrals increased from 18% in November 2024 to 26% in December 2024. This is similar to December 2023 (25%). This time of the year can bring additional financial stress on families combined with increased social isolation and alcohol consumption, it is a time where increased incidents of domestic abuse come to the attention of services.
- Whilst the percentage of children subject to a 2nd or subsequent CP plan has reduced since October, it remains high and above the target of 25%. However, only 8% of children have been subject to a CP plan within the last 2 years, which suggests that the quality and impact of more recent interventions and plans is strong.
- Multi-agency review meetings for child in need and child protection plans dipped in December. It can be more difficult to schedule meetings with professionals and families during the weeks before the Christmas break due to seasonal activities and events in school and partner agency professionals being on leave.
- In November (latest available data), 6 children entered our care and were due an initial health assessment. Of these, 4 occurred within timescales, and 2 did not due to out of area provider breaches. For review health assessments, 43 children in our care were due a health assessment and all were offered a date within timescales, only 56% of children were seen. 9 children were not seen due to the unavailability of health staff, 1 child was poorly, 2 young people declined to attend, 1 foster carer cancelled, and 6 children were not brought.



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Children remain within or return to their birth families

Indicator	Dec-22	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Target	RAG	Direction of travel
Number of children in our care	543	510	494	492	490	488	489	479	474	470	473	468	476	474	-	-	↑
Rate of children in our care per 10,000	110	102	99	99	98	97	98	96	95	94	95	94	95	95	87	●	→
Number of new CLA in month	16	21	8	7	14	17	15	8	13	8	24	9	19	11	11	●	↑
Number of new CLA in month who are UASC	3	1	2	2	4	2	0	6	1	1	1	0	2	0	-	-	↑
Number of Ceased CLA in the month excluding UASC	27	15	17	6	15	18	9	17	15	9	20	13	10	11	-	-	↑
Number of CLA achieved CAO or SGO	5	1	1	1	1	4	2	7	2	5	1	3	2	5	3.5	●	↑
Number of CLA returned home as part of care planning	5	5	9	1	4	4	1	0	5	0	10	6	2	3	6.5	●	↑
Number of CLA placed with parents at the end of the month	46	43	49	49	45	43	40	37	32	40	41	42	40	42	25	●	↓
Number of CLA placed in Connected Carer placements at the end of the month	61	56	54	57	65	73	68	65	68	64	60	56	60	66	-	-	↓



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Children remain within or return to their birth families

Outcomes – Children in our care return to live with their birth families, and more children are enabled to remain with their birth families, so we bring less children into our care through intensive working with families at child in need and child protection.

Progress analysis –

- The rate of children in our care has remained below our statistical neighbour average target of 100 since January 2024. The rate has remained fairly stable around 474 for the last few months. Despite higher numbers of children coming into care in September and November, these have not resulted in a higher number overall due to children leaving our care. We are unlikely to reach our target by the end of March 25.
- In December, 11 children came into care, none of whom were unaccompanied asylum-seeking children. 8 children were accommodated under Section 20, 2 children were made subject to an Interim Care Order, and 1 young people was remanded in our care.
- We had 11 non-UASC children leaving care in September. This includes the 3 children that were returned home as part of care planning, 5 that achieved permanence with extended family.
- We are currently assessing and working with children and families to explore reunification for 23 looked after children, and to secure permanence through special guardianship for an additional 8 children.

Page 53



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Promote permanence and placement stability

Indicator	Dec-22	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Target	RAG	Direction of travel
Number of children in our care	543	510	494	492	490	488	489	479	474	470	473	468	475	474	-	-	↑
Percentage of CLA at end of month with 3 or more placements during the year	16	19	18	19	18	17	16	14	14	14	14	14	13	14	10	●	↓
Number of CLA placed in IFA placements as at the end of the month	134	133	132	131	131	129	127	119	118	116	117	115	115	115	91	●	→
Percentage of CLA placed in IFA placements as at the end of the month	24	26	27	27	27	26	26	25	25	25	25	25	24	24	20	●	→
Number of CLA placed in children's homes	42	35	34	33	35	35	36	34	33	32	30	31	31	28	31	●	↑
Percentage of CLA placed in children's homes	8	7	7	7	7	7	7	7	7	7	6	7	7	6	6	●	↑
Number of CLA placed in unregulated/ unregistered settings at the end of the month	30	49	46	47	46	43	42	45	44	26	24	22	18	15	20	●	↑
Percentage of CLA placed in unregulated/ unregistered settings at the end of the month	6	10	9	10	9	9	9	9	9	5	5	5	4	3	4	●	↑
Number of CLA placed for adoption at period end	36	13	13	16	15	13	12	11	13	14	18	20	18	17	-	-	↑
Number of children placed with SCC foster carers (including connected carers)	224	205	204	200	202	212	219	218	215	204	202	197	201	203	285	●	↑
Percentage of children placed with SCC foster carers (including connected carers)	41	40	41	41	41	43	45	46	45	43	43	42	42	43	58	●	↑



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Promote permanence and placement stability

Progress analysis

- Placement stability remained at 14% in December, this is positive and 26% less than December 2023.
- The number of children placed in independent fostering agencies remains at 115, down 13.5% from 141 in October 2023; this remains the lowest for the last 24 months.
- 203 children are placed within our own foster placements, this is 43% of the overall cohort, up from 40% in December 2023. The target of 58% is under review as this is unlikely in the national context of the difficulties recruiting new foster carers against those leaving the sector.
- There were 28 children living in children's homes, down from 35 in December 2023, and 42 from October 2022. We have reached our target for March 2025.
- We have 15 young people in unregulated or unregistered placements, down from 49 in December 2023. This is due to a number of 16+ settings becoming registered with Ofsted. The remaining settings are going through the registration process. Only one setting had not applied for registration before the Ofsted deadline. Tight scrutiny of these arrangements remains in place.



Promote education, employment and training

Education

- There are 5 children in our care who are waiting for school places due to a change in placement. All five have SEND. 3 have had their EHCP updated and have schools identified to meet their needs. One child is about to move placement; an education placement will be sought once their new address is confirmed. Another child is in a temporary placement and waiting for a permanent placement before an education placement can be sought. In the interim, tutoring is being offered.
- 20 young people aged 16 and 17 in our care are not in education, employment or training. 5 of these are unaccompanied asylum-seeking children.
- The employment support team (EST) are supporting three 16- and 17-year-olds alongside 102 18–25-year-olds. The service were successful in supporting 26.5% into paid work, 4% into voluntary work/work trials, and 8% into training.



Permanent, stable workforce

Indicator	Dec-22	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Target	RAG	Direction of travel
Total number of children held by fully qualified social worker		1398	1365	1332	1293	1228	1210	1170	1127	1147	1097	1111	1031	1112			↓
Average number of children per qualified Social Worker (1 FTE)	15.75	17.92	17.73	17.76	17.47	16.59	15.71	14.63	13.26	14.34	13.06	14.24	13.93	14.83			↓
Total number of children open to statutory teams	16		2138	2110	2087	2033	1989	1920	1816	1812	1809	1854	1819	1949			↓
Average number of children per primary caseholder (based on 1 FTE)	14.92		16.00	15.93	15.72	15.26	14.81	13.94	13.11	12.91	12.73	13.19	12.86	13.78			↓
Total number of Social workers with 20+ children (inc. full time equivalent)		48	44	44	41	41	32	23	27	35	31	43	38	47			↓
Average number of children per worker with 20+ children (1 FTE)	22.31	22.54	22.77	22.84	22.76	22.56	22.75	24.00	23.26	22.66	22.09	22.00	21.63	22.64			↓
Average number of children per worker in top 40	22.55	23.05	23.05	23.05	22.83	22.63	22.00	21.75	21.80	22.20	21.98	22.25	21.50	23.10			↓
Percentage of CLA that have been in care for 12+m, with same social worker for last 6 months	56	73	73	73	71	56	54	58	60	60	59	71	73	72	75	●	↓
Percentage of children open for 6+ months that have had 2 or more social workers in the last 6 months	36%	37%	38%	38%	32%	33%	34%	35%	32%	33%	36%	36%	34%	26%	25	●	↑



Children & Learning
Making a difference



SOUTHAMPTON
CITY COUNCIL

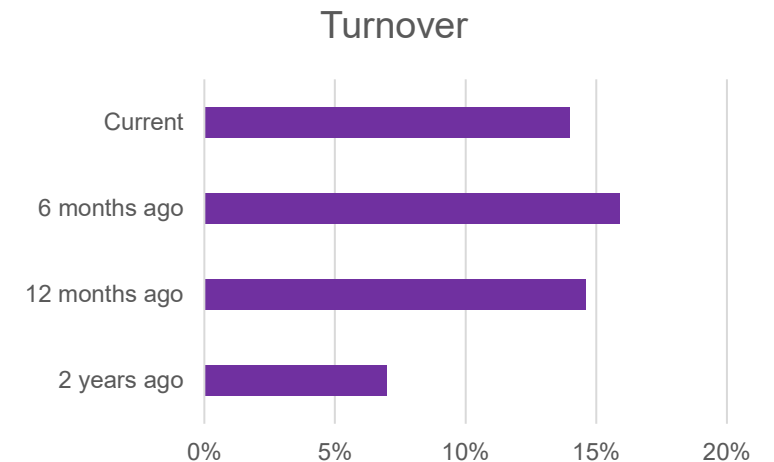
Permanent, stable workforce

Progress analysis

- The total number of children being held by full qualified (post ASYE) social workers has reduced 20% from 1398 in December 2023 to 1112 in December 2024.
- While caseloads appear to be low, they are distributed at different levels throughout the service. For the specialist Young Peoples Service, where interventions are more intensive, caseloads are set as no more than 10 where possible. First and second year post qualifying social workers have protected caseloads that start at 8 and increase to 15. The caseload data is now reflective of part time workers, which is reflected in the rise to 14.83 for fully qualified workers, and primary case holders.
- The number of case holding workers with 20 (FTE equivalent) or more children on their caseload increased to 47. Of these, 27 are social workers, 11 are personal advisors, and 9 are family practitioners.
- Employee turnover has remained stable in Children & Learning. In our neighbouring local authorities, they have seen an increased reliance on agency staff, which drives up costs and create increased instability for families. After an increased level of staff sickness in July; the majority of these staff members are back at work now.

