

Children and Families Scrutiny Panel

Thursday, 11th May, 2017
at 5.30 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Keogh (Chair)
Councillor Murphy
Councillor O'Neill
Councillor Painton
Councillor Burke
Councillor Taggart (Vice-Chair)
Councillor Laurent
Catherine Hobbs
Revd. J Williams

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PUBLIC INFORMATION

CHILDREN AND FAMILIES SCRUTINY PANEL

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

Terms Of Reference:-

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

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

Public Representations

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

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

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

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Details of the Council's Guidance on the recording of meetings is available on the Council's website.

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.

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 City Council's Priorities

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

Dates of Meetings: Municipal Year

2016	2017
23 rd June	5 th January
22 nd September	9 th March
3 rd November	11 th May
	22 nd June
	27 th July
	28 th September
	16 th November

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

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

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

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

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

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

- a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

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

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

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

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

Principles of Decision Making

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

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

In exercising discretion, the decision maker must:

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

AGENDA

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

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

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

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

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

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 - 4)

To approve and sign as a correct record the Minutes of the meeting held on 9 March 2017 and to deal with any matters arising, attached.

7 LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2015-16 (Pages 5 - 88)

Report of the Independent Chair of the LSCB providing an assessment of the performance and effectiveness of Safeguarding services in Southampton.

8 OUTCOMES OF THE JOINT LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND / OR DISABILITIES INSPECTION IN SOUTHAMPTON (Pages 89 - 102)

Report of the Chair of the Panel recommending that the Panel consider the findings from the recent SEND Inspection.

9 CHILDREN AND FAMILIES - PERFORMANCE (Pages 103 - 112)

Report of the Service Director, Legal and Governance providing an overview of performance across Children and Families Services since February 2017.

10 MONITORING SCRUTINY RECOMMENDATIONS (Pages 113 - 116)

Report of the Service Director, Legal and Governance relating to recommendations made at previous meetings of the Panel.

Wednesday, 3 May 2017

SERVICE DIRECTOR, LEGAL AND
GOVERNANCE

CHILDREN AND FAMILIES SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 9 MARCH 2017

Present: Councillors Keogh (Chair), Murphy, O'Neill, Painton, Burke and Taggart (Vice-Chair)

Apologies: Councillors Laurent and Catherine Hobbs

14. **APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)**

The Panel noted the apologies of Councillor Laurent and Catherine Hobbs.

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

RESOLVED that the minutes of the meeting held on 5th January, 2017 be approved and signed as a correct record.

16. **DECLARATIONS OF PERSONAL AND PECUNIARY INTERESTS**

Councillors Keogh and Taggart declared a pecuniary interest in the following item, and stepped aside from their positions of Chair and Vice Chair of the Panel during its consideration. They remained for the discussion, they are employed by educational establishments.

COUNCILLOR O'NEILL IN THE CHAIR

17. **POST 16 EDUCATION AND TRAINING**

The Panel considered the report of the Service Lead, Employment, Skills and Business Engagement outlining the position in Southampton with regards to Post 16 Education and Training.

Councillor Lewzey, Cabinet Member for Children's Social Care; Sarah Stannard, Principal, Southampton City College; Andrew Ball, Quality Manager, Itchen College; Hilary Brooks, Service Director, Children and Families; Denise Edgehill, Service Lead, Employment, Skills and Business Engagement; Amanda Percy, Post 16 Adviser, SCC; Paul Overton, Head of 6th Form, Bitterne Park; Lyn Bourne, Head Teacher, St. Anne's and James Rouse, Deputy Head Teacher, St. Anne's, were in attendance and with the consent of the Chair addressed the meeting.

Alice Wrighton, Principal of Richard Taunton's 6th Form, was also invited to attend, she was unable to attend due to an Ofsted Inspection.

The Panel particularly noted the following points:-

- November 2016 data showed that Southampton is a net exporter of students for both years 12 and 13;
- Marketing of 6th form provision and of pathways to work in the City, via college courses, had led to an increase in student applications.
- 16-18 attendance rates tended to be poor, there were no formal sanctions for students or their parents for poor attendance, other than withdrawal from a course.
- The scheme that subsidised student travel to Southampton providers ended last year, this may be a contributing factor to the rise in the number of students studying outside the City.
- Access Southampton was a website for young people and parents which provided information on education, training and employment options.
- Post 16 providers would like to improve outcomes for students resitting Maths and English GCSE's.
- The biggest challenges for post 16 providers over the next 3 years were funding, recruitment and retention of staff, especially in STEM subjects.

RESOLVED:

- (i) To consider additional steps that could be taken to link colleges and students to the major developments in Southampton.
- (ii) For the Cabinet Member for Education and Skills to correspond with the MP's representing Southampton to lobby Government to introduce sanctions for non-attendance by students at post 16 education, bringing it into line with pre 16 education.
- (iii) For the Panel to be provided with an update on Apprenticeship success rates in Southampton and the percentage of students that complete their apprenticeship.
- (iv) To consider the support that could be offered to make travel to colleges in the City easier, more affordable and to incentivise post 16 students to choose to study at a Southampton college or school.
- (v) For an event to be held in Southampton to promote progression to higher education by Southampton residents.
- (vi) For the Panel to be provided with destination data identifying where students go post 18.
- (vii) For the Council to recognise the importance of key worker housing to support the recruitment of teachers.

COUNCILLOR KEOGH IN THE CHAIR

18. **CHILDREN AND FAMILIES - PERFORMANCE**

The Panel considered the report of the Service Director, Legal and Governance providing an overview of performance across Children and Families Services since December 2016.

Hillary Brookes; Service Director, Children and Families; Phil Bullingham; Service Lead, Safeguarding, Improvement, Governance and Quality Assurance, Children's Services

and Jane White, Service Lead, Children's Social Care, were in attendance and with the consent of the Chair addressed the meeting.

The Panel noted the following points:-

- February dataset, circulated at the meeting, showed improvement across a range of indicators.
- The Panel noted a significant decline in the number of child protection conferences being completed within 15 working days, which was a concern when the number of children on S.47 Child Protection Investigations had decreased. The Panel expected to see an improvement in performance.
- The Panel recognised the improved performance and the contribution staff had made to improve the outcomes.

19. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel considered the report of the Service Director, Legal and Governance relating to recommendations made at previous meetings of the Panel.

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Agenda Item 7

DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL		
SUBJECT:	LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2015-16		
DATE OF DECISION:	11 MAY 2017		
REPORT OF:	KEITH MAKIN, INDEPENDENT CHAIR OF LSCB		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Emma Gilhespy	Tel: 023 8083 2995
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STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
<p>Working Together to Safeguard Children and Young People 2015 statutory guidance directs that the LSCB produces an annual report providing a “rigorous and transparent assessment of the performance and effectiveness of local [Safeguarding] services”. The report attached aims to provide this assessment. The Scrutiny Panel are asked to consider if this is the case.</p> <p>Since last year’s annual report, the LSCB has recruited a full time analyst who has now been in post for over a year. This has enabled the Board to receive a fuller picture of statistical trends and therefore has focussed our planning and priorities.</p> <p>This annual report shows that the LSCB is strong, is very much child-centred and has full and active engagement from all partners on the Board. We are in a position to move forward with confidence, but with no complacency.</p> <p>In October 2016, the LSCB approved this report alongside its Business Plan for 2016-18 and the Summary Documents all of which are attached and are published online at (www.southamptonlscb.co.uk).</p> <p>The Panel is asked to particularly reflect on the key issues identified in the opening statement within the report which is made by the Independent Chair, Keith Makin and to utilise this information in the work of the panel. This statement is based on the finding within the report which include learning from case reviews, audits and data collection.</p>			
RECOMMENDATIONS:			
	(i)	For the Panel to receive the LSCB Report and utilise the information contained to inform its work.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To ensure the information contained in the report and the learning that is gained by the LSCB during the year is embedded in scrutiny functions and future work.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		

DETAIL (Including consultation carried out)	
3.	The 2015-16 LSCB Annual Report and a summary of the document are attached as Appendix 1. Attached as Appendix 2 is the LSCB 2015-18 (2016 update) Business Plan.
4.	It is recommended that the Panel receive the LSCB Report and Business Plan and utilise the information contained to inform its work.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
5.	None.
<u>Property/Other</u>	
6.	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
POLICY FRAMEWORK IMPLICATIONS	
9.	Improving the effectiveness of the political scrutiny of children's safeguarding will help contribute to the following outcomes within the Council Strategy: <ul style="list-style-type: none"> • Children and young people in Southampton get a good start in life • People in Southampton live safe, healthy, independent lives.
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	LSCB Annual Report 2015 – 16
2.	LSCB Annual Report 2015 – 16 - Summary
3.	LSCB Business Plan 2015-18 (2016 update)
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact	No

Assessment (PIA) to be carried out.		
Other Background Documents Equality Impact Assessment and 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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**Southampton
Local
Safeguarding
Children Board**



Annual Report

2015-16

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The majority of children and young people in Southampton grow up happy, safe and well in secure families and communities.

We are aiming to be free of red tape So that the focus can be on what matters – making children safer in the City.



*Keith Makin
Independent Chair,
Southampton LSCB.*

How safe are Children in Southampton? Keith Makin, Independent Chair

The majority of children and young people in Southampton grow up happy, safe and well in secure families and communities. Unfortunately there are children and young people in the City that face significant challenges and risks in their lives. This report aims to highlight the key issues facing the children, young people and their families in Southampton and to comment on the quality of responses to safeguard these children by local services. The findings from this report have informed our Business Plan for the coming period of 2016-18 in order that we can address and seek assurance of the quality of responses in the city.

This has been an important year for the LSCB with much progress being made, particularly in how the Board uses all the data available from the partners to make sure that it is up to date on trends and changes. This strengthens the ability of the Board to challenge practice where necessary.

There is a continuing process of examining how the Board works and this annual report shows where changes have been made in the structures of the Board and the supports for it, in order to make for smarter working and greater efficiency. We are aiming to be free of red tape as far as is possible in such a complicated arena so that the focus can be on what matters – making children safer in the City.

Since the period covered by this annual report, the Government has published a review of LSCBs (The Wood Report), including the working of the Child Death Overview Panel and the production of Serious Case Reviews. There are no definite conclusions as yet in response to the review, but it is clear that the statutory functions of the key partners (Health, the Council and the Police) will be defined and strengthened. The LSCB will respond to the formal Government position when it is known but there are, as yet, no dates set out for this.

The LSCB continues to liaise closely with Southampton City Council on the transformation plans that are unfolding. The role of the LSCB is to ensure that the Council structures and methods of working are fully compliant with safeguarding needs and we will continue to keep a close eye on this. There are implications for services for adults and the children's and adult's safeguarding Boards are working very closely together to ensure that the whole family, not just the child nor the adult, is safeguarded.

The LSCB is strong, is very much child-centred and has full and active engagement from all partners on the Board.

This annual report shows that the LSCB is strong, is very much child-centred and has full and active engagement from all partners on the Board. We are in a position to move forward with confidence, but with no complacency.

Local information within the report that follows shows a mixed picture in terms of local performance and in the outcomes for our Children in the City. There are some particularly poor outcomes for our Childrens health and wellbeing which continue to inform the focus of the LSCB work. In particular the information received by the LSCB shows us that:

The level of child poverty in Southampton is worse than the England average with almost a quarter (22.7%) of children living in poverty.

School achievement and Early Years performance in Southampton has dropped below national average – in Early Years for the first time in 6 years (KS1) and in other Key Stages (KS2, 3 and 4) performance similar to last year and below national average.

The level of child poverty in Southampton is worse than the England average with almost a quarter (22.7%) of children living in poverty.

The gap in achievement for disadvantaged pupil's remains similar at all key stages, and still substantially below national average.

The percentage of pupil absence in the City is 5.2% in 2015. Above that of our Statistical Neighbours (4.9%) and the National Average (4.6%). This is a key area of concern and the LSCB understands that a task group to tackle this has been established.

There is good performance in terms of children Not in Employment or Training (NEET) – Southampton performance is above the national average.

There has been a reduction in the number of Electively Home Educated (EHE) children with a statement of Special Educational Needs and related plan – although there is not a clear indication of why this is the case. The LSCB has established an Education Task and Finish Group to seek assurance on this alongside other safeguarding issues in Education for our most vulnerable pupils.

Notifications of concerns to MASH (the Local Authority Multi Agency Safeguarding Hub) have increased from police which stands at circa 2,000 notifications per quarter. There was an increase in Q4 of 6% from Q1 although overall concerns raised to MASH remain steady over the year. Q4 saw an increase in number of children taken into police protection – reflecting an increasing trend over the year, with 36 children during the year being protected in this way.

There was a decreasing trend in the number of Early Help Assessments and Plans (Known as Universal Help in Southampton at the current time. The figure in Q4 was 1,548. The Local Authority is reviewing this process and responses to Early Help, linked to findings within an

The number and rate of children in need in the city continues to be significantly higher than the statistical neighbour and National Averages [however this has] reduced by 11% compared to last year.

LSCB Early Help Audit delivered this year. This process and a proposal for revised Early Help Assessments and Plans will be discussed at the LSCB early in 2016-17.

The number of Children in Need new referrals in Southampton has reduced by 11% compared to last year. The number and rate of children in need in the city continues to be significantly higher than the statistical neighbour and National Averages. The percentage of re referrals within 12 months for children in need has seen a rise this year which is also of concern. New processes are being introduced to manage children in need cases by the Local Authority, and the board will receive updates on the progress of these for assurance purposes during 2016-17.

The year data to the Board showed declining performance in terms of the number and percentage of single assessments completed in the 45 day timescale. In Q1 the figure was 72.3% and in Q4 this was 43.2%. The Local Authority has reported to the LSCB that remedial action is being taken with a focus on ensuring outstanding assessments are acted upon and have provided assurance that positive improvements to this will be demonstrated in data for Q1 2016-17.

The rate of Section 47 enquiries started in Southampton has decreased from 448 per 10,000 population in 2014-15 to 328 this year. This remains a significantly higher rate than the statistical neighbour average of 176 per 10,000 of the population, and the national average of 138 per 10,000.

The rate of Section 47 enquiries started in Southampton has decreased....it remains a significantly higher rate than the statistical neighbour average

During the year concerns were raised at LSCB regarding the percentage of Initial Child Protection Conferences completed within timescales, this has shown a marked improvement from 38.3% in Q1 to 84% in Q4. This is higher than the performance of statistical neighbours 75.3% and the national average of 69.3%.

The number of children with a child protection plan at the end of this period is 337 – lower than the previous year end figure of 389. There is a reducing trend in numbers over the year period however the rate of Children subject to a Child Protection Plan of 70 per 10,000 of the population is still significantly higher than the statistical neighbour and national averages.

The percentage of children subject to repeat child protection plan (previously on a plan at any time) stands at 22.2% at the end of 2015-16. This is higher than the statistical neighbour average of 14.9% and national average of 15.8%. The number of children with a child protection plan for over 15months has risen significantly since last year. This was 26 at the end of 2014/15 and 49 at the end of this financial year. The Local Authority has assured the Board that this is subject to a thematic audit and actions will be taken to address this rising trend.

Southampton continues to have higher than average numbers of looked after children.

This is a continuing concern for the LSCB, predominately due to the evidence locally and nationally that reflects poor outcomes for Children in Care.

Southampton continues to have higher than average numbers of looked after children. The number of Looked after Children at the end of this year was 591. This reflects a reducing trend during the year however the figure does fluctuate. The rate of Children that are looked after by the local authority is 123 per 10,000 of the population – significantly higher than statistical neighbour average (77) and national average (60). The local authority has assured the Board that safe local scrutiny of this issue are in place, including a Children in Care panel and specific projects regarding children on the ‘edge of care’. The service also assured the Board of their plans to improve permanence arrangements – the Board continues to keep oversight of Looked after Children numbers in partnership with the Local Authority Corporate Parenting Board, including where any developments are proposed to address this issue to ensure they are safe and well evaluated.

This is a continuing concern for the LSCB, predominately due to the evidence locally and nationally that reflects poor outcomes for Children in Care. For example:

- Immunisation rates are lower. 68% are reported in this to have had up-to-date immunisations - significantly lower than the national average of 87.8% and highlighting a gap compared to ‘other’ children (over 90%).
- Performance in Health assessments for LAC have improved since last year with 96% being seen within 28 day timescale, above the target of 95%.
- Care leavers not in contact or NEET is 54.2% - an increase from last year and significantly higher than other young people that are NEET. This is below the national average of 55%, higher than our statistical neighbour average of 41%
- The number of Looked after children missing for more than 24 hours has risen in the year total from 29 to 50 this year. The Local Authority are closely monitoring the children affected, including those placed out of area, in particular the responses made by the partnership. The MET group of the LSCB is also identifying learning from cases where children are placed out of area and at risk of going missing – findings from this are reported early 2016-17.

The number of Domestic Violence and Abuse (DVA) MARAC (Multi Agency Risk Assessment Conference) cases involving children has fluctuated significantly on a quarterly basis this year. Of particular interest to the LSCB is the development of a joint MARAC with the MASH (Multi Agency Safeguarding Hub) in the City which is due for launch early in 2015-16. The LSCB will receive details of this and evaluate progress during 2016-17.

The LSCB MET (Missing, Exploited and Trafficked) Group review a detailed data set to monitor key performance indicators on a quarterly basis at each of its meetings. The number of episodes of children known to the police because they have gone missing has not changed significantly over the year. An increasing awareness of risk indicators on this issue is apparent, and the LSCB will continue to develop local work to ensure CSE is appropriately

*I am confident that ...
our strong
partnership will
enable the LSCB to
lead the way in
influencing future
developments.*

identified, assessed and responded to, to ensure vulnerable children are protected. MET issues continue to be a key priority for the City and LSCB and as such the Board continues its close scrutiny and oversight of the work through the MET group work.

As an LSCB our role is to scrutinise and monitor the key issues identified above and in the report that follows, through our now fully established Section 11, Audit and Case Review systems and



Keith Makin
Independent Chair
July 4, 2016

The LSCB is a group of agencies that work together to make sure that services in the city are working together to safeguard children.

The LSCB has a Business Plan that details the work that will be done..... Progress against the plan was reviewed in February 2016 at a special meeting of board members.

Introduction

Who are the LSCB?

Southampton Local Safeguarding Children Board (LSCB) is a statutory body that leads on keeping children safe and ensuring their wellbeing in Southampton. The LSCB must also continually check that what is done in Southampton to safeguard children works. For example, we try to make sure that the procedures we publish are clear and help staff and volunteers know what to do when they are worried about a child, or that staff and volunteers receive the training they need to undertake their roles. We focus our attention and efforts on a range of agreed priorities taken forward by 'sub groups' and occasionally issues focussed 'task and finish' groups of the main LSCB.

What did the LSCB do in 2015-16?

Business Plan Update

The LSCB has a Business Plan that details the work that will be done during a set period of time. For 2015-16 the LSCB had a Business Plan with 5 Priority areas of work, these were developed using key learning from Case Reviews, audits and other work areas. The full Business Plan document can be viewed on our website www.southamptonlscb.co.uk. Progress against the plan was reviewed in February 2016 at a special meeting of board members, this informed future business planning and determined the work of the board in the coming year/s. Any areas with incomplete actions are carried forward or have been completed since that time. The Board acknowledged that priorities in the coming years should focus on key areas identified for improvement. A summary of progress against the priorities is below. Following review of the plan, the LSCB has assessed that all actions are either in progress or completed.

Priority 1: Ensure Safeguarding is a Whole City Theme:

The LSCB agreed its Communications Strategy this year, this can be found [here](#). This document sets out the way the Board will deliver this message. The Community Engagement and Awareness Group worked on a plan to make this happen during this year, and delivered a number of awareness activities. The Board led on Child Safety Week activities in June 2015 engaging with over 300 individuals and families in various locations across the city on key safety and safeguarding issues including the national theme of 'Tea Time Terrors'. This continued and key messages for Safeguarding Week 2016 were planned linked to Board

The LSCB recruited 3 new lay members to help link with communities and families, their recruitment included an interview with young people from the local Young People in Care Council.

LSCB helped promote Online Safety Day in February 2016 and Child Sexual Exploitation Awareness Day in March 2016.

priority areas including: safe sleeping, what to do if you are worried about a child, spotting signs of neglect.

The LSCB also worked with its member organisations to convey key messages to the public and workforce linked to Online Safety Day in February 2016 and Child Sexual Exploitation Awareness Day in March 2016. The picture below was collated as part of the latter by the Local Authority Child Sexual Exploitation (CSE) Hub Workers as part of CSE Awareness Day campaigning:



The LSCB has worked with local organisations that engage with children and families in the city to plan a range of engagement opportunities, and work on this continues. The LSCB recruited 3 new lay members to help link with communities and families, their recruitment included an interview with young people from the local Young People in Care Council.

The LSCB also established a task and finish group to identify how local services are engaging with members of the community from diverse backgrounds, the work of this group has included workshops with professionals and community links to identify what key areas need focus and this work continues during 2016-17.

The LSCB sought assurance via the Safe City Partnership regarding road safety issues and work to combat the number of children that are injured or killed in road traffic accidents in the city. The LSCB was made aware of a planned local day of action and awareness raising to encourage families to become 'Road Safety Hero's' led by Health and Public Health colleagues and ensured local community awareness of this via schools and education settings. It is clear

LSCB delivered an annual conference to raise awareness of learning from case reviews across the city – including input from LSCB, Local Safeguarding Adults Board (LSAB) and Southampton Safe City Partnership.

The LSCB also hosts a ‘challenge log’ - a published list of challenges made, resolved and to be actioned, among partners and board members.

work in the coming years. The LSCB sought assurance from Safe City Partnership / Health and Wellbeing Board of current work to reduce the number of children killed or seriously injured in road accidents in the city. In addition the LSCB delivered:

- A Survey of Professionals working in Southampton to evaluate success of LSCB activity.
- Delivered its annual conference to raise awareness of learning from case reviews across the city – including input from LSCB, Local Safeguarding Adults Board (LSAB) and Southampton Safe City Partnership.
- Delivered 4 newsletters during the year to raise awareness of local training, events and services as well as link to national updates see www.southamptonlscb.co.uk .

Priority 2: Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.

This priority reflects the LSCB core business to evaluate the impact of local services in improving safeguarding outcomes for children in the City. The LSCB delivered a number of key actions on this topic to do this.

LSCB members from Health commissioners and providers and the Local Authority delivered an audit of Early Help cases. This led to a review of arrangements for the service to ensure Children in Need cases were of the appropriate focus. This has also led to further discussions between key services to develop integrated working in key locality areas.

The LSCB also reviewed the Quality Assurance processes used to ensure that any service changes and the impact of these can be raised, this includes review of key data indicators, target setting within the data set which are reported on and review of the Section 11 template and reports to board templates.

The LSCB also hosts a ‘challenge log’ see www.southamptonlscb.co.uk this is a published list of challenges made, resolved and to be actioned, among partners and board members to highlight the impact of any service changes. In addition the LSCB developed an ‘escalation log’ to keep records of inter-agency issues that required escalation according to the 4lscb procedure for ‘Resolving Professional Disagreements’.

The LSCB Chair joins the chairs of other key partnerships including the Local Safeguarding Adults Board, Health and Wellbeing Board and Safe City partnership in a meeting held regularly. This is a cross service opportunity for innovation and development as well as overview and scrutiny of service provision

Over 300 Year 9 children in 3 schools, and 300 community members, attended CSE sessions this year (Chelsea's Choice play).

The LSCB has also led the delivery of a multi-agency plan to improve and coordinate responses to Female Genital Mutilation (FGM).