Outcomes

Children and families maintain working relationships with consistent practitioners, who benefit from stable management support and oversight. Agency staff numbers will reduce contributing towards financial responsibility.





Embedding Practice Framework and Standards

Outcomes

Audits will evidence:

- An improved quality of supervision and standard of practice.
- Contingency planning will be clear in all plans from the beginning of interventions and involvements.
- Systemic practice will be evidenced in care recording audits of visits, assessments, plans, supervisions, chronologies.
- Safe & Together will be evident in work with families increasing involvement of perpetrators, partnering with survivors and achieving long term safety for children.



Progress analysis

November '24 Audit overview (Prebirth and Missing Children):

- 88% of audits were completed (30/34).

Family Help

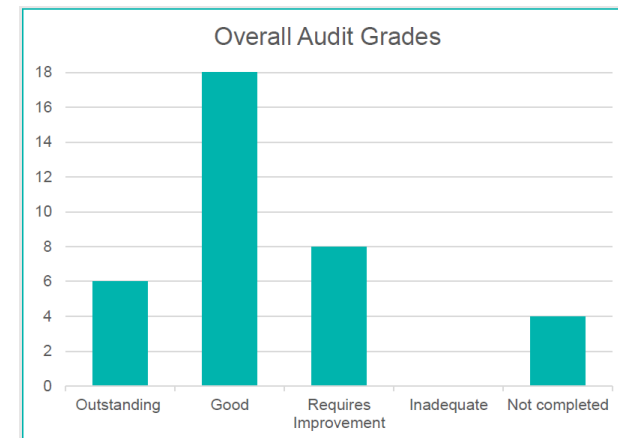
- 100% of audits completed, 8/12 discussion with practitioners or managers, feedback was gained from one family.
- For Early Help work, the service are still embedding completing key documents during assessment and planning rather than on closure.
- Feedback from mother – things had got better for the family and she has a very good relationship with the workers – “Situation at home has improved we have been given lots of support, both N and H have been very helpful. There are 2 different workers, I've only had H for a short time, I feel that I can talk to H openly and honestly. I feel that we have been listened to. N was very helpful, it was sad when he left and I hoped he would come back. My children have benefited from the support, especially my daughter. I am sad that my support will be ending”.

Family Safeguarding

- 5/6 audits completed, 4 included discussions with the allocated practitioners
- There were examples of good quality key documents (case summary, chronologies, genograms).
- Prompt responses to referrals, relational approach taken with families resulting in the optimum opportunity to support children remaining with parents. Support for workers from more experienced colleagues has resulted in families not requiring a change in worker and encourages skills development. Allocated practitioner know children's needs well and plans are child focussed. All children received timely visits.
- Areas for development included ensuring actions in plans are specific and measurable and uploading all legal decision making records to the child's file.

Jigsaw (children with disabilities)

- 100% of audits completed, all practitioners included, feedback from one family.
- Mother shared “G is absolutely a wonderful social worker, who is just brilliant and is so helpful in every way to help and support her daughter and family. If she needs support with anything G is always there to listen and support and will return calls as soon as possible. Her daughter's speech is limited, G will bring different activities with her on her visits and will talk to her through the activities. Everything is coming along lovely since G has been involved. Her daughter now has a support buddy who picks her up from school twice a week. Her support buddy has helped her with gaining loads of confidence. Thanks to Jigsaw things are working out”.
- Include father's views in assessments, clear recording of start and completion of actions within CIN plans and updates.



- 80% of audits were graded good or outstanding, 20% of audits were graded requires improvement.
- 74% of auditors held a discussion with the allocated practitioner or manager.
- Feedback was gained from 5 families.
- 47% of audits were moderated, 69% of moderations agreed with the audited grade. One audit was upgraded. Four audits were downgraded by Service Managers.
- During moderation process, there was evidence of comprehensive audits with specific areas of strength and for improvement identified through recommendations. The majority were focussed on the impact of the intervention for the child. There were examples of meaningful feedback from families.
- Moderation identified the need for explicit reference against grading criteria in the conclusions and ensuring practitioners and line managers are spoken to.

Performance - Visiting

Progress analysis

- We are reaching our target in all statutory measures aside from visits to looked after children, but this is now much closer to target.
- Visits to children in our care were the highest in December than the rest of the year and are close to the target of 95%. Increased stability within the management team and workforce alongside additional support from agency social workers has enabled this progress. Managers have a clear understanding of the children that are not being seen in timescales, the risks assessments around this, and where children have been seen but the records not updated.
- Family Help have now recruited into vacant posts, but are waiting on these workers starting, this should improve the timeliness of Early visiting in the coming months. December saw much improved visiting timeliness for Early help than the previous two years.

Page 60

Indicator	Dec-22	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Target	RAG	Direction of travel
Percentage of children open to Early Help with a visit in the last 4 weeks	57%	62%	66%	62%	74%	81%	77%	77%	84%	91%	86%	83%	89%	85%	95%	●	↓
Percentage of children with an active Child in Need Plan (not CWD) visited within last 6 weeks	95%	96%	95%	97%	97%	98%	99%	98%	99%	95%	97%	98%	97%	97%	95%	●	→
Percentage of children with an active Child in Need Plan (not CWD) visited within last 3 weeks	83%	89%	85%	87%	88%	90%	94%	90%	91%	86%	85%	92%	90%	88%	90%	●	↓
Percentage of children with an active Child in Need Plan (CWD) visited within agreed timescales	85%	77%	73%	74%	84%	81%	79%	85%	97%	92%	99%	97%	97%	97%	95%	●	→
Percentage of children subject to Child Protection Plan visited within last 10 working days	94%	85%	93%	94%	91%	92%	91%	90%	89%	90%	94%	95%	95%	89%	95%	●	↓
Percentage of children subject to Child Protection Plan visited within last 4 weeks	99%	96%	99%	98%	95%	98%	99%	95%	98%	97%	99%	98%	98%	97%	95%	●	↓
Percentage of CLA for whom a visit has taken place within agreed timescales	86%	83%	83%	79%	83%	80%	85%	87%	84%	85%	89%	84%	88%	91%	95%	●	↑

Performance - Supervision

Progress analysis

- Children who are open for assessment and children supported by the children with disabilities service continue to meet or exceed the supervision target of 95%.
- For other teams across the service, supervision dipped in December. Managers reflected on this reduction in otherwise improving practice and identified the impact of staff sickness due to winter illnesses, alongside the prioritisation of visits to children and families and ensuring plans, report and assessments are completed prior to the Christmas break.
- In family safeguarding, the new group supervision form has had challenges around updating, which has also impacted on the data.

Indicator	Dec-22	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Target	RAG	Direction of travel
Percentage of children open to Early Help with supervision in timescales	72%	79%	74%	87%	79%	79%	78%	74%	87%	89%	86%	95%	90%	78%	95%	●	↓
Percentage of children open for assessment who had supervision in timescales	96%	99%	99%	97%	97%	96%	92%	96%	95%	96%	95%	96%	95%	96%	95%	●	↑
Percentage of children with a Child in Need Plan (not CWD) who had supervision within timescales	86%	97%	88%	90%	94%	88%	97%	93%	93%	86%	97%	94%	93%	89%	95%	●	↓
Percentage of children open to the Children with Disabilities team who had their supervision within timescales	99%	99%	98%	99%	97%	94%	93%	99%	100%	100%	100%	100%	100%	99%	95%	●	↓
Percentage of CPP who had their supervision and within timescales	94%	96%	91%	96%	92%	93%	96%	93%	95%	84%	97%	94%	93%	86%	95%	●	↓
Percentage of CLA who had their supervision and was within the timescale	76%	83%	94%	88%	81%	77%	81%	81%	88%	77%	84%	82%	85%	54%	95%	●	↓
Percentage of Care Leavers who had their supervision and was within the timescale	60%	77%	90%	91%	87%	87%	88%	89%	86%	76%	78%	83%	89%	81%	95%	●	↓



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CHILDREN AND FAMILIES GLOSSARY

<i>Acronyms</i>	3
<i>Abuse</i>	4
<i>Advocacy</i>	4
<i>Agency Decision Maker</i>	4
<i>Assessment</i>	4
<i>Brief Intervention Team</i>	5
<i>CAFCASS</i>	5
<i>Care Order</i>	5
<i>Categories of Abuse or Neglect</i>	5
<i>Child Arrangement Order</i>	5
<i>Child in Need and Child in Need Plan</i>	6
<i>Child Protection</i>	6
<i>Child Protection Conference</i>	6
<i>Child Sexual Exploitation</i>	6
<i>Children and Families First</i>	6
<i>Children with Disabilities</i>	7
<i>Children's Centres</i>	7
<i>Children's Social Care</i>	7
<i>Corporate Parenting</i>	8
<i>Criteria for Child Protection Plans</i>	8
<i>Director of Children's Services (DCS)</i>	8
<i>Designated Teacher</i>	8
<i>Discretionary Leave to Remain</i>	8
<i>Duty of Care</i>	8
<i>Early Help</i>	9
<i>Every Child Matters</i>	9
<i>Health Assessment</i>	9
<i>Indefinite Leave to Remain (ILR)</i>	9
<i>Independent Reviewing Officer</i>	9
<i>Independent Domestic Violence Advisor</i>	9
<i>Initial Child Protection Conference</i>	10
<i>Intervention and Complex Assessment Service</i>	10
<i>Local Authority Designated Officer (LADO)</i>	10