Priority 3: Ensuring the prevention and disruption of the exploitation and victimisation of children and young people

The LSCB reviewed its three year multi-agency action plan for MET issues embracing learning from other areas case reviews, locally identified issues as well as guidance from national bodies. The plan is available on www.southamptonlscb.co.uk . This is monitored and evaluated by the MET Strategic Group. Ofsted identified clear areas for improvement in terms of the LSCB role in monitoring responses to children and young people that go missing which has also informed the plan. The implementation of the plan this year has included:

- Delivery of the first of a set of MET Thematic Case Audits
- Quarterly MET performance monitoring of local data including indicators and commentary regarding:
 - CSE
 - Missing children and the quality and success of return / safe and well interviews carried out with young people that go missing from home or care.
- Learning workshops and training on Child Sexual Exploitation (CSE) – now delivered quarterly to multi agency audiences
- Targeted activities to raise awareness of CSE risks linked to the Hampshire Constabulary Operation 'Make Safe' – targeting licensed venues, hotels and taxi firms.
- Delivered Chelsea's Choice (an acclaimed theatre production) performances in 3 local secondary schools and evening sessions with over 300 community members
- Oversight and leadership of the MET Operational Group.
- ADCS (Association of Directors of Children's Services) Peer Review of CSE delivered and used findings informed future work
- Established links to core related issues such as 'county lines' and serious youth crime
- Oversight of work to develop a CSE Hub in Southampton MASH.
- Linked to wider Hampshire work relating to Modern Day Slavery and trafficking.

The LSCB has also led the delivery of a multi-agency plan to improve and coordinate responses to Female Genital Mutilation (FGM). The LSCB held a task and finish group of key services and community leads to develop and deliver this. The Group; reviewed 4LSCB procedures relating to FGM to ensure alignment with current best practice, identify key group of professionals for targeted workforce development and deliver appropriate level of FGM awareness training, linked with existing campaigns locally and nationally to raise awareness of FGM and linked to 4LSCB work to ensure workers are aware of how to identify and respond to risks of FGM.

Priority 4: Embed key learning from case reviews (including SCR's) and audits into local practice

This year the LSCB has ensured learning and improvement plans are clear from case reviews and these are integrated in to overall plans for the LSCB and its partner agencies. The LSCB

The LSCB has:

monitors improvement action plans from individual services and takes action across the partnership where necessary to ensure learning is embedded. The LSCB holds learning events regularly to raise local knowledge and understanding of key learning themes and issues. Further details on case reviews received and underway by the board follow in relevant chapters.

Requested assurance of safe pathways for children that are home educated,

In response to key learning identified in case reviews, during 2016-16 the LSCB:

- Continued 6 monthly oversight of progress of the MASH and Early Help services.
- Promoted whole family approach – identifying further areas for joint development work and informing transformation plans by the Local Authority and linking with Health and Wellbeing Board, Safe City Partnership and the LSAB on key initiatives and opportunities such as – highlighting joint areas for learning from case reviews, on suicide prevention and awareness raising opportunities. This is a continuing improvement theme that the LSCB will monitor in the coming period.
- Monitored effectiveness of the 4LSCB Joint Working Protocols between adult and children / family services – for example through a dual service audit of cases where there is joint working between maternity and children’s services and gained 6 monthly update of progress on actions identified.
- Ensured effectiveness of Rapid Response to Child Death & CDOP arrangements for Southampton – this year the Southampton LSCB took ownership of the CDOP arrangements for the city as a result of this and a review of current arrangements by the 4LSCB area Chairs and Boards.
- The LSCB has requested assurance of safe pathways for children that are home educated, this is ongoing and has influenced a recognised need for an ‘Education’ focus in 2016-17 via a task and finish group.
- Focussed on Neglect as an issue – raising awareness through learning and development work, and revising local toolkits for professionals. Further focus on this work is seen as a priority given more recent learning from case review work and has influenced priority setting for the coming year, including a need to identify links to dental neglect.
- Sought assurance from the Safe City Partnership regarding planned improvements and developments to ensure children subject to domestic violence and abuse are safeguarded – including future developments to integrate MARAC with MASH in the city.
- Put in place plans for a process of seeking regular assurance of responses by education settings (including schools and preschools) to safeguarding requirements under Section 156 of the Children Act – work on this continues into 2016-17 within an education task and finish group’s remit.
- Established a ‘diversity task and finish group’ of key local community leads and link officers with board member agencies. This group held workshops to establish key areas that professionals and community leads feel are of priority when responding to diversity issues which is informing developments in 2016-17.

Focussed on Neglect as an issue – raising awareness through learning and development work, and revising local toolkits for professionals.

Sought assurance from the Safe City Partnership regarding improvements and developments to ensure children subject to domestic violence and abuse are safeguarded.

The LSCB recognised the importance of building resilience and raising aspirations and agreed this as a priority this year.

The LSCB Chair meets regularly with Chairs of key partnerships in the City to enable peer challenge between boards.

Priority 5: Ensure a focus in Southampton on building resilience and raising the aspirations of children and young people

The LSCB recognised the importance of building resilience and raising aspirations and agreed this as a priority this year. The work of the Safeguarding board has to focus on child protection and ensuring the welfare of children – the work focussed as agreed in the Business Plan on:

- Monitoring school attendance rates – identified as an issue and an ongoing concern in this year’s data. This will continue to be highlighted in the LSCB data reports to the Board meetings.
- Identifying attainment rates and gaps in terms of children that are disadvantaged, via a report to the main board from the Local Authority once results were confirmed. The Board also received information about changes to this and next steps as summarised in the information that follows.
- Monitor rates of Children NEET (Not in Employment or Education)– details below reflect a positive picture for all children and concerns regarding the same issue for care leavers
- Continue to seek assurance of action that is taken to address poor educational outcomes for children that are looked after.
- Linked to a local Head Start project to raise awareness and seek views of young people regarding reduction of self harm and improve mental health of children.
- Completed a review of cases of teenage conceptions to identify learning areas that would inform the local teenage pregnancy strategy – seeking assurance from the Local Authority and partners regarding the success of this strategy.

In addition the LSCB Chair meets regularly with Chairs of key partnerships in the City including presentation of Annual Reports with the local Health and Wellbeing Board, Adults Board and Community Safety Partnership to enable peer challenge between boards. The local authority has established a Children’s Scrutiny Panel, the LSCB Chair will attend planned focussed sessions during the coming year.

What has the LSCB learned this year?

Case Reviews

Where things go wrong the LSCB is required to review the circumstances to establish if lessons can be learned to prevent similar situations in the future. During 2015-16 the LSCB received overview reports for two serious case reviews.

The Board received a report named 'Child O' from Lancashire LSCB. This involved the tragic death of a mother and child that had once resided in Southampton. This review considered information from five areas that the family had lived in as the mother and child had moved areas frequently during the child's short life. The report highlighted some very important cross boundary learning, and highlighted issues relating to domestic violence and abuse and the risks to children where mental health problems and domestic violence are present issues or concerns. The report can be reviewed on this link.

The Board also received an overview report regarding another case of a Southampton family where domestic violence concerns and mental health issues were present. The LSCB took a unanimous decision not to publish this review due to concerns regarding a surviving family member's wellbeing, a decision which was informed by professionals working with the family and one that was agreed by the National SCR Panel. The learning from these case reviews, along with issues identified in reviews that did not meet the criteria for SCR, or were delivered by other key partnerships in the City – including Southampton Safe City Partnership, Southampton Local Safeguarding Adults Board – is disseminated regularly to the local network. The Board hosted a joint learning event with these boards to ensure key messages and learning are fed into local services through ongoing learning and development work.

Previous reviews found common themes which have been translated into action by the LSCB. Below is a summary of the key areas highlighted. The learning from reviews of all levels is implemented by the LSCB and local services, and progress is monitored via action plans. At the end of this financial year 43 (31%) actions are complete, 82 (58%) of actions are underway, and 4 (2%) are red – these were escalated to Executive Group for further information / decision.

At the time each review is published the LSCB hold learning events to ensure professionals, and managers take action to address the issues identified in their own work. Over 600 professionals attended learning events for previous case reviews. During this year the LSCB

held a 'Learning from Case Reviews' event that was attended by over 100 professionals. This was a joint event with Southampton Safe City Partnership and the Southampton LSAB. The event summarised the key learning from case reviews carried out this year. It was clear as a result that the key areas for professionals to note are:

- **Domestic violence and abuse and mental health issues = high risk of serious harm or death** for all adults and children involved. Do not underestimate the risk of harm that the two issues together can generate, this includes risks to victims and perpetrators of DVA as well as children involved.
- **Knowing the history of a case to inform current practice can prevent future harm.** It is vital that the services involved with families and individuals know what has happened in the past. Keep up to date chronologies for cases where there are risks, find out what other services know, as this will help identify current risks or harm.
- **Use your instincts!** Don't just take what you hear from people (workers or clients) on face value, show 'inquisitive enquiry', ask where you are concerned, find out what you need to know and use this to inform what happens next.

The LSCB also learns about the quality of local practice and issues through reviews of cases that do not meet the 'serious' case review threshold. In Southampton two such reviews have been concluded or are underway with learning disseminated and actions included in the plans for the LSCB and individual services. These highlighted learning regarding;

- Neglect – identifying, ensuring responses are appropriate and awareness of impact
- Pre Birth risk management and assessments
- Trigger trio / think family issues

Multi Agency Learning events were held for these reviews with the professionals and managers involved to ensure that this was direct and immediate. Further learning events were also held for areas requiring wider learning such as in terms of supporting children with acute medical conditions in education settings, and focussing on identifying and responding to Neglect issues.

The LSCB received referrals for two very tragic cases of suspected suicide that were reviewed as part of the CDOP (see below) process. These cases were not considered to be at the threshold for a serious case review as defined in Working Together 2015, however the LSCB considered that the information presented warranted a thematic review into some related issues regarding online safety, peer to peer issues and the impact of these on children self

harm. This will be concluded in the first half of 2016-17 and reported to the Board to inform future plans in related areas.

Child Death Overview Panel

Every child is a tragedy, the Southampton LSCB sends its condolences to every family affected. During 2015-16 tragically there were 16 reported deaths of children normally resident in Southampton. In each of these cases the Southampton LSCB were notified of the case as detailed in statutory guidance, Working Together 2015. The cases were then referred to CDOP for review as appropriate.

Southampton shared the Child Death Overview Panel function and management with the 4LSCB's in Hampshire, Isle of Wight and Portsmouth until November 2015. Following this there was an agreement to split the CDOP function across the 4 areas. It is acknowledged that the previous arrangement allowed for shared resources and also learning across a larger area as is suggested in Working Together 2015.

24 child death cases from Southampton were reviewed during the period covered by this report. The reviews of cases during this year were split between a 4LSCB CDOP arrangement and the new Southampton only arrangement that was created in November 2015. Of the 24 reviews, 15 related to children that had tragically died during previous years and reporting periods. There were no modifiable factors found within the majority of cases reviewed during this financial year. Chromosomal, genetic and congenital anomalies was the most frequently identified category with Perinatal/neonatal death the second most identified. Sudden, unexpected and unexplained death was the third most frequent category identified. Other categories recorded in lower numbers included malignancy and acute medical or surgical conditions, chronic medical conditions, suicide or deliberate self harm and deliberately inflicted injury, abuse or neglect were also recorded as categories of death.

Further Actions taken as a result of CDOP reviews:

Two of these cases were referred to Southampton LSCB for consideration of Serious Case Review with one of these agreed as meeting the criteria – this resulted in a serious case review and subsequent learning being identified by the LSCB. In the case of one other child death, the referral fed into a decision to instigate a thematic review being delivered by the LSCB in 2016 in relation to self-harm and suicide.

Southampton's CDOP were also advised that the Princess Anne Neonatal service has developed an outreach service to ensure, in line with recent National and local Commissioning drivers, they encourage early discharge from the neonatal unit into community care. However, a small cluster of deaths in babies shortly after discharge,

prompted questions regarding the safety of the current practices. A review of the cases indicated that care and decision making was in line with accepted national and international practice. As a failsafe, however, the neonatal service has decided not to discharge babies before 34 weeks corrected gestation and to ensure that babies clearly demonstrate a period of physiological stability prior to discharge. In addition for babies with on-going complex needs the service has established a protocol of active referral to a named general paediatrician prior to discharge to enhance continuity of care if an admission to the paediatric wards becomes necessary. Going forward the CDOP panel plan to monitor neonatal deaths to ensue no further actions are indicated and whether there are any learning that would have national importance.