<i>Local Safeguarding Children’s Board (LSCB)</i>	10
<i>Looked After Child</i>	11
<i>Neglect</i>	11
<i>Parental Consent to Adoptive Placement</i>	11
<i>Parental Responsibility</i>	11
<i>Pathway Plan</i>	12
<i>Pathways Through Care</i>	12
<i>Permanence Plan</i>	12
<i>Personal Education Plan</i>	12
<i>Person Posing a Risk to Children (PPRC)</i>	12
<i>Placement at a Distance</i>	13
<i>Principal Social Worker - Children and Families</i>	13
<i>Private Fostering</i>	13
<i>Public Law Outline</i>	13
<i>Referral</i>	13
<i>Relevant Young People, Former Relevant, and Eligible</i>	13
<i>Review Child Protection Conference</i>	14
<i>Section 20</i>	14
<i>Section 47 Enquiry</i>	14
<i>Separated Children</i>	15
<i>SENCO</i>	15
<i>Social Work with Families</i>	15
<i>Special Guardianship Order</i>	15
<i>Strategy Discussion</i>	15
<i>Statement of Special Education Needs (SEN)</i>	15
<i>Staying Put</i>	15
<i>Unaccompanied Asylum Seeker Children</i>	15
<i>Virtual School Head</i>	16
<i>Working Together to Safeguard Children</i>	16
<i>Young Offender Institution (YOI)</i>	16
<i>Youth Offending Service or Team</i>	16
<i>Sources</i>	16

Acronyms

ADM	Agency decision maker
ASYE	Assessed and Supported Year in Employment
BIT	Brief Intervention Team
C&FF	Children and Family First (Early Help service)
CAMHS	Child and Adolescent Mental Health Service
CiC	Children in Care
CLA	Children Looked After
CP	Child Protection
CRS	Childrens Resource Service
CYP	Children and Young People
EH	Early Help
FEW	Family Engagement Worker
HoS	Head of Service
ICAS	Intervention and Complex Assessment Service
ICAT	Intervention and Complex Assessment Team
Jigsaw	Children with Disabilities Team
KCSiE	Keeping Children Safe in Education (safeguarding legislation and guidance for education settings)
ROTH	Risk Outside the Home
PM	Practice Manager
PTC	Pathways through Care
SL	Service Lead
SW	Social Worker
SWF/SWWF	Social Work with Families
YJS	Youth Justice Service
YPS	Young Person Service

Abuse

Abuse is the act of violation of an individual's human or civil rights. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence, or ignorance. Different types of abuse include Physical abuse, Neglect/acts of omission, Financial/material abuse, Psychological abuse, Sexual abuse, Institutional abuse, Discriminatory abuse, or any combination of these.

Advocacy

Advocacy helps to safeguard children and young people and protect them from harm and neglect. It is about speaking up for children and young people and ensuring their views and wishes are heard and acted upon by decision-makers. LAs have a duty under The Children Act to ensure that advocacy services are provided for children, young people and care leavers making or intending to make a complaint. It should also cover representations which are not complaints. Independent Reviewing Officers (IRO) should also provide a child/young person with information about advocacy services and offer help in obtaining an advocate.

Agency Decision Maker

The Agency Decision Maker (ADM) is the person within a fostering service and an adoption agency who makes decisions on the basis of recommendations made by the Fostering Panel (in relation to a fostering service) and the Adoption Panel (in relation to an adoption agency). The Agency Decision Maker will take account of the Panel's recommendation before proceeding to make a decision. The Agency Decision Maker can choose to make a different decision.

The National Minimum Standards for Fostering 2011 provide that the Agency Decision Maker for a fostering service should be a senior person within the fostering service, who is a social worker with at least 3 years post-qualifying experience in childcare social work and has knowledge of childcare law and practice (Standard 23).

The National Minimum Standards for Adoption 2011 provide that the Agency Decision Maker for an adoption agency should be a senior person within the adoption agency, who is a social worker with at least 3 years post-qualifying experience in childcare social work and has knowledge of permanency planning for children, adoption and childcare law and practice. Where the adoption agency provides an inter country adoption service, the Agency Decision Maker should also have specialist knowledge of this area of law and practice. When determining the disclosure of Protected Information about adults, the Agency Decision Maker should also understand the legislation surrounding access to and disclosure of information and the impact of reunion on all parties (Standard 23).

Assessment

Assessments are undertaken to determine the needs of individual children; what services to provide and action to take. They may be carried out:

- To gather important information about a child and family;
- To analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- To decide whether the child is a Child in Need (Section 17) and/or is suffering or likely to suffer Significant Harm (Section 47); and
- To provide support to address those needs to improve the child's outcomes to make them safe.

With effect from 15 April 2013, Working Together 2013 removes the requirement for separate **Initial Assessments** and **Core Assessments**. One Assessment – often called Single Assessment - may be undertaken instead.

Brief Intervention Team

Brief Intervention Service undertakes S47 Child Protection Investigations and S17 Single Assessments. They work towards five different outcomes for families.

1. If there are no identified concerns then the case can close.
 2. If the family require ongoing support at an early help level then the social worker will present the case at Step Down Panel in order to access Children and Families First and Universal Services.
 3. Children who require ongoing support with social worker intervention can be made subject to a Child In Need Plan.
 4. Children considered to be at risk of significant harm can be made subject to a Child Protection Plan.
 5. The service are also active in some initial court proceedings.
- The Brief Intervention Service do not hold cases long term therefore when a plan is identified that case will transfer to the appropriate team. All CIN plans and CP plans transfer to the Social Work with Families Service.

CAFCASS

Children and Family Court Advisory and Support Service (CAFCASS) is the Government agency responsible for Reporting Officers, Children's Guardians and other Court officers appointed by the Court in Court Proceedings involving children. Also appoints an officer to witness when a parent wishes to consent to a child's placement for adoption.

Care Order

A Care Order can be made in Care Proceedings brought under section 31 of the Children Act if the Threshold Criteria are met. The Order grants Parental Responsibility for the child to the local authority specified in the Order, to be shared with the parents.

A **Care Order** lasts until the child is 18 unless discharged earlier. An **Adoption Order** automatically discharges the Care Order. A **Placement Order** automatically suspends the Care Order, but it will be reinstated if the Placement Order is subsequently revoked.

All children who are the subject of a Care Order come within the definition of Looked After and have to have a Care Plan. When making a Care Order, the Court must be satisfied that the Care Plan is suitable.

Categories of Abuse or Neglect

Where a decision is made that a child requires a Child Protection Plan, the category of abuse or neglect must be specified by the Child Protection Conference Chair.

Child Arrangement Order

Child Arrangements Orders replace residence orders and contact orders. Child Arrangements Orders are governed by section 8 of the Children Act 1989. A Child Arrangements Order decides where a child lives, when a child spends time with each parent and when and what other types of contact take place (phone calls, for example). Each Child Arrangements Order is decided on the circumstances of the individual family and on what is in the best interests of that particular child.

Child in Need and Child in Need Plan

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need (CiN) if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled.

A **Child in Need Plan** should be drawn up for children who are not Looked After but are identified as Children in Need who requiring services to meet their needs. It should be completed following an Assessment where services are identified as necessary.

Under the Integrated Children's System, if a Child is subject to a Child Protection Plan, it is recorded as part of the Child in Need Plan.

The Child in Need Plan may also be used with children receiving short break care in conjunction with Part One of the Care Plan.

Child Protection

The following definition is taken from Working Together to Safeguard Children 2010, paragraph 1.23.:

Child protection is a part of Safeguarding and Promoting the Welfare of Children. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, Significant Harm.

Child Protection Conference

Child Protection Conferences (Initial – **ICPC** and review – **RCPC**) are convened where children are considered to be at risk of Significant Harm.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Children and Families First

Parents or professionals can referral for Children and Families First case holding services through the Children's Resource Service. Families can access our family hubs by contacting us directly in the community. The Children and Families First Case holding locality teams provide the right support to families, at the right time, to achieve change that lasts. It can be provided at any stage in a child or young person's life, from pre-birth through to teenage years.

The service provide targeted intervention using a multi-disciplinary approach that can be delivered to parents, children, or whole families, but the focus is to improve outcomes for children and help prevent any situation from escalating, or further problems arising.

Families should be enabled and supported to have the right conversations, with the right people and at the right time about their needs or concerns, so that statutory interventions can be avoided where this is appropriate. Intervening as early as possible, regardless of the age of the child or young person, can positively improve their outcomes.

Targeted support through Children and Families First is voluntary and consent from children, young people, and their families to work with them should always be sought.

Children with Disabilities

According to the Convention on the Rights of the Child (CRC), children with disabilities "include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis".

JIGSAW (Children with Disabilities Team) is a specialist and statutory multi-agency health and social care service in Southampton that undertakes assessments and provides services at the complex level of needs.

The Team supports disabled children, young people and their families whose main need for service arises from their disability or their intrinsic condition, and where these conditions have a complex impact on the quality of the child's life or/and the lives of their families.

The Service intervenes where their needs cannot be fully met by universal and targeted services alone.

Children are defined as 'children in need' by the Children Act 1989 because of their disability. Some of those children are also assessed as having complex needs that may require specialist support from JIGSAW (Children with Disabilities Team), in addition to universal and targeted services, because they have disabilities or illnesses that are severe and enduring, including one or more of the following;

- Learning disabilities within the moderate, severe or profound range.
- A severe physical (including visual and hearing) health condition or impairment which is life limiting, or significantly affects, or is predicted to affect, everyday life functioning or a child's access to education (e.g. in a wheelchair, has adapted living, requires total personal care support, requires communication aids) and their ability to achieve outcomes appropriate to their age related potential. These children are likely to be subject to Children's Continuing Care Arrangements because of the complexity of their health needs or an Advance Care Plan. They may also have Autism, and their behaviour is likely to present a serious risk of harm to self or others.