The Chair of CDOP in Southampton is working with a cross Hampshire working party to assist in developing a sustainable solution for the monitoring of mortality within the area. This work should bring improvements by identifying any modifiable factors across care, support and treatment that could improve outcomes for the wider community.

Multi Agency Audits

Four Multi-Agency Thematic Audits have also taken place this year on the following topics, each has a dedicated action plan and is monitored either by the Monitoring and Evaluation Sub Group or the main LSCB:

Teenage Conceptions

This review responded to a rising trend in the number of teenage conceptions compared to the national average that occurred among Southampton resident children (aged under 16 years) during 2013 to:

- a) Identify whether opportunities to safeguard children/young people had been missed
- b) Better understand circumstances and factors contributing to unplanned pregnancy to support future prevention activity
- c) Develop a clearer pathway for young people u18 years old who become pregnant.

The findings of this were reported to the LSCB in 2015, including key trends / vulnerabilities within the cohort reviewed of:

- Links to absence from school rates
- A third of cases were known to Child and Adolescent Mental Health services
- No children in care were identified in the cohort reviewed.

Actions taken as a result of the review were agreed to be integrated into the Teenage Pregnancy Plan for the City, with a Public Health lead. The LSCB agreed to have oversight and

seek assurance of the progress of this plan, requesting links with Childrens Services specifically where trends and vulnerabilities were identified.

Early Help

A multiagency review of early help cases open for 6 months or more was jointly commissioned by Southampton City Clinical Commissioning Group (CCG), Solent NHS Trust and Southampton City Council (SCC) and reported to LSCB in November 2015. This found:

- There should be clearer models of intervention which are structured and measurable.
- A Review of UHA (Universal Help Assessments) was needed. Possible options need to be agreed for the use of existing forms as referrals to Early Help.
- There is a requirement to improve clarity of consent and ability to share information between MASH and Early Help teams.
- There is a need to improve the quality of UHA and CiN Plans and ensure all families have a Plan in place.
- Clearer processes for sharing UHA and CiN plans are needed between professionals as well as a need to ensure plans are available to all core group members.
- A need to review and clarify thresholds, developing a shared language. One option might be to use the definition of different levels of intervention within the Healthy Child Programme: Universal / Universal Plus / Universal Partnership Plus.

At the same time as these findings were reported to the Board, the Local Authority provided an improvement plan detailing changes to the Early Help model in the City, reflecting on areas that would include these findings. An update to the board on progress of this is planned early in 2016-17.

Pre Birth Protocol Audit

This audit was delivered by Local Authority Children's Services and Health providers to establish the level of multi-agency collaboration and adherence to the LSCB Pre-birth protocol, to assess the quality of practice and joint decision making. This was an area of concern identified in SCRs in 2014 and a partnership review delivered in 2015. Particularly focussing on:

- a) Involvement and collaborative working of multi-agency partners;
- b) Early identification and notification;
- c) Quality of the assessments, intervention and planning;
- d) Experience of families; and
- e) How the process has improved the outcomes for the children involved.

The audit found that appropriate planning and intervention occurred for the unborn babies who were part of the audit process. The Board were presented with key recommendations from the audit team and an action plan led by the Local Authority to ensure improvements, the LSCB was assured that these actions would be completed by April 2016. The actions were agreed as:

- Review Joint Working Protocol specifically for Southampton
- Launch of revised protocol through local presentations and newsletter
- Develop Terms of reference and membership of a review panel
- Document escalation process within both Children's services and maternity services.

Met Audits

The LSCB agreed that the Missing Exploited and Trafficked Group would deliver regular audits to assess the quality of multi-agency interventions where these issues are a risk. The MET group have delivered one such audit this year to establish the success and quality of multi-agency partnership working in relation to looked after children placed out of area that are at risk of going missing, being exploited and/or being trafficked, especially focussing on:

- a) Level and quality of multi-agency partners' involvement.
- b) Success in intervention improving outcomes for the young person/s safety and wellbeing.
- c) Experience and views of young people and their families as relevant.
- d) How the intervention has impacted on the quality of life for the child/young person.
- e) Whether appropriate assessments have been carried out and pathways have been followed.
- f) The success of disruption and prevention methods.
- g) Identification of any key learning themes for further action.

The early findings of this audit have been reported to the MET group and the final report is due in 2016-17. Findings included the following which are to be developed into action:

- Cases selected were often being responded to prior to the local Police Goldstone Team and CSE Hub developments.
- Statutory work and planning had taken place in line with procedures.
- Further multi-agency information that could have been shared was not always evident despite often being available.
- Further multi agency planning and preparation for placements is needed to ensure full and robust responses.

- Emergency placements were evident in these cases – the speed and urgency for placements influenced the quality of these including full relevant agency handover to placement areas was not always apparent.
- Placements were not always informed by the assessment of risks and issues particular to the child.
- Language used to describe risks and issues of concern was of some concern again noting the timescale.
- There is a need to review guidance (if this exists) or develop new guidance for leads arranging placements for cases where CSE is a risk (whether emergency or not).

Section 11 Reviews

The LSCB has a structure in place to receive reviews from key services in Southampton who have a duty under Section 11 of the Children Act 2004. This places a duty on a range of organisations to ensure their functions and any services that they contract out to others are discharged regarding the need to safeguard and promote the welfare of children.

The LSCB Monitoring and Evaluation Group reviewed 29 Section 11 Reviews from partner agencies and their updates during this year. These include:

- Southampton City Council:
 - Children & Family Services; including early help, social care, youth offending, education & early Years
 - Adults Services
 - Housing Services
 - Licensing
 - Sport, leisure and culture services
 - Public Health
- CAFCASS (Child and Family Court Advisory Support Services)
- Hampshire Constabulary
- Hampshire Probation Trust / Community Rehabilitation Company
- Home Office – Border Force
- NHS (including Southampton City Clinical Commissioning Group, Solent NHS Trust, University Hospitals (Southampton) NHS Trust, Public Health and Southern Health)
- Jubilee Sailing Trust (requested by the Chair).

The following areas for development were identified in five or more Section 11 submissions:

- *All individuals who come into contact with children and young people on an individual basis have regular, minuted management supervision and can access further support when required.*

The agencies who responded often had supervision policies in place but could not confirm that they were documented appropriately. Other agencies were due to undertake audits in order to ensure that supervisions were timely and appropriate.

- *The agency has written e-safety policies and Procedures that are reviewed regularly.*

Six agencies stated that they did not yet have an e-safety policy and they also did not offer any specific e-safety training for their staff. One agency had an e-safety policy but this was not routinely shared as part of an induction.

- *Job descriptions are explicit which recognise responsibilities around safeguarding and promoting the welfare of children. These are explicit about the individual, professional (e.g. code of conduct i.e. NMC, GSCC, GTC) and organisational (e.g. line management) responsibilities*

This standard was noted as amber in seven Section 11/Updates. This is an issue for all services within Southampton City Council as job descriptions are standard and written by the Corporate Management Team. The Chair of the LSCB has been in discussion with the SCC Chief Executive and agreed that Safeguarding duties will be added to every Job Description within the Council.

Other standards that were rated as amber or red more than once included having clear escalation processes, Safeguarding Policies and making information available in other languages.

The LSCB requested a Section 11 from the Jubilee Sailing Trust, following safeguarding concerns being raised. The Section 11 was comprehensive and the Trust engaged fully with the process. Through this challenge, the Board were able to gain assurance and the Trust were signposted to further support where it was appropriate.

In 2016 - 17, the Section 11 process will be reviewed and the Board will seek ways of making it easier for all agencies involved.

The learning above has informed action plans that have been developed by each service, progress against these are reported back to the group on a six monthly basis.

Learning from Inspections

CQC: inspection of health provider services in relation to service provision for Looked after Children and Safeguarding children

In February 2016, CQC undertook a review inspection to explore the effectiveness of health services for looked after children and also the effectiveness of safeguarding arrangements in health services across Southampton. The review was coordinated by Southampton City Clinical Commissioning Group and took place on the 1st to the 5th of February 2016. Key health providers, University Hospital NHS Foundation Trust, Solent NHS Trust and Southern Health NHS Foundation Trust were involved in the review.

Areas of good practice and innovation were recognised by CQC, examples of which include:

- "...elements of positive "Think Family" practice within adult substance misuse services..."
- "...children and young people who attend the emergency department (ED) are safeguarded well..."
- innovative practice between CAMHS and ED to support young people
- an innovative model of supervision introduced across Solent NHS Trust and
- "...high quality service delivered for Looked after Children by Solent NHS Trust..."

Areas of improvement were also reported and recommendations made for agencies concerned. Some of the key themes identified by CQC were:

- Risk assessments for domestic abuse and sexual exploitation
- Recording details of fathers
- Think family approach across adult services
- Strengthen communication links between agencies

As a result of the recommendations, each agency has developed an action plan which is monitored via internal governance arrangements as well as via CCG Clinical Quality Review Meetings (CQRM) and safeguarding processes.

Ofsted inspected Southampton Local Authority twice in 2014, firstly in May 2014 and then again in July 2014. At the same time as this, Ofsted reviewed the LSCB. They saw evidence of many positive changes which should lead to improved safeguarding for children. They judged that it was too early to see the impact of these changes and so said that overall the LSCB requires improvement to become good. This judgment matched the LSCBs own assessment of its stage of development. The Board is confident that it will make these improvements in the coming year to be 'good' and strives to eventually become outstanding in its work.

The full Ofsted report can be found online at www.ofsted.gov.uk for details. The recommendations for the LSCB are summarised as below:

1. Use management information systematically to understand trends, quality and performance
2. Annual report to provide rigorous assessment of quality of multi agency practice
3. Develop protocols and guidance to support response to Female Genital Mutilation (FGM)
4. Ensure coordination and improvement of responses to children that go missing from home and care
5. Regular audits to evaluate quality of practice (not just process)
6. Develop learning and improvement plans from multi agency audits & ensure implemented
7. Ensure experiences and views of children and young people receiving help and support are clearly understood by the board and action is taken in response.

All recommendations are accepted and the LSCB has integrated actions within the refreshed Business Plan to ensure these are met. The LSCB monitors progress against these every 6 months at the main board meeting. At the time of writing all actions in response to the recommendations are underway with 48% of actions being complete.