Other disabled children may have additional needs but the impact of their disability on their day to day living arrangements means that they do not require specialist statutory support and their needs can be met appropriately with additional support from universal and targeted services, including mainstream Children's Services.

Children's Centres

The government is establishing a network of children's centres, providing good quality childcare integrated with early learning, family support, health services, and support for parents wanting to return to work or training.

Children's Social Care

Children's services used to be called 'social services'. Children's services/social care are responsible for supporting and protecting vulnerable children. This includes providing children and their families with extra help. Where children are thought to be at risk of harm, children's services will take steps which aim to make sure they are kept safe. The 2004 Children Act made local authorities responsible for ensuring and overseeing the effective delivery of services for children, working closely with others. They must also promote children's welfare and well-being as defined by the five outcomes. In Southampton all services for children come under the umbrella of the Children and Learning Service.

Corporate Parenting

In broad terms, as the corporate parent of looked after children, a local authority has a legal and moral duty to provide the kind of loyal support that any good parent would provide for their own children.

Criteria for Child Protection Plans

Where a decision is made that a child requires a Child Protection Plan, the Conference Chair must ensure that the criteria for the decision are met, i.e. that the child is at continuing risk of Significant Harm.

Director of Children's Services (DCS)

Every top tier local authority in England must appoint a Director of Children's Services under section 18 of the Children Act 2004. Directors are responsible for discharging local authority functions that relate to children in respect of education, social services and children leaving care. They are also responsible for discharging functions delegated to the local authority by any NHS body that relate to children, as well as some new functions conferred on authorities by the Act, such as the duty to safeguard and protect children, the Children and Young People's Plan, and the duty to co-operate to promote well-being.

Designated Teacher

Schools should all appoint a Designated Teacher. This person's role is to co-ordinate policies, procedures and roles in relation to Child Protection and in relation to Looked After Children.

Discretionary Leave to Remain

This is a limited permission granted to an Asylum Seeker, to stay in the UK for 3 years - it can then be extended or permission can then be sought to settle permanently.

Duty of Care

In relation to workers in the social care sector, their duty of care is defined by the Social Care Institute for Excellence (SCIE) as a legal obligation to:

- Always act in the best interest of individuals and others;
- Not act or fail to act in a way that results in harm;
- Act within your competence and not take on anything you do not believe you can safely do.

Early Help

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help;
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

Every Child Matters

Every Child Matters is the approach to the well-being of children and young people from birth to age 19, which is incorporated into the Children Act 2004. The aim is for every child, whatever their background or their circumstances, to have the support they need to:

- Be healthy;
- Stay safe;
- Enjoy and achieve;
- Make a positive contribution and;
- Achieve economic well-being.

This means that the organisations involved with providing services to children are teaming up, sharing information and working together, to protect children and young people from harm and help them achieve what they want in life.

Health Assessment

Every Looked After Child (LAC or CLA) must have a Health Assessment soon after becoming Looked After, then at specified intervals, depending on the child's age.

Indefinite Leave to Remain (ILR)

When an Asylum Seeker is granted ILR, they have permission to settle in the UK permanently and can access mainstream services and benefits.

Independent Reviewing Officer

If a Local Authority is looking after a child (whether or not the child is in their care), it must appoint an Independent Reviewing Officer (IRO) for that child's case.

From 1 April 2011, the role of the IRO is extended, and there are two separate aspects: chairing a child's Looked After Review, and monitoring a child's case on an ongoing basis. As part of the monitoring function, the IRO also has a duty to identify any areas of poor practice, including general concerns around service delivery (not just around individual children).

IROs must be qualified social workers and, whilst they can be employees of the local authority, they must not have line management responsibility for the child's case. Independent Reviewing Officers who chair Adoption Reviews must have relevant experience of adoption work.

Independent Domestic Violence Advisor

Independent Domestic Violence Advisers (IDVA) are specialist caseworkers who focus on working predominantly with high risk victims (usually but not exclusively with female victims). They generally are involved from the point of crisis and offer intensive short to medium term support. They work in partnership with statutory and voluntary agencies and mobilise multiple resources on behalf of victims by coordinating the response of a wide range of agencies, including those working with perpetrators or children. There may be differences about how the IDVA service is delivered in local areas.

Initial Child Protection Conference

An Initial Child Protection Conference (ICPC) is normally convened at the end of a Section 47 Enquiry when the child is assessed as either having suffered Significant Harm or to be at risk of suffering ongoing significant harm.

The Initial Child Protection Conference must be held within 15 working days of the Strategy Discussion, or the last strategy discussion if more than one has been held.

Intervention and Complex Assessment Service

The services provided by IACS are:

The Brief Intervention Hub is a team who work intensively with children, young people and their families to support them in making and sustaining positive change, so that needs are met, children and young people are safe and to prevent children needing to enter local authority care unnecessarily.

The Family Drug and Alcohol Court (FDAC) is a multi-disciplinary team who work with families whose issues with substance abuse has led to the local authority issuing Care Proceedings. FDAC is an alternative approach to proceedings, with a problem-solving focus, working intensively with parents to try and tackle their substance addictions and have children safely in their care.

The Specialist Assessment Team works with parents to complete complex assessments, interventions and reunification work, in particular when families are involved in Care Proceedings, Public Law Outline (PLO) or Child Protection.

The Phoenix Team is working in collaboration with Pause, a National Charity and are the Phoenix Team @ Pause Southampton. This is a multidisciplinary team of professionals which support mothers post Care Proceedings who have had their children (two or more of) permanently removed from their care within the past two years. The team work intensively with women and support them in all areas of their lives. The ultimate aim is to prevent recurrent removals of children and subsequent Care Proceedings.

Local Authority Designated Officer (LADO)

A designated officer (or sometimes a team of officers), who is involved in the management and oversight of allegations against people that work with children.

Their role is to give advice and guidance to employers and voluntary organisations; liaise with the Police and other agencies, and monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process. The Police should also identify an officer to fill a similar role.

Local Safeguarding Children's Board (LSCB)

LSCBs have to be established by every local authority as detailed in Section 13 of The Children Act 2004. They are made up of representatives from a range of public agencies with a common interest and with duties and responsibilities to children in their area. LSCBs have a responsibility for ensuring effective inter-agency working together to safeguard and protect children in the area. The Boards have to ensure that clear local procedures are in place to inform and assist anyone interested or as part of their professional role where they have concerns about a child.

The functions of the LSCB are set out in chapter 3 of Working Together to Safeguard Children.

See <http://southamptonlscb.co.uk/> for Southampton LSCB.

Looked After Child

A Looked After Child is a child who is accommodated by the local authority, a child who is the subject to an Interim Care Order, full Care Order or Emergency Protection Order; or a child who is remanded by a court into local authority accommodation or Youth Detention Accommodation.

In addition where a child is placed for Adoption or the local authority is authorised to place a child for adoption - either through the making of a Placement Order or the giving of Parental Consent to Adoptive Placement - the child is a Looked After child.

Looked After Children may be placed with family members, foster carers (including relatives and friends), in Children's Homes, in Secure Accommodation or with prospective adopters.

With effect from 3 December 2012, the Legal Aid, Sentencing and Punishment of Offenders Act 2012 amended the Local Authority Social Services Act 1970 to bring children who are remanded by a court to local authority accommodation or youth detention accommodation into the definition of a Looked After Child for the purposes of the Children Act 1989.

Neglect

Neglect is a form of Significant Harm which involves the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect can occur during pregnancy, or once a child is born.

Parental Consent to Adoptive Placement

Parental consent to a child's placement for adoption under section 19 of the Adoption and Children Act 2002 must be given before a child can be placed for adoption by an adoption agency, unless a Placement Order has been made or unless the child is a baby less than 6 weeks old and the parents

have signed a written agreement with the local authority. Section 19 requires that the consent must be witnessed by a CAFCASS Officer. Where a baby of less than 6 weeks old is placed on the basis of a written agreement with the parents, steps must be taken to request CAFCASS to witness parental consent as soon as the child is 6 weeks old. At the same time as consent to an adoptive placement is given, a parent may also consent in advance to the child's adoption under section 20 of the Adoption and Children Act 2002 either with any approved prospective adopters or with specific adopters identified in the Consent Form.

When giving advanced consent to adoption, the parents can also state that they do not wish to be informed when an adoption application is made in relation to the child.

Parental Responsibility

Parental Responsibility means all the duties, powers, responsibilities and authority which a parent has by law in relation to a child. Parental Responsibility diminishes as the child acquires sufficient understanding to make his or her own decisions.

A child's mother always holds Parental Responsibility, as does the father if married to the mother.

Unmarried fathers who are registered on the child's birth certificate as the child's father on or after 1 December 2003 also automatically acquire Parental Responsibility. Otherwise, they can acquire Parental Responsibility through a formal agreement with the child's mother or through obtaining a Parental Responsibility Order under Section 4 of the Children Act 1989.

Pathway Plan

The Pathway Plan sets out the route to the future for young people leaving the Looked After service and will state how their needs will be met in their path to independence. The plan will continue to be implemented and reviewed after they leave the looked after service at least until they are 21; and up to 25 if in education.

Pathways Through Care

The Pathways Through Care team complete statutory duties on behalf of the Local Authority as pathways Through Care to looked after children and care leavers. For looked after children, the aim of the social workers is to establish trusting relationships with the children in order to gain their wishes and feelings so that their voice is heard in their future planning. The aim is for children to be in stable placements, to be achieving academically, to have consistent contact with significant others that is right for them, for them to have support with their past traumas and to understand their journey in to and through care. Where appropriate, we aim to reunite children with their birth families. We also work with care experienced young people and adults up to the age of 25 years old.

Permanence Plan

Permanence for a Looked After child means achieving, within a timescale which meets the child's needs, a permanent outcome which provides security and stability to the child throughout his or her childhood. It is, therefore, the best preparation for adulthood.

Wherever possible, permanence will be achieved through a return to the parents' care or a placement within the wider family but where this cannot be achieved within a time-scale appropriate to the child's needs, plans may be made for a permanent alternative family placement, which may include Adoption or by way of a Special Guardianship Order.

By the time of the second Looked After Review, the Care Plan for each Looked After Child must contain a plan for achieving permanence for the child within a timescale that is realistic, achievable and meets the child's needs.

Personal Education Plan

All Looked After Children must have a Personal Education Plan (PEP) which summarises the child's developmental and educational needs, short term targets, long term plans and aspirations and which contains or refers to the child's record of achievement. The child's social worker is responsible for coordinating and compiling the PEP, which should be incorporated into the child's Care Plan.

Person Posing a Risk to Children (PPRC)

This term replaced the term of 'Schedule One Offender', previously used to describe a person who had been convicted of an offence against a child listed in Schedule One of the Children and Young Persons Act 1933.

'Person Posing a Risk to Children' takes a wider view. Home Office Circular 16/2005 included a consolidated list of offences which agencies can use to identify those who may present a risk to children. The list includes both current and repealed offences, is for guidance only and is not exhaustive - subsequent legislation will also need to be taken into account when forming an assessment of whether a person poses a risk to children. The list of offences should operate as a trigger to further assessment/review to determine if an offender should be regarded as presenting a continued risk of harm to children. There will also be cases where individuals without a conviction or caution for one of these offences may pose a risk to children.

Placement at a Distance

Placement of a Looked After child outside the area of the responsible authority looking after the child and not within the area of any adjoining local authority.

This term was introduced with effect from 27 January 2014 by the Children's Homes and Looked after Children (Miscellaneous Amendments) (England) Regulations 2013.

Principal Social Worker - Children and Families

This role was borne out of Professor Munro's recommendations from the Munro Review of Child Protection (2011) to ensure that a senior manager in each local authority is directly involved in frontline services, advocate higher practice standards and develop organisational learning cultures, and to bridge the divide between management and the front line. It is typically held by a senior manager who also carries caseloads to ensure the authentic voice of practice is heard at decision-making tables.

Private Fostering

A privately fostered child is a child under 16 (or 18 if disabled) who is cared for by an adult who is not a parent or close relative where the child is to be cared for in that home for 28 days or more. Close relative is defined as "a grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by marriage or civil partnership) or step-parent". A child who is Looked After by a local authority or placed in a children's home, hospital or school is excluded from the definition. In a private fostering arrangement, the parent still holds Parental Responsibility and agrees the arrangement with the private foster carer.

A child in relation to whom the local authority receives notification from the prospective adopters that they intend to apply to the Court to adopt may have the status of a privately fostered child. The requirement to notify the local authority relates only to children who have not been placed for adoption by an adoption agency. On receiving the notification, the local authority for the area where the prospective adopters live becomes responsible for supervising the child's welfare pending the adoption and providing the Court with a report.

Public Law Outline

The Public Law Outline: Guide to Case Management in Public Law Proceedings came into force on the 6th April 2010. An updated Public Law Outline (PLO) came into effect on 22nd April 2014, alongside the statutory 26-week time-limit for completion of care and supervision proceedings under the Children and Families Act 2014.

The Public Law Outline sets out streamlined case management procedures for dealing with public law children's cases. The aim is to identify and focus on the key issues for the child, with the aim of making the best decisions for the child within the timetable set by the Court, and avoiding the need for unnecessary evidence or hearings.

Referral

The referring of concerns to local authority children's social care services, where the referrer believes or suspects that a child may be a Child in Need, including that he or she may be suffering, or is likely to suffer, Significant Harm. The referral should be made in accordance with the agreed LSCB procedures.

Relevant Young People, Former Relevant, and Eligible

- **Relevant Young People** are those aged 16 or 17 who are no longer Looked After, having previously been in the category of Eligible Young People when Looked After. However, if after leaving the Looked After service, a young person returns home for a period of 6 months or more to be cared for by a parent and the return home has been formally agreed as successful, he or she will no longer be a Relevant Young Person. A young person is also Relevant if, having been looked after for three months or more, he or she is then detained after their 16th birthday either in hospital, remand centre, young offenders' institution or secure training centre. There is a duty to support relevant young people up to the age of 18, wherever they are living.
- **Former Relevant Young People** are aged 18 or above and have left care having been previously either Eligible, Relevant or both. There is a duty to consider the need to support these young people wherever they are living.
- **Eligible Young People** are young people aged 16 or 17 who have been Looked After for a period or periods totaling at least 13 weeks starting after their 14th birthday and ending at least one day after their 16th birthday, and are still Looked After. (This total does not include a series of short-term placements of up to four weeks where the child has returned to the parent.) There is a duty to support these young people up to the age of 18.

Review Child Protection Conference

Child Protection Review Conferences (RCPC) are convened in relation to children who are already subject to a Child Protection Plan. The purpose of the Review Conference is to review the safety, health and development of the child in view of the Child Protection Plan, to ensure that the child continues to be adequately safeguarded and to consider whether the Child Protection Plan should continue or change or whether it can be discontinued.

Section 20

Under Section 20 of the Children Act 1989, children may be accommodated by the local authority if they have no parent or are lost or abandoned or where their parents are not able to provide them with suitable accommodation and agree to the child being accommodated. A child who is accommodated under Section 20 becomes a Looked After Child.

Section 47 Enquiry

Under Section 47 of the Children Act 1989, if a child is taken into Police Protection, or is the subject of an Emergency Protection Order, or there are reasonable grounds to suspect that a child is suffering or is likely to suffer Significant Harm, a Section 47 Enquiry is initiated. This enables the local authority to

decide whether they need to take any further action to safeguard and promote the child's welfare. This normally occurs after a Strategy Discussion.

Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm.

Section 47 Enquiries are usually conducted by a social worker, jointly with the Police, and must be completed within 15 days of a Strategy Discussion. Where concerns are substantiated and the child is judged to be at continued risk of Significant Harm, a Child Protection Conference should be convened.

SENCO

A SENCo, or Special Educational Needs Co-ordinator, is a qualified school teacher who is responsible for assessing, planning and monitoring the progress of children with special educational needs and disabilities (SEND). They are a key point of contact for colleagues and can offer support and advice for the identification of needs and suitable provision to meet those needs.

Separated Children

Separated Children are children and young people aged under 18 who are outside their country of origin and separated from both parents, or their previous legal/customary primary caregiver. Some will be totally alone (**unaccompanied**), while others may be accompanied into the UK e.g. by an escort; or will present as staying with a person who may identify themselves as a stranger, a member of the family or a friend of the family.

Social Work with Families

The Social Work with Families Service is a frontline service which supports vulnerable children. They work closely with children, families and different agencies to undertake assessments and intervention and work with children subject to child in need plans, child protection plans and court proceedings.

Special Guardianship Order

Special Guardianship Order (SGO) is an order set out in the Children Act 1989, available from 30 December 2005. Special Guardianship offers a further option for children needing permanent care outside their birth family. It can offer greater security without absolute severance from the birth family as in adoption.

Special Guardianship will also provide an alternative for achieving permanence in families where adoption, for cultural or religious reasons, is not an option. Special Guardians will have Parental Responsibility for the child. A Special Guardianship Order made in relation to a Looked After Child will replace the Care Order and the Local Authority will no longer have Parental Responsibility.

Strategy Discussion

A Strategy Discussion is normally held following an Assessment which indicates that a child has suffered or is likely to suffer Significant Harm. The purpose of a Strategy Meeting is to determine whether there are grounds for a Section 47 Enquiry.

Statement of Special Education Needs (SEN)

From 1 September 2014, Statements of Special Educational Needs were replaced by Education, Health and Care Plans. (The legal test of when a child or young person requires an Education, Health and Care Plan remains the same as that for a Statement under the Education Act 1996).

Staying Put

A Staying Put arrangement is where a Former Relevant child, after ceasing to be Looked After, remains in the former foster home where they were placed immediately before they ceased to be Looked After,

beyond the age of 18. The young person's first Looked After Review following his or her 16th birthday should consider whether a Staying Put arrangement should be an option.

It is the duty of the local authority to monitor the Staying Put arrangement and provide advice, assistance and support to the Former Relevant child and the former foster parent with a view to maintaining the Staying Put arrangement (this must include financial support), until the child reaches the age of 21 (unless the local authority consider that the Staying Put arrangement is not consistent with the child's welfare).

Unaccompanied Asylum Seeker Children

A child or young person under the age of 18 who has been forced or compelled to leave their home country as a result of major conflict resulting in social breakdown or to escape human rights abuse. They will have no adult in the UK exercising Parental Responsibility. While their claim is processed, they are cared for by a local authority.

Virtual School Head

Section 99 of the Children and Families Act 2014 imposes upon local authorities a requirement to appoint an officer to promote the educational achievement of Looked After children - sometimes referred to as a 'Virtual School Head'.

Working Together to Safeguard Children

Working Together to Safeguard Children is a Government publication which sets out detailed guidance about the role, function and composition of Local Safeguarding Children Boards (LSCBs), the roles and responsibilities of their member agencies in safeguarding children within their areas and the actions that should be taken where there are concerns that children have suffered or are at risk of suffering Significant Harm.