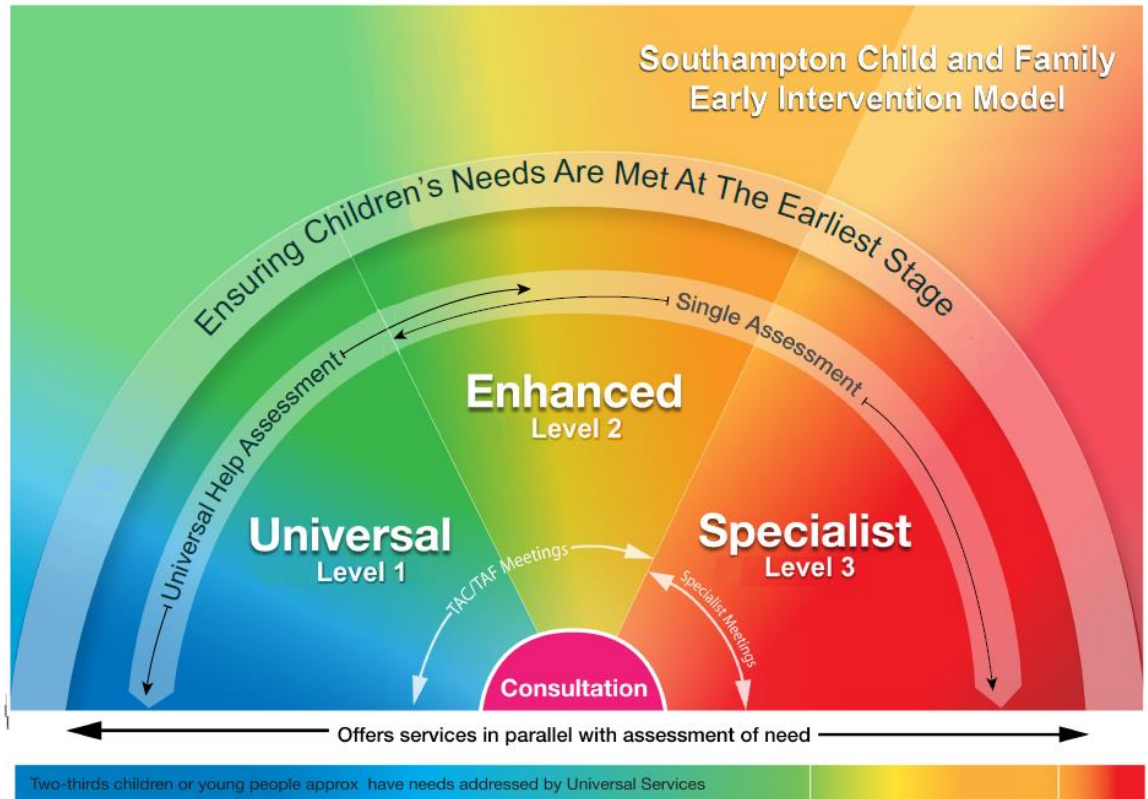
Ofsted deemed that the Local Authority Children's services in Southampton require improvement because:

1. Politicians have not been meeting their corporate parenting responsibilities to champion Looked after Children and care leavers and ensure that their needs are met.
2. Too many care leavers are not in education, employment and or training. Only three care leavers were in higher education.
3. Over 30% of care leavers are either not in touch with services or assessed as living in unsuitable accommodation.
4. Adoption is not achieved quickly enough for a small minority (17%) of Looked after Children.
5. Care plans for Looked after Children are neither thorough nor comprehensive and therefore are not effective in assisting practitioners in their work to ensure that all children's needs are being met.
6. The majority of Looked after Children do not receive good quality life story work.
7. Looked after reviews are too often delayed or not held at the right time.
8. Arrangements to respond to children who go missing from home and care are not sufficiently robust.

9. Strategy discussions do not always include all appropriate agencies and are poorly recorded.
10. Case recording is often not sufficiently detailed nor purposefully linked to the care plan of the child.
11. The supervision of social workers does not consistently promote reflective practice.
12. Performance management arrangements are not sufficiently focused on improving the quality of work with children and families.

The LSCB receives details of the status of the Local Authority action plan in response to these findings and gains 6 monthly updates on progress of this.

Outcomes for Children & Young People in



Southampton

This section of the report focusses on analysis of the outcomes for Children and Young People in Southampton during the period 2015-16. It uses the format of The Southampton Child and Family Early Intervention Model and Threshold Document to explain this. The Threshold Document was adopted by the LSCB in 2014, it provides professionals in the City with a framework to identify when a child and their family may need additional support as well as giving examples of some of the indicators that could suggest support is needed. The Model reflects a continuum levels of support from Universal to Specialist Services. The diagram above represents the continuum of support demonstrated within the Model. The full document is available on the LSCB website www.southamptonlscb.co.uk.

The information analysed in the section that follows has been selected from a data set presented at each main LSCB meeting during 2014-15. Statistical Neighbour and National Average figures have been used where available and appropriate to provide comparison.

What we know about Children in Southampton

The current population of Southampton is 249,500 of which 127,200 are male and 122,400 are female. Approximately 49,150 children under the age of 18 years live in the city. This is 19.7% of the total population in the area. (Mid-Year Estimate 2015).

Children and young people from ethnic groups account for 19.7% of all children living in Southampton. The largest ethnic groups of children and young people in the area are Asian or British Asian (2011 Census).

The proportion of children and young people whose first language is not English in primary schools is 27.3% compared to the England average 20.1% and in secondary schools this is 21.3% compared to an England average of 15.7% (LAIT Department of Education 2015).

Around 22.7% of children are living in poverty whilst the national average is 18.6% (Personal Tax Credits: Related Statistics - Child Poverty Statistics 2013).

The proportion of children entitled to free school meals in primary schools is 18.1% against a national average of 14.5%. (LAIT Department of Education 2015).

The LSCB receives details of the Child Health Profile for the city as this is published each year by Public Health England. The full report is available via www.chimat.org.uk –the headlines this year for Southampton are as follows.

- The health and wellbeing of children in Southampton is generally worse than the England average. Infant and child mortality rates are similar to the England average
- The rate of family homelessness is similar to the England average.
- 29.9% of five year olds have one or more decayed, filled or missing teeth (similar to England average).
- Children in Southampton have similar levels of obesity as the England average
- A similar percentage of mothers initiate breastfeeding compared with the England average, with 73.2% breastfeeding at birth. However there is no data within the profile to suggest if this level is sustained at 6-8 weeks after birth. This is lower than the European average of 89.1%
- A higher percentage of children (95.7%) have received their first dose of immunisation by the age of two in Southampton.
- By the age of five, 90.8% of children have received their second dose of MMR immunisation which is higher than the England average.

- For Children in Care immunisation rates are lower. 68.0% are reported in this to have had up-to-date immunisations - significantly lower than the national average of 87.8% and highlighting a gap compared to 'other' children. The LSCB will monitor this and seek assurance from relevant partners and partnerships to ensure focussed action.
- The rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose shows a reducing trend when compared to the previous period and the rate remains significantly higher than the national average.
- The rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is lower this year than the previous period, it remains a higher rate than the national average with 330 emergency admissions in 2014-15
- In 2013, approximately 129 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is higher than the regional average. The area has a higher teenage conception rate compared with the England average. This has influenced the LSCB audit – teenage conceptions being a focussed multi agency activity (See “What has the LSCB learned” section).
- In 2013/14, 36 or 1.2% of women giving birth in this area were aged under 18 years. This is higher than the national average.
- In terms of young people offending in Southampton the LSCB receives updates regarding first time entrants to the criminal justice system and re-offending rates. At the end of the year Southampton has a higher rate of first time entrants aged 10-17 years compared to the national average. Per 100,000 of the population this stands at 549.3, compared to 409.1 and is an increase on last year's figure of 533. The local target is 500. The LSCB continues to monitor this. 36.5% of Young people re-offend in 12 month period from original their offence in Southampton. This is below the statistical neighbour average however is above the national average of 35.6%.

Universal Services

Early Years & Education

Ofsted findings for Children's Centres in the South East published in September 2014 place Southampton in the top 3 performing local authorities. All of the centres in the City have been rated either good or outstanding.

A high proportion of Early Years Providers are good or outstanding with none being rated as inadequate. 2014 was the second year of the new Good Level of Development indicator introduced by DfE, and 62% of children achieved this compared to a national average of 60%.

86% of Southampton schools judged either outstanding or good with 85% of our children attending these schools, this is higher than a national average of 78%. Currently 82.2% of children attend an Outstanding or Good school in the city.

The Board received and noted the following reports detailing 2015 education attainment:-

- (i) EYFS – KS5 Overview of Performance;
- (ii) Headline KS4 GCSE Results;
- (iii) LAC Attainment EYFS – KS4; and
- (iv) LAC KS4 Results.

Figure 1. Key Stage 2 Attainment

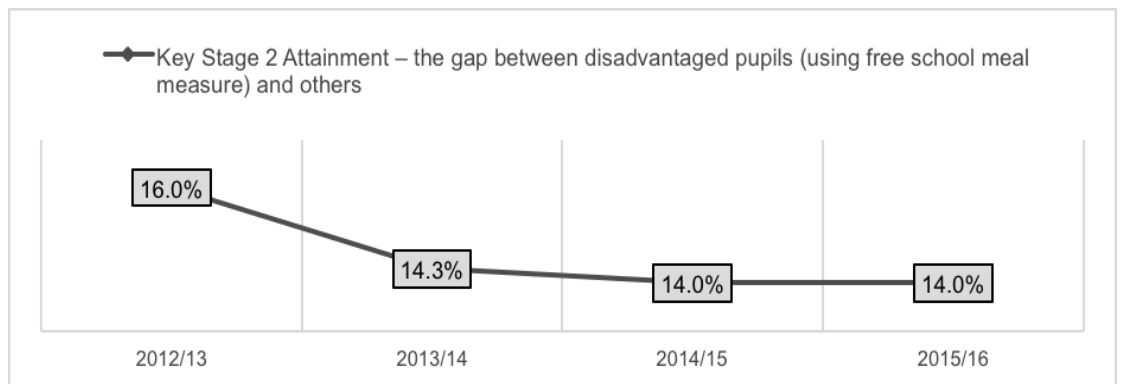
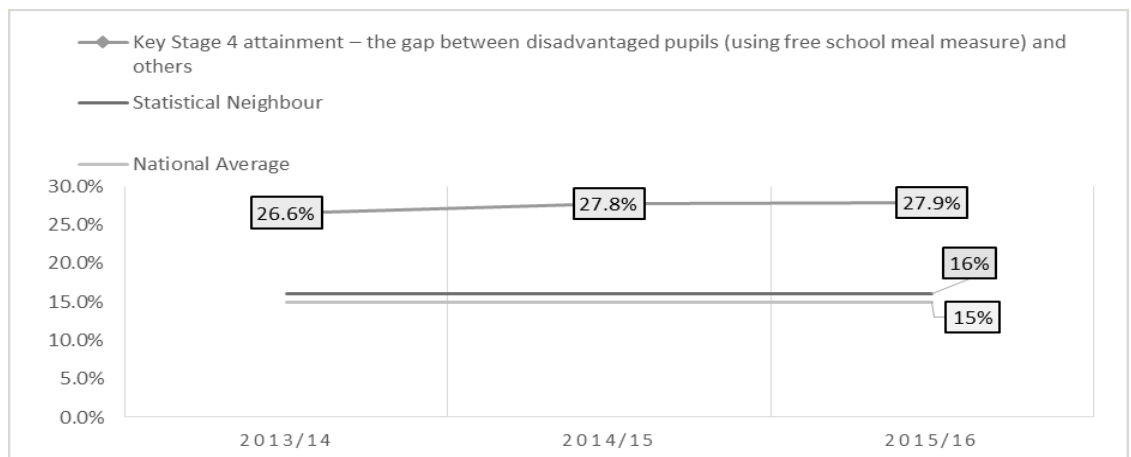


Figure 2. Key Stage 4 Attainment



The gap between disadvantaged pupils and others for Key Stage 2 attainment in 2015/16 has remained the same since 2014/15, whilst the corresponding gap for Key Stage 4 attainment in 2015/16 has changed by 0.1% since 2014/15.

In terms of attainment there is a mixed picture in Southampton. Children are reported to be achieving above the national average at Early Years Foundation Stage and at the national average at Key Stage 1. They are attaining just below national average at Key Stage 2 for the first time in 6 years.

There are further challenges in attainment of our children beyond this. At Key stage 4 there is a 3.2% gap in Southampton (50.6%) compared to the national average (53.8%) of pupils gaining 5+ GCSE's at grades A-C. This is a larger gap than previous years indicating a drop in performance.

11% of CLA pupils achieved 5+ A*-C including English and Maths GCSE, this is a decrease of 7% from 2014 when 18% of pupils achieved. Southampton's 2015 performance is in line with the 2014 National performance of 12%.

15% of pupils achieved 5+ A*-C GCSE, this is a decrease of 14% from 2014 when 29% of pupils achieved this. Southampton's 2015 performance is in line with the 2014 National performance of 16%.