Young Offender Institution (YOI)

The Youth Justice Board (YJB) is responsible for the commissioning and purchasing of all secure accommodation for under 18-year-olds ('juveniles'), whether sentenced or on remand. Young offender institutions (YOIs) are run by the Prison Service (except where contracted out) and cater for 15-20 year-olds, but within YOIs the Youth Justice Board has purchased discrete accommodation for juveniles where the regimes are specially designed to meet their needs. Juvenile units in YOIs are for 15-17 year-old boys and 17-year-old girls.

Youth Offending Service or Team

Youth Offending Service or Team (YOS or YOT) is the service which brings together staff from Children's Social care, the Police, Probation, Education and Health Authorities to work together to keep young people aged 10 to 17 out of custody. They are monitored and co-ordinated nationally by the Youth Justice Board (YJB).

Sources

Tri.x live online glossary: <http://trixresources.proceduresonline.com/> - a free resource, available to all which provides up to date keyword definitions and details about national agencies and organisations.

Southampton Local Safeguarding Board <http://southamptonlscb.co.uk/>

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Children's Social Care Briefing on Section 20 care arrangements

Page 79

January 2025



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SOUTHAMPTON
CITY COUNCIL

Agenda Item 8
Appendix 3



Use of Section 20

Children Services has a duty to accommodate under Section 20 of the Children Act 1989 if:

- No-one has parental responsibility for the young person (e.g. unaccompanied asylum-seeking children)
- The young person is lost or abandoned
- The person who has been caring for the young person is unable to continue to provide suitable care and accommodation

A child or young person may also be accommodated by the local authority where there is agreement to this arrangement by those with Parental Responsibility (PR).

Section 20 may have a role to play as a short-term measure pending the commencement of care proceedings, but the local authority must not use S.20 as a prelude to care proceedings on a long-term basis where there are concerns about significant harm for a child.

There are many scenarios in which S.20 is used positively; these include situations of family support (e.g. Short Breaks) and situations where parents are unable to care for children, for whatever reason, and there are no agreed alternative family or friends to undertake this.

When a young person is accommodated under S.20, the local authority does not have PR and anyone with PR can remove the child from accommodation at any time.



Southwark Judgement

In 2009, the Southwark Judgement was passed that obliges children's services to provide accommodation and support to homeless 16- and 17-year-olds. Prior to this, young people would often have been deemed as needing "help and support" under Section 17 arrangements to secure accommodation and housing benefit for themselves.

The judgement extends the conditions for children to be accommodated under Section 20 to include:

- The person who has been caring for them being prevented from providing them with suitable accommodation or care. This has to be given wide consideration, if children are not to suffer for the shortcomings of their parents or carers.

In the context of an assessment of a young person's needs, their wishes and feelings must be ascertained. Young people can, with appropriate advice and information determine whether they wish to be accommodated under section 20. However, a young person's capacity to make an informed choice with the support of advice will need to be incorporated into the assessment.

This means, that in some circumstances, young people aged 16/17 can agree to be accommodated under Section 20 themselves.



Current cohort of Section 20 arrangements

On the 4th December 2024, we had the following children and young people accommodated under S.20:

84 children & young people in this cohort.

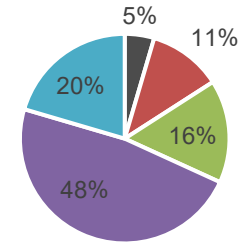
- 40 of these are unaccompanied asylum-seeking children aged 14 – 17 years old.

Of the remaining 44 children:

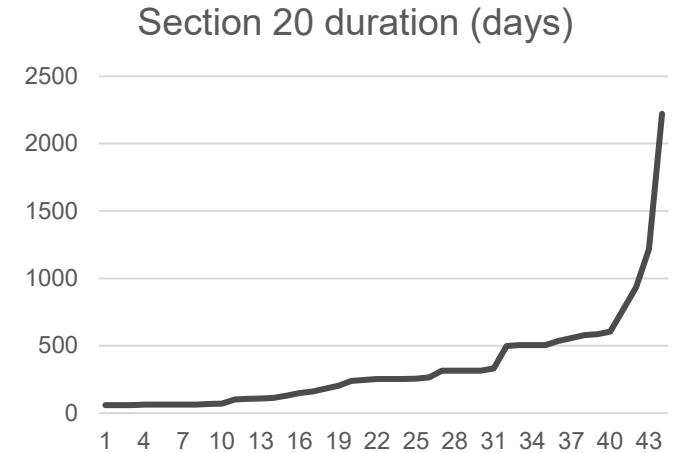
- 13 have a disability, 5 of whom are supported by our Jigsaw service.
- 48% of the children are between 10 and 15 years old.
- The duration of the S.20 arrangement spans from 58 days to 6 years.
- 70% have been in the S.20 arrangement for less than 1 year.
- 10 children are living with relatives, 15 in foster placements, 3 in semi-independent settings, 6 in children’s homes, 1 in a residential school, and 9 in other placements.

Page 82

Age of Child/Young Person (exc. UASC)



Section 20 duration (days)



Dip-sampling of arrangements

- The youngest children currently under S.20 arrangements (0- and 2-years-old siblings) were accommodated in November following concerns regarding physical harm. Parents agreed for the children to stay with a family member whilst investigations were underway. In line with the guidance for only using S.20 in the short term when significant harm has been substantiated, a court application is underway.
- Three siblings aged between 8-11-years-old were accommodated in March 2023 under S.20 following an allegation by one of the children of sexual abuse from a family member. There were also concerns regarding neglect and other issues within the family environment. Parents agreed for the children to stay with extended family that were assessed as being safe whilst investigations were undertaken. The local authority issues pre-proceedings within the Public Law Outline process, assessments have been completed, and a reunification plan is being created.
- ^{Page 8}A 17yr old young person became accommodated under S.20 in 2018. This young person has complex needs associated with autism and severe learning disabilities. Having been cared for with the family for the majority of his childhood, circumstances arose that he could no longer have his needs met within the home environment and he was struggling to be maintained within a special school environment. Since moving into a residential education and care setting, he has made much progress and established trusting relationships with his carers. The parents remain actively involved in his life and support the care plan.
- A 17yr old young person with learning needs came into our care in December 2024 following his father becoming unable to meet his needs or act with parental responsibility due end of life health complications.



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DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL
SUBJECT:	MONITORING SCRUTINY RECOMMENDATIONS
DATE OF DECISION:	30 JANUARY 2025
REPORT OF:	SCRUTINY MANAGER

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director – Enabling Services	
	Name:	Mel Creighton	Tel: 023 8083 3528
	E-mail	Mel.creighton@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.

5.	Following the discussion in November on education in Southampton, the issue of support for young carers was raised. In recognition that it is now a component of the Ofsted inspection framework a request was made for the Panel to have a briefing on the subject at the 30 January 2025 meeting of the Scrutiny Panel. The position statement is attached as Appendix 2.
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RESOURCE IMPLICATIONS

Capital/Revenue/Property/Other

6.	None
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LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
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Other Legal Implications:

8.	None
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RISK MANAGEMENT IMPLICATIONS

9.	None
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POLICY FRAMEWORK IMPLICATIONS

10.	None
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KEY DECISION?	No
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WARDS/COMMUNITIES AFFECTED:	None
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SUPPORTING DOCUMENTATION

Appendices

1.	Monitoring Scrutiny Recommendations – 30 January 2025
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2.	Position Statement – Young Carers
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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
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1.	None
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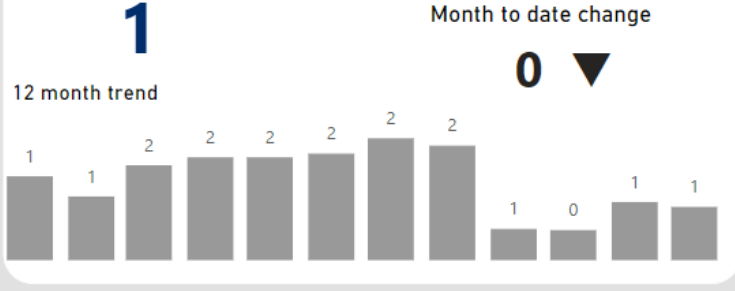
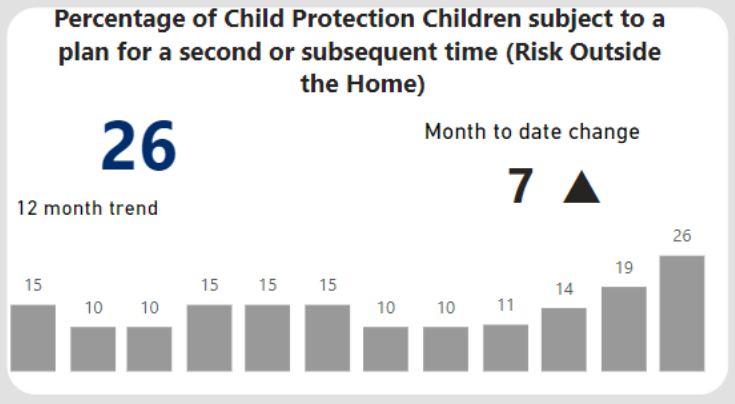
Children and Families Scrutiny Panel

Scrutiny Monitoring – 30 January 2025

Date	Title	Action proposed	Action Taken	Progress Status
08/08/24	Repeat Child Protection Plans	1) That, reflecting concerns raised in the analysis relating to the impact of changes in social worker, the service undertakes an audit on the quality of handovers provided by social workers.	<p><i>Information regarding the dip sampling audit activity of files relating to children who have experienced a change of social worker whilst being subject to child protection planning:</i></p> <p>The dip sample audit focused on seven children, who experienced a change of social worker in the last 6 months, whilst subject to child protection planning.</p> <p>The quality of handover and impact on progression being made by the family may look different if the social worker leaves in an unplanned way. This risk is mitigated in Southampton due to the high level of staff stability within the service.</p> <p>Overall, there was no negative impact identified on the child's situation resulting from planned change of social worker, for any of the children included in the audit activity.</p> <p>Practice remained consistently good before and after the transfer between social workers. In most of the cases, the line manager remained the same, which added some continuity for the child.</p> <p>Regarding areas for improvement:</p> <ol style="list-style-type: none"> 1. Consistent management oversight recorded on file, regarding how the change is being managed to support the needs of the family. This would support in the instance of the child requesting access to their records later in life, as it provides continuity and a narrative as to why one social 	In progress

Date	Title	Action proposed	Action Taken	Progress Status
			<p>worker was visiting to then another. The auditors recommend that managers are briefed on Care Director recording requirements.</p> <ol style="list-style-type: none"> 2. There was a noted difference between when a case file has a thorough case summary and when they do not. It was difficult to analyse whether the change of social worker impacted upon the quality of relationship between children services and the child and family. 3. Chronology and genogram completion across the files needs to be more consistent. When these were present, these were useful to inform where the child and family were at. <p>Regarding impactful recording on the files</p> <ol style="list-style-type: none"> 1. Group supervision was consistently identified as a positive. Larger professional networks were seen as a result. Case summaries, overall, are used well. 2. Case summaries were found to be helpful to identify all professions involved, contact email addresses and household composition. 3. On one child's form, there was a completed feedback form, which clearly set out how the family felt about the previous worker and how they feel about the new worker. This was extremely useful to capture the voice of the family at this time. <p>Findings from the audit will be used in management meetings and with practitioners to ensure greater consistency of practice.</p>	

Date	Title	Action proposed	Action Taken	Progress Status																								
		<p>2) That the scheduled follow up analysis of repeat child protection plans is provided to the Panel when it is available.</p>	<p>The service request that re-audit outcomes are shared in the March panel, to enable Family Safeguarding and ROTH conferences to further embed. Our trend data below shows a reducing trend for repeat CPP (Non-ROTH) overall.</p> <div data-bbox="1182 357 1928 767"> <p>Percentage of Child Protection Children subject to a traditional CP plan for a second or subsequent time</p> <p>36 Month to date change -2 ▼</p> <p>12 month trend</p> <table border="1"> <caption>12 month trend for traditional CP plans</caption> <tr><td>39</td><td>36</td><td>39</td><td>40</td><td>40</td><td>39</td><td>41</td><td>41</td><td>36</td><td>38</td><td>37</td><td>36</td></tr> </table> </div> <p>It is noted that for repeat CPP plans (non-ROTH) within two years, there is an increasing trend over the past four months. However, the position overall is reassuring.</p> <div data-bbox="1182 903 1928 1313"> <p>Percentage of Children subject to a Child Protection plan for a second or subsequent time within 24 months</p> <p>8 Month to date change 1 ▲</p> <p>12 month trend</p> <table border="1"> <caption>12 month trend for CPP plans within 24 months</caption> <tr><td>9</td><td>7</td><td>8</td><td>8</td><td>8</td><td>8</td><td>9</td><td>9</td><td>5</td><td>6</td><td>6</td><td>8</td></tr> </table> </div> <p>There is a very small % of repeat CPP plans (non-ROTH) within one year.</p>	39	36	39	40	40	39	41	41	36	38	37	36	9	7	8	8	8	8	9	9	5	6	6	8	<p>Partially complete</p>
39	36	39	40	40	39	41	41	36	38	37	36																	
9	7	8	8	8	8	9	9	5	6	6	8																	

Date	Title	Action proposed	Action Taken	Progress Status
			<p style="text-align: center;">Percentage of Children subject to a Traditional Child Protection plan for a second or subsequent time within 12 months</p> <div style="text-align: center;"> <p>1</p> <p>12 month trend</p>  <p>Month to date change 0 ▼</p> </div> <p>ROTH shows an increasing overall trend but repeat CPP <2 years is favourable (4%). This may mean that we are working with young people who were subject to 'traditional' CPP, as younger children. And / or we are seeing an impact of implementing ROTH conferences as a new safeguarding response (i.e. as we work with more young people on ROTH CPP, our data picks up historic plans).</p> <div style="text-align: center;"> <p>Percentage of Child Protection Children subject to a plan for a second or subsequent time (Risk Outside the Home)</p> <p>26</p> <p>12 month trend</p>  <p>Month to date change 7 ▲</p> </div>	
		<p>3) That an all-members briefing is scheduled to inform councillors about the changes that have</p>	<p>Briefing has been scheduled for 13th February. Floor walks have included: fostering, supported accommodation and a finance briefing.</p>	<p>Complete</p>

Date	Title	Action proposed	Action Taken	Progress Status
		been undertaken across Children's Services and Learning.		
26/09/24	Youth Justice	1) That, reflecting current poor outcomes and the actions being undertaken to improve performance, the Panel is provided with the updated education outcomes for young people in Southampton involved with the Youth Justice System once the national comparator data is available.	Youth Justice Service have confirmed that data will not be available before April 2025.	In progress
29/11/24	Children & Learning – Performance and transformation	1) That the Panel are provided with a briefing about children who are in care under section 20 of the Children Act 1989.	A briefing paper on children who are in care under section 20 of the Children Act 1989 in Southampton has been appended to the Performance and Transformation report for the 30 January 2025 meeting of the Panel.	Complete
28/11/24	Education outcomes	1) That, reflecting concerns about delays and poor communication, a discussion on the capital programme for schools is scheduled for a future meeting of the Panel.	This will be included in the future work programme for the Panel – Scrutiny Manager.	

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Document type	Position Statement
Document title	Young Carers
Date	January 2025
Author	Bryn Roberts – Service Manager for Inclusion
Audience	Children and Families Scrutiny Panel
Confidentiality	N/A

Definition

In Southampton, a young carer is someone under the age of 18 who looks after a relative with an illness, disability, mental health condition, a drug or alcohol problem. Young carers often take on practical and/or emotional caring roles. What young carers do to help will be different for each person. Some will have a big family with lots of people helping, while others may have a small family or possibly no-one else to help. Why the relative needs help will also make a difference to what a young carer does.

Young carers take on caring responsibilities not just occasionally but as part of their everyday lives, often over a long period of time, meaning they also often miss out on opportunities that other children have, to play, learn and be young.

Young Carer Statistics:

- New research (2019) has found that there are approximately 800,000 young carers in secondary schools in England, 6 in every secondary school classroom.
- Young carers are 1.5 times more likely than their peers to have a special educational need or disability.
- Young carers are 1.5 times more likely than their peers to be from black, Asian, or minority ethnic communities and are twice as likely to not speak English as their first language. (Becker 2013)
- 27% of young carers of secondary school age in England experience educational difficulties or miss school. This rises to 40% if they care for somebody with a drug or alcohol issue. (Dearden and Becker, 2004)
- If left unsupported, young carers can continue to struggle with school and have significantly lower educational attainment at the GCSE level—the difference between the nine Cs and the nine Ds (The Children's Society, 2013).
- Young carers are more likely than the national average not to be in education, employment, or training (NEET) between 16 and 19. Of these, 75% had been NEET at least once (compared with 25% of all young people), and 42% had been NEET for six months or more (compared with 10% of all young people) (The Children's Society, 2013).
- 40% of young carers report mental health problems linked to their caring responsibilities (NHS Long-Term term plan 2019)
- 46% of young carers between the age of 5 and 7 get up through the night to care for loved ones (Carers Trust 2018)

Background

The Young Carers provision was previously commissioned externally between 2018 and 2024, but the decision was to bring the service in house in May 2024 following an 18-month review, involving all stakeholders.

The decision to move the young carers project back in-house to the local authority is grounded in the strategic aim of leveraging the authority's extensive data collection capabilities and established relationships with schools and wider networks. By managing the project internally, the local authority can ensure a more integrated approach to identifying and supporting young

carers through access to comprehensive data systems, which enable accurate tracking and early intervention.

Additionally, the authority's strong engagement with schools provides a unique opportunity to raise awareness, improve referral pathways, and foster a more coordinated network of support. This was also to bring it in line with the new DfE remit of an annual data collection through the school's census. This approach not only enhances the project's reach but also ensures alignment with broader local strategies and meeting our commitment to the city's Young Carer Strategy.

Statutory Responsibilities

Councils are under a legal duty to perform two main roles in supporting Young Carers. To identify young carers and to ensure that they have the right to a 'carer's assessment'. The assessed needs of Young Carers are covered by the Children and Families Act 2014 and this assesses the effect on the young carers' wellbeing, health, education or friendships – and whether they should continue carrying out that level of care.

In 2018, the Government published the Carers Action Plan 2018-2020 that set out a range of actions to support young carers. The actions aim to do this by focusing on improving the identification of young carers; improving their educational opportunities and outcomes; providing support to young carers, particularly to vulnerable children; and improving access to services.

Other areas of focus local authorities should be looking at are:

- local authorities must arrange preventative services.
- ensure a diverse range of quality providers of care and support in their local area.
- plan an effective and timely transition to adult care and support.
- have a protocol for identifying and assessing young carers.
- consider the care that a Young Carer plans to or may carry out in the future.
- consider the impact of caring on the carer.
- consider other important issues, such as whether the carer works or wants to work, and whether they want to study or do more socially.

Identification

In recent years Young Carers in Southampton has identified between 140 and 170 Young carers within our schools, predominantly within the secondary phase. The Children's Society suggests that there could be up to 1 in 11 pupils in school, who are young carers or have caring roles. This suggests that our identification of Young Carers was significantly underrepresented.