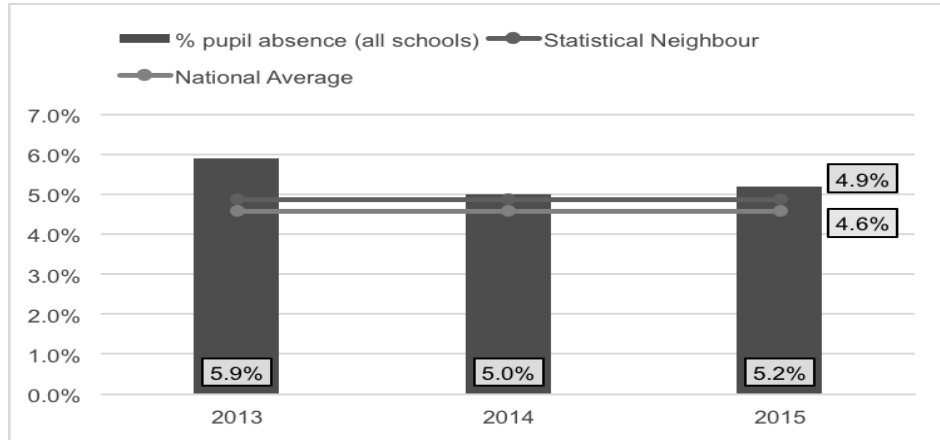
19% of pupils achieved A*-C GCSE in English and Maths, this is broadly in line with the 2014 when 21% (6 no.) of pupils achieved. This is above the 2014 National performance of 14% by 5%.

Data reported to the LSCB highlights that there are particular concerns in terms of the rate of total school attendance. The percentage of pupil absence in the City has decreased to 5.2% in 2015 from 5.9% in 2013. This figure was at its lowest last year however, at 5.0%. Southampton's figure is above that of our Statistical Neighbours (4.9%) and the National Average (4.6%). A task group to tackle this has been established.

Pupil absence at primary school level is 4.5% with the national absence level at 4.0%. This is a gap of 0.5%, a difference of 13,166 days. This gap increases at secondary school level to 0.8% (a difference of 11,913 days). Southampton's figure is 6.1% whilst the national absence is 5.3%. For Special Schools the gap is even larger, at 1.9% (a difference of 1191 days). The total number of days required to make Southampton's children's attendance aligned with the national average is 26,270 days of schooling.

The attendance rate is an area that needs particular focus, there are links to safety risks for children not attending school as well as poor outcomes in future and the LSCB will seek assurance of plans to improve this.

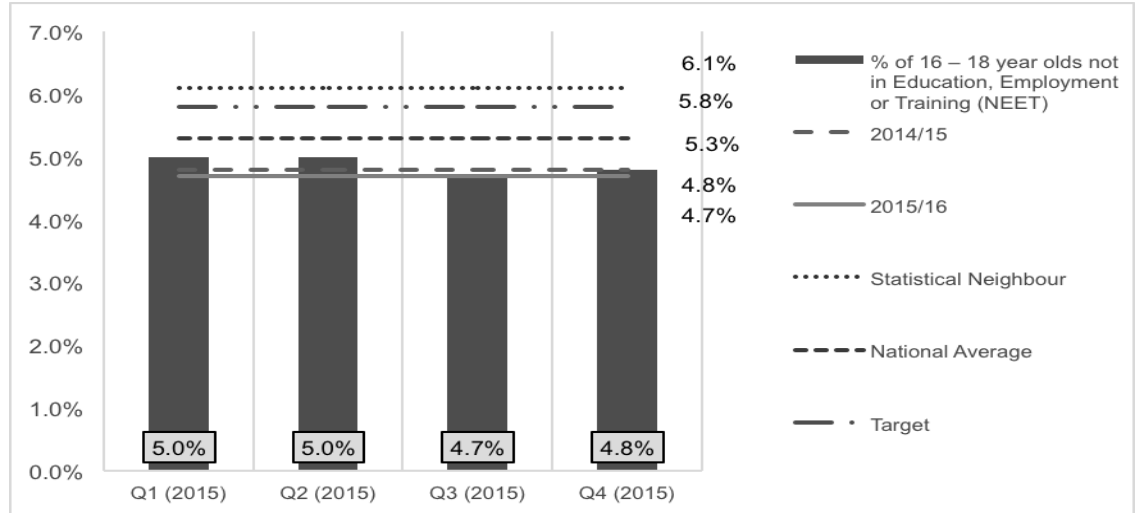
Figure 3. Percentage of Pupil Absence across All Schools



In 2014 Southampton’s Key Stage 5 performance is rated in terms of points score per candidate in level 3 qualifications for students aged 16-18 years old at the end of A-level study. This was 598.9 compared to a national average of 698.5 which is again below the national average.

The percentage of young people not in employment, education or training (NEET) is below the national average (5.3%) and the rate for our statistical neighbours (6.1%), this demonstrates success which needs to be sustained.

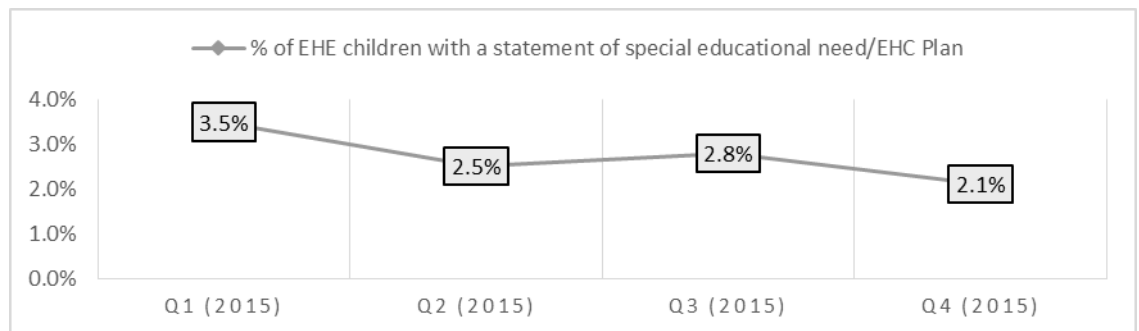
Figure 4. 16-18 Year Olds NEET



The LSCB will continue to monitor levels of attainment and attendance as well as NEET figures in relation to areas highlighted above.

There has been a reduction in the number of EHE children with a statement of SEN / plan – not clear on why – LSCB has established an Education Task and Finish Group to seek safeguarding assurance on EHE and other issues.

Figure 5. Percentage of Electively Home Educated Children with a Statement of Special Educational Needs



Health

Southampton Health Services also submit quarterly data to the LSCB, in addition to the data analysed using Chi-Mat explored in earlier sections. The focus of the LSCB Health indicators are regarding Health Assessments for Children Looked After, which is detailed in the relevant

section that follows. The LSCB plans to review indicators on the data set during the coming year which may lead to further Health issues being reported, potentially linked to the Joint Strategic Needs Assessment and Chi Mat Data.

Where there are safeguarding concerns

MASH

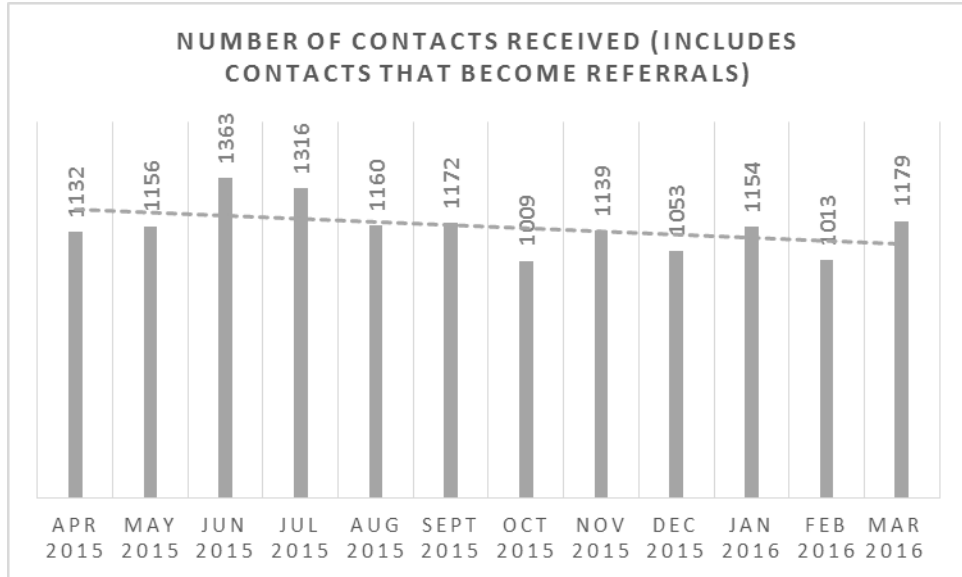
The LSCB oversaw the development of the Southampton MASH (Multi Agency Safeguarding Hub) during this period. Since its inception in March 2014 a 6 monthly report has been requested by the LSCB which has covered data and performance information regarding the MASH and Early Help Service.

Children and Family Services has led the development of the MASH which was positively viewed by Ofsted and is held in high regard by other areas who often visit to see it in action. The positive partnership working in the city is clearly demonstrated in the MASH with all key areas now participating and having dedicated MASH roles. The Local Authority has also taken steps during this period to develop linked multi agency responses to key areas. The MASH and Child Protection Teams have now been integrated in the service, and developments planned relating to embedding multi agency responses to Child Sexual Exploitation, linked to Hampshire Constabulary work on a CSE Hub and Domestic Violence (via a joined MASH and MARAC). Reports to the LSCB have highlighted issues around engagement of adult focussed services in the MASH, which has been resolved to some extent, and the need for further analysis of information that is held with the MASH. The LSCB has and continues to seek assurance of the MASH operation and the planned future developments. The LSCB is also seeking assurance of the future multi agency governance arrangements for the service.

Across this year there is a slight decrease in the number of contacts received by the MASH. On a monthly basis though there are significant fluctuations throughout the year. The most number of contacts received was 1,363 in June and the lowest number of contacts received was 1,009 in October; this is a change of 26%. Figures from last financial year also show an increase in contacts in the month of June.

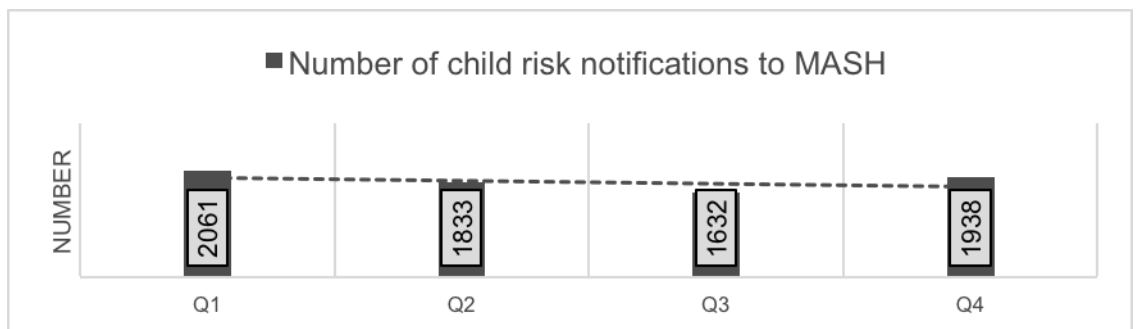
The total number of contacts received this financial year by the MASH totalled 13,846 – which is a similar figure to the previous year.

Figure 6. Number of Contacts Received by the MASH (Including Contacts that Become Referrals)



The highest % of referrals to ‘front door’ services such as the MASH are reported by DfE to come from Police (around 25%) with Schools, Health services and Individuals / family being other main referrers. Looking at the following figure, locally notifications from the Police have decreased from Q1 to Q4 by 6% which is not a significant change. However, on a quarterly basis this figure has fluctuated from quarter to quarter.

Figure 7. Number of Child Risk Notifications to MASH from Hampshire Constabulary

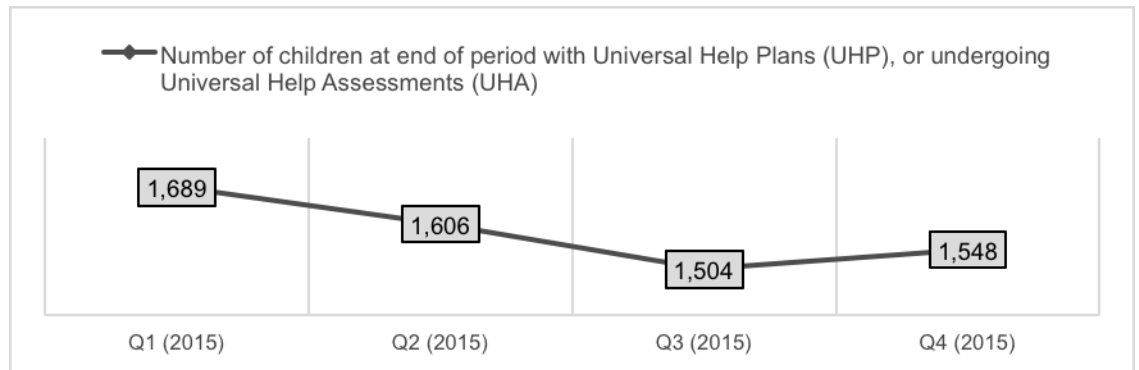


Early Help

Early help services were established as coordinated teams by the Local Authority in early 2014. Following an audit and review presented to the LSCB in 2015, reported earlier in this document, action is being taken by the key partners led by the Local Authority, to improve the Early Help process including assessment and response.