Since 2024, the service has been working closely with schools and partners to improve our identification of Young Carers. In the last 2 years the team and partners have increased the identification of Young Carers by 400%. We now have nearly 700 young carers identified within the city. We have done this by:

- Ensured that all schools have a nominated Young Carers Champion within schools. Currently 80%
- Established network meetings with all champions for both the primary and secondary phase.
- Provided training for schools on establishing groups and support pathways.
- Led training on completing national census.
- Providing eLearning and training with key school staff such as DSL

- School assemblies, coffee mornings for parents
- Staff training on awareness and identification within SCC
- Working with the city's GPs to ensure a new identification and referral process is in place to ensure we capture every opportunity for identification is possible.
- Training NQTs and 3rd year students at the University of Southampton
- Observation of school group sessions
- Parent Carer event
- Set up self-referral forms and revamp of the authority's website.
- Primary Care Safeguarding forum – training for GPs on awareness and identification.
- Worked closely with colleges and Post 16,
- 1:1 case discussion with School Champions
- Introduced Young Carers Cards, designed by them.

Risk Management

Being a young carer means that in their daily lives, they are at greater risk of missing out on opportunities and potential negative impacts to their wellbeing, life changes and statutory rights such as education. The service has focussed initially on the identification element with strong links with Health, Adult Services, schools, colleagues and professionals.

Through effective identification, there is a greater chance of recognising and identifying those potential risks and establishing correct pathways to support and engage with them and their families. Risk is managed through the assessment and referral basis and follows a triage system that looks at referring to the relevant support or opportunities.

Assessment

The service has recently reviewed the effectiveness of the previous assessment tool and we decided that it required a new approach. Working closely with the Children's Society and their national forum as well as several highly recommended local authorities for centre of excellence, we made the decision to rewrite a new process.

The previous approach left gaps in the identification process, as many young carers were not being recognised or adequately supported. Recognising this challenge, a two-tier system was developed to distribute responsibility more effectively, with schools and professionals taking a pivotal role in the initial stages of identification and assessment. This not only worked in parity with the increase in schools' responsibilities, but they are uniquely positioned to notice signs that a pupil may be a Young Carer due to their daily interactions and familiarity with pupil's behaviours, attendance and academic performance.

By empowering schools and professionals to take on this role, the new system facilitates earlier identification and intervention, ensuring that young carers receive the necessary support before challenges escalate. Moreover, involving schools fosters a sense of shared accountability and aligns their existing pastoral responsibilities with the broader goal of supporting vulnerable children.

The assessment is then triaged by the Young Carers service and decisions as to whether further assessment is required due to risk or whether referring to the local offer is appropriate. These recommendations are reported back to the referring school. A further assessment revolves around an escalation to Tier 2, or the most relevant assessment tool, depending on the professionals around the young carer. Outcomes of this can simply be suggestions of

support, referring the Young Carer to our activity groups or whether it requires an escalation for a wider family approach with professionals or referrals to statutory services.

Currently we are working to establish a wider professional group to aid the facilitation of Tier 2 assessments to improve the response time. These will be in the form of champions within social care teams, family hubs and wider professionals. As a peer group this will meet regularly to support the development of the system and form an ongoing peer review. Tier 2 is a more in-depth assessment that focusses on a whole family approach, linking professionals and gathering the voice of the Young Carer and their families.

So far this year, we have seen over 100 tier 1 assessments completed by Southampton Schools, with around 10% being escalated to a tier 2 assessment. Within our action plan for assessments, we have also:

- Provided training for Young Carer Champions on completing tier 1 assessments as well as awareness of how the 2-tier process works. This is a 50% increase from the same period the previous year.
- 54% increase in YC open to the service
- Worked closely with Manchester, Torbay, Leeds local authorities as part of a centre of excellence, to support the development of the assessment tool.
- The process was also developed further in with the national Children's Society Young Carers Forum. This was with 17 other authorities and provided a robust peer support group to share good practice. Since the funding for the work the Children's Society were doing was cut, Southampton has been asked to lead and chair this national forum going forward.

Current Provision

Providing activities and dedicated spaces for Young Carers is essential to ensuring they have opportunities to experience childhood, free from the responsibilities of their caregiving roles. These activities create a safe and supportive environment where Young Carers can relax, socialize, and engage in activities that foster personal growth, creativity, and fun. One ethos that we were keen to change, was the focus of the weekly sessions from being around them being Young Carers, to be children and young people first.

Such opportunities are critical for their emotional and social development, helping them build friendships, explore interests, and develop a sense of identity beyond their caregiving responsibilities. By participating in recreational and skill-building activities, young carers can momentarily step away from their roles and focus on being children, which is crucial for their mental health and well-being. Additionally, these spaces can serve as hubs for peer support, allowing young carers to connect with others who share similar experiences, reducing feelings of isolation, and reinforcing that they are not alone in their challenges.

A parent of a Young Carer, who works in a school recently wrote in a feedback session

I wanted to write to highlight that incredible work that both Emma and Clare are doing to support our Young Carers in schools as well as our staff team. Emma has lead training for our Young Carers leads as well as visiting school to carry out assemblies with the children and coffee mornings with parents. It has really supported the children, their families and our staff.

Thank you so much to both of them for their continued support.

Working in partnership with two charities in the city, we have developed two sites that offer regular groups for young carers to engage with. In our first 6 months, over 105 Young Carers have accessed our weekly drop ins and activity sessions. An increase of 54% compared to the previous 6 months. As well as the weekly sessions, the service also offers evening and holiday activities and programmes to give the Young Carers' opportunities to try and experience new things. The programmes, designed in partnership with the Young Carers, offered opportunities such as climbing, sailing, bowling, outdoor education, nutritional activities and many more. Often with a focus for the older group to look at employability skills and opportunities.

As well as these activities, we have also been able to offer a residential programme. These are vital for young carers as they provide a much-needed break from the demands of their caregiving roles, offering them time and space to focus on themselves and their personal development. These experiences allow young carers to fully immerse themselves in environments where their primary identity is that of a child or teenager, not a caregiver.



Young Carers Festival

The Young Carers Festival (YCF) is the biggest gathering of Young Carers in the world. It is an annual event for young carers to have fun, unwind, make new friends and try new things. It's also a political platform for young carers to be heard and influence change. Event highlights include, fairground rides, live music, outdoor movies, fireworks and the legendary silent disco. The impact of young carers coming together in this way has created a powerful and united voice about the issues they face and has provided a political platform to influence and inform national and local policy.

This year, the team took 17 Young Carers from Southampton to the festival over the 3 days. This was a perfect introduction for the new service to engage with the group and meet other groups from around the country.



Data

Accurate data recording for young carers is crucial in understanding their needs and the impact of their caregiving responsibilities on their education. Bringing the service back into the local authority and the Inclusion Team has allowed for us to be able to cross interrogate data for the first time and ensure that wider data sharing across the directorate. A key development has been utilising the Capita ONE system as well as linking the assessment process with Care Director.

Currently we have been working with ICT to develop wider data reports to enable us to not only report on a regular basis, but also to identify those Young Carers who may be experiencing negative educational experiences such as exclusions and poor attendance.

We are also working closely with our HAF (Holiday Activity and Food) programme to explore the opportunities of developing the commissioned platform to enable Young Carers and their families to register to an online platform. This will expand our ability to book Young Carers onto activities, track attendance, communicate with families more effectively and improve the offer available to families. This is currently being negotiated with the commissioned service provider.

Key Priorities

Over the next 6 months, the service has identified its key priorities. These are in line with the Young Carers Strategy, as well as our improvement plan. These are:

- **Data:** Improving the ability of our reporting, including establishing a corporate steering group to have strategic oversight of the service
- **Referrals:** Through the work with health colleagues and the GP network groups we are expanding the opportunities for professionals to notify us if they believe a young person is a young carer. We are also working well with the Police to explore e-learning opportunities for all Police and support staff as part of their induction and looking at how we can utilise opportunities for colleagues to ask questions about a young person's caring role, at every opportunity.
- **Tier 2 Assessment Expansion:** The current capacity within the service to increase the number of Tier 2 assessments is limited. We are currently working as a service to expand the number of professionals who are able to carry out these assessments and create a peer support group for designated professionals.
- **Increase Offer for Young Carers:** Through links with the community, the voluntary sector and utilising the influence of the local authority, we hope to increase the number of organisations to increase their support for Young Carers, increase the public awareness and potentially fund raise. This could include discounted offers, free taster session, support for travel or opportunities for employment.
- **Next Young Carers Strategy:** The current strategy for the city runs out in 2025. The service has begun working with key stakeholders and Young Carers to develop the next 5-year strategy.
- **Young Carers Awards:** We are aiming to have a city-wide celebration event for Young Carers in March 2026. Focussing on raising awareness, whilst also recognising the incredible work and resilience the Young Carers do. We are working closely with the Communication team to also, for the first time include a public nomination for resident who has supported Young Carers in the community.
- **Transition to Adulthood:** We have been working with Adult Services to build pathways for those Young Carers who will be transitioning to adulthood. We have established 2 engagement opportunities to speak directly to Young Carers. Further development will also include future commissioning and engagement with colleges and our Post 16 teams.

- **Increase Primary School Young Carers Champion programme:** Whilst we have seen a huge uptake in the number of schools commit to having a school Young Carers Champion, we wish to support more primary schools to engage with the programme.
- **Develop a Community Mentor Programme:** Working closely with the London Borough of Redbridge, we have identified a mentor-based programme that we feel would dramatically increase the support for our Young Carers.
- **Continue development with health:** Whilst partnership work with colleagues in health has been positive, there is an opportunity to develop this further both in terms of training and awareness, sharing of data and referral pathways for health professionals.

Recommendation

- That scrutiny panel consider meeting a group of young carers to talk about their experiences, how the service is benefitting them, and improvements for the future.

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