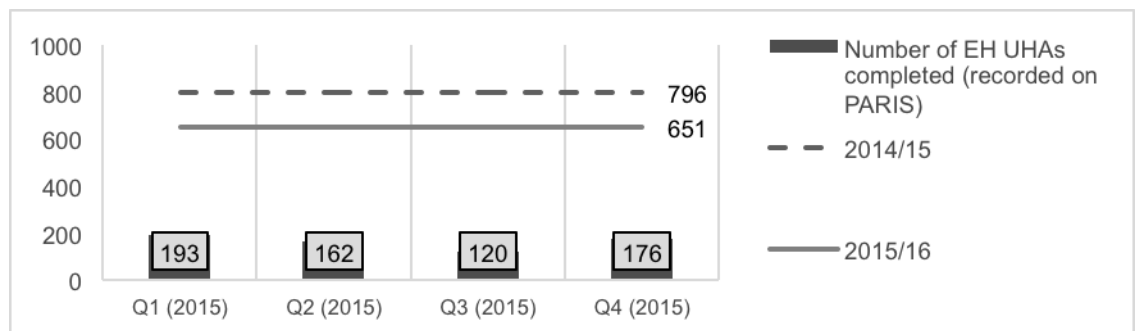
The volume of work entering Early Help is measured at this point by the number of children with Universal Help Plans or undergoing Universal Help Assessment. The number of children at period end with Universal Help Plans has decreased from 1,689 at the end of Q1 to 1,548 at the end of Q4. This measure does not count those subject to other 'universal help' offers in the local partnership so cannot be seen as a true reflection of the numbers.

Figure 8. Number of Children with Universal Help Plans or Undergoing a Universal Help Assessment



The number of Early Help Universal Help Assessments completed in 2015/16 is 651 which is a decrease on the figure for 2014/15 which was 796. On a quarterly basis, the number has decreased from Q1 to Q3 but there was a significant increase from Q3 to Q4.

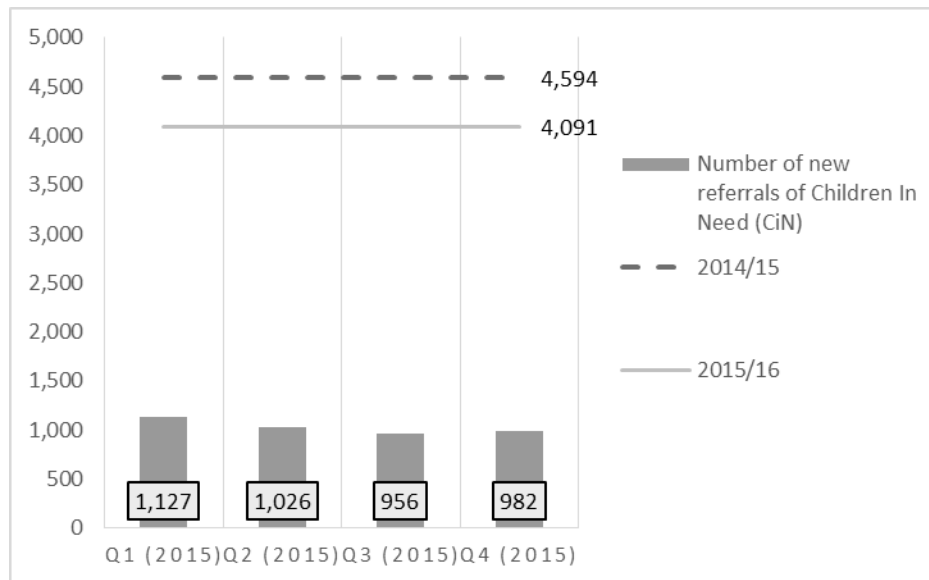
Figure 9. Number of Early Help Universal Help Assessments Completed.



Children in need of help and protection

The number of new Children in Need referrals has reduced by 11% compared to last year. The explanation is that the Local Authority has introduced clearer processes to improve the figures positively. However the rate of new Children in Need referrals in Southampton (668 per 10,000) is still higher than the national average (573 per 10,000 population) and the rate of children in need has increased from 413 per 10,000 population in Q1 to 645 in Q4. This is significantly higher than the statistical neighbour average (432) and National Average (346).

Figure 10. Number of New Referrals of Children in Need



The percentage of re referrals within 12 months for children in need could explain this as the service has seen a rise in the percentage of these from 12.2% in Q1 to 19.3% in Q4. New processes are being introduced to manage children in need cases by the Local Authority, and the board will receive updates on the progress of these for assurance purposes during 2016-17.

Figure 101. Rate of Child in Need Referrals Received per 10,000

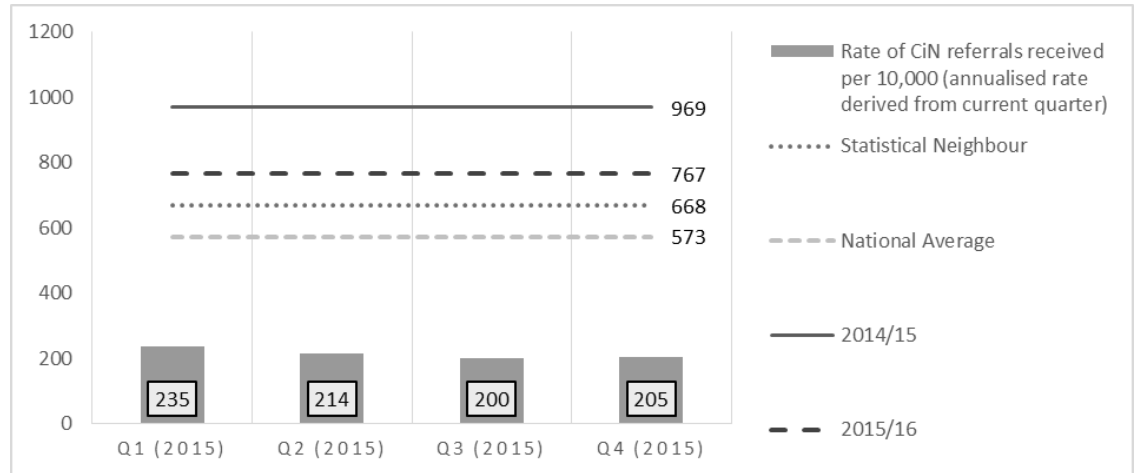
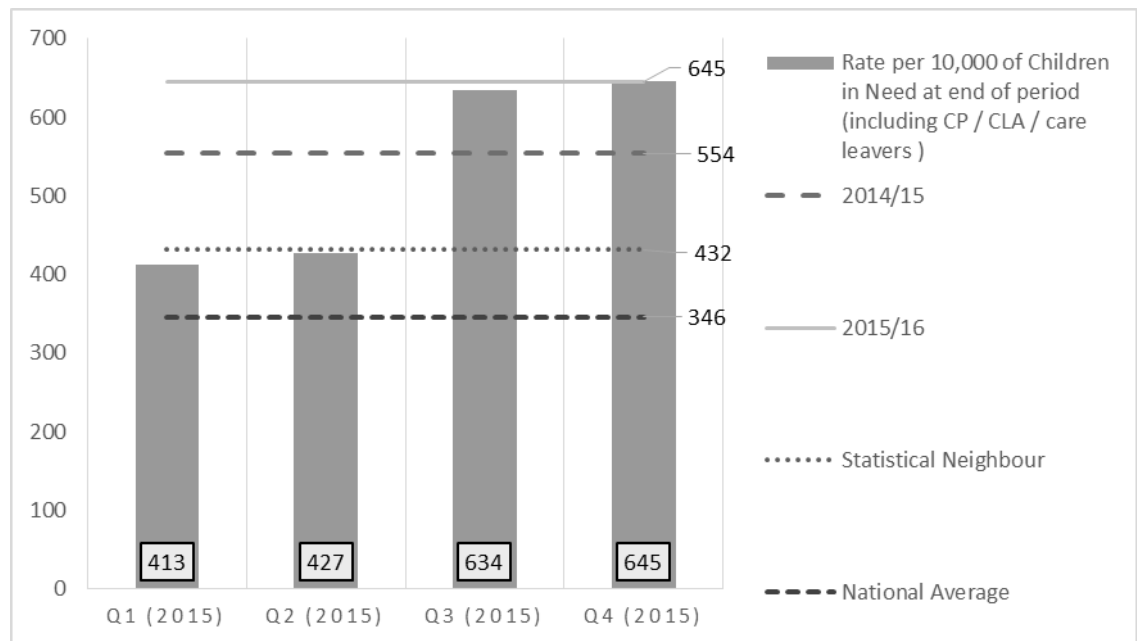


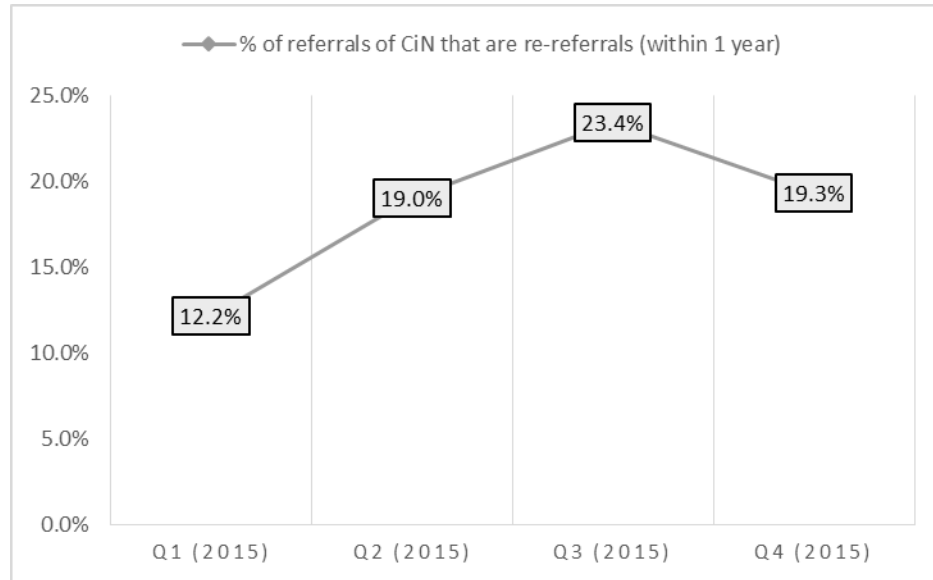
Figure 112. Rate of Children in Need per 10,000 at end of Period



The percentage of re referrals within 12 months for children in need could explain this as the service has seen a rise in the percentage of these from 12.2% in Q1 to 19.3% in Q4. New

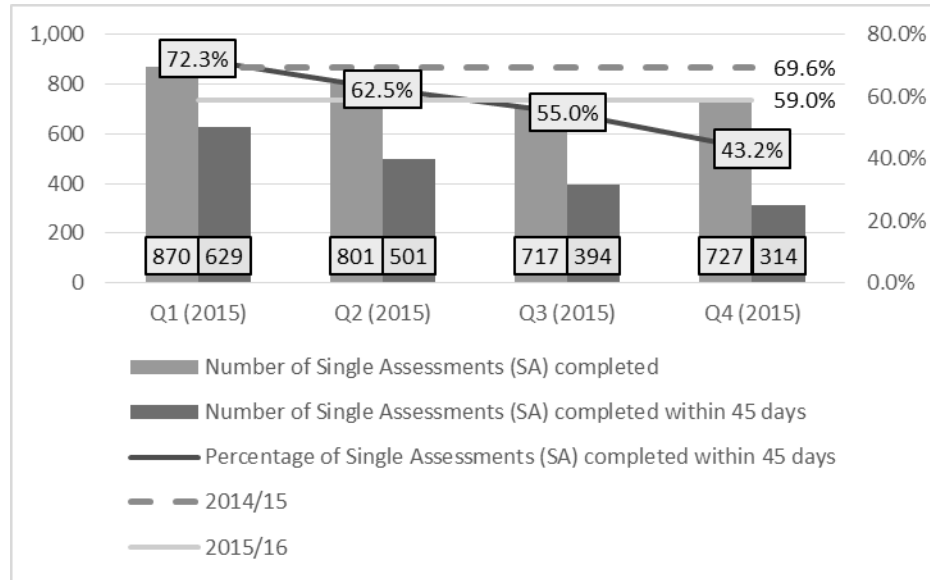
processes are being introduced to manage children in need cases by the Local Authority, and the board will receive updates on the progress of these for assurance purposes during 2016-17.

Figure 13. Percentage of Referrals that are Re-referrals within 1 Year



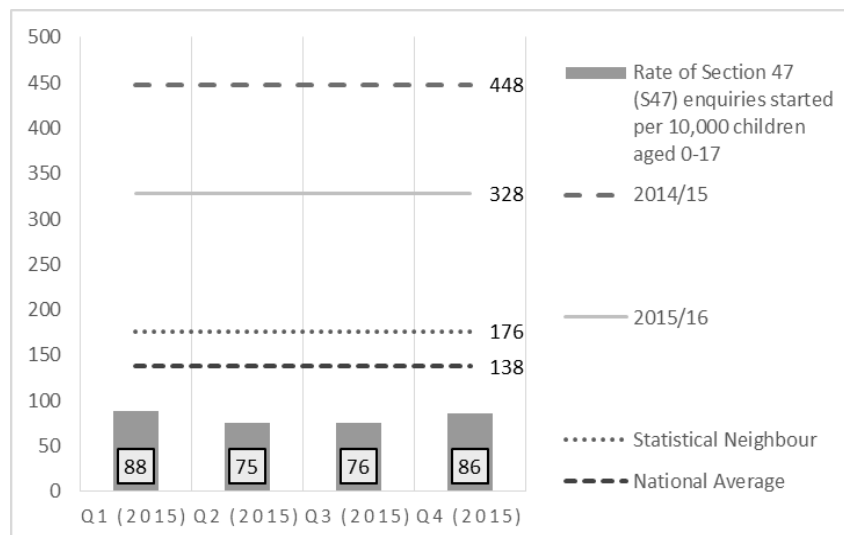
The years data showed declining performance in terms of the number and percentage of single assessments completed within Children’s Services in the 45 day timescale. In Q1 the figure was 72.3% and in Q4 this was 43.2%. The Local Authority has reported to the LSCB that remedial action is being taken with a focus on ensuring outstanding assessments are acted upon and have provided assurance that positive improvements to this will be demonstrated in data for Q1 2016-17.

Figure 124. Single Assessments Completed Within Timescales



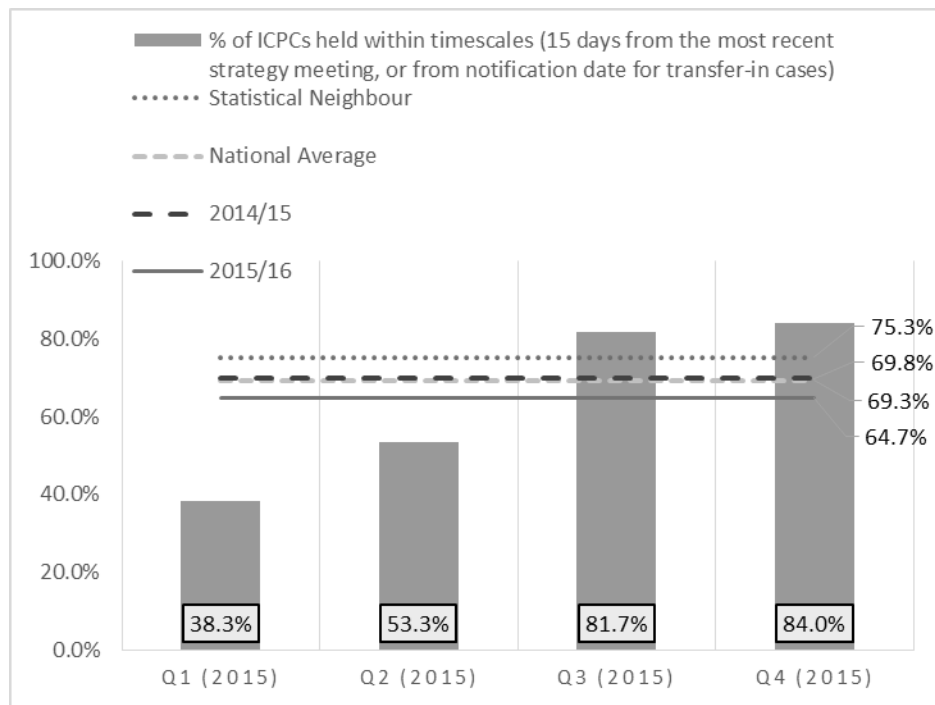
The rate of Section 47 enquiries started in Southampton has decreased from 448 per 10,000 population in 2014-15 to 328 this year. This remains a significantly higher rate than the statistical neighbour average of 176 per 10,000 of the population, and the national average of 138 per 10,000.

Figure 135. Rate of Section 47 Enquiries Started per 10,000 (aged 0-17)



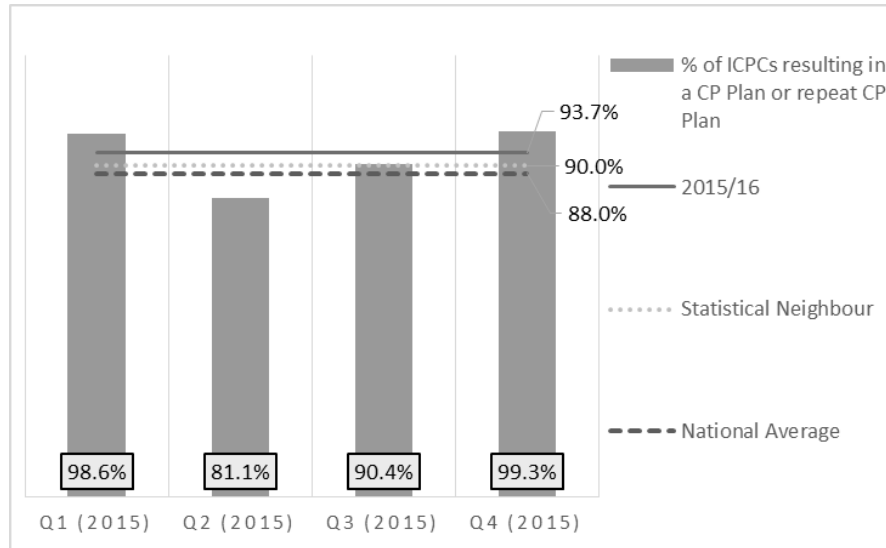
During the year concerns were raised at LSCB regarding the percentage of Initial Child Protection Conferences completed within timescales, this has shown a marked improvement from 38.3% in Q1 to 84% in Q4. This is higher than the performance of statistical neighbours at 75.3% and the national average at 69.3%.

Figure 16. Percentage of ICPCs Held Within Timescales



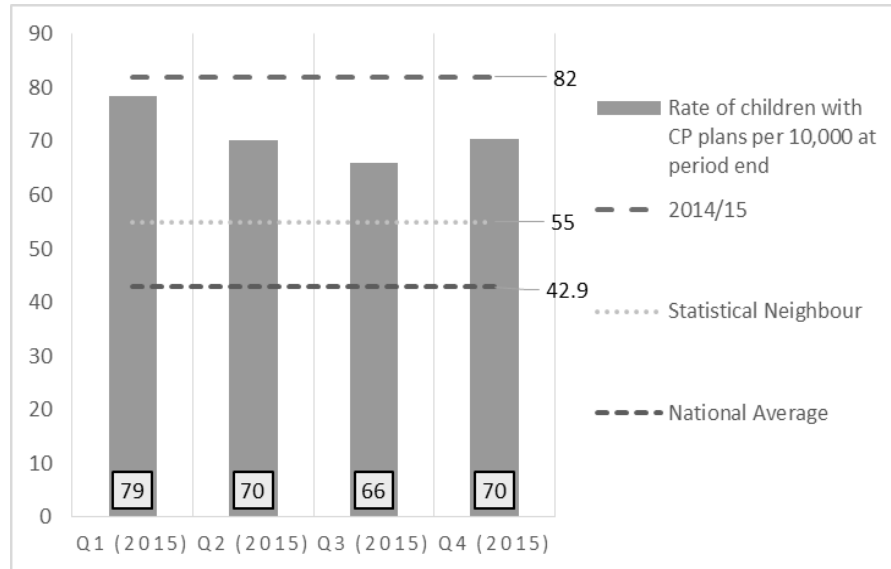
The percentage of Initial Child Protection Conferences resulting in a Child Protection Plan or Repeat Child Protection Plan is 93.7% for 2015/16. This is a new measure brought in this year so no comparison to last year is available. Quarterly, the figure has increased from Q2 (81.1%) to Q4 (99.3%) where there was a decrease from Q1 (98.6%). Southampton's figure is higher than that of our Statistical Neighbours (90.0%) and the National Average (88.0%). Our target is to be in line with the National Average, 88.0%.

Figure 17. Percentage of ICPCs Resulting in a CP Plan or Repeat CP Plan



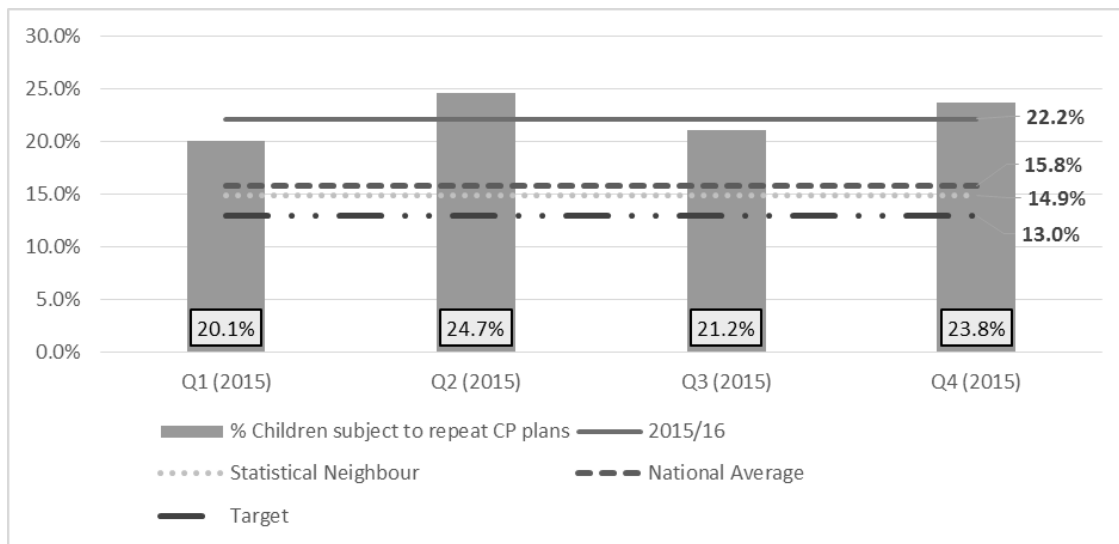
The number of children with a child protection plan at the end of this period is 337, lower than the previous year end figure of 389. There is a reducing trend in numbers over the year however the rate of Children subject to a Child Protection Plan of 70 per 10,000 of the population is still significantly higher than the statistical neighbour (55) and national average (43).

Figure 18. Rate of Children with CP Plans per 10,000 at Period End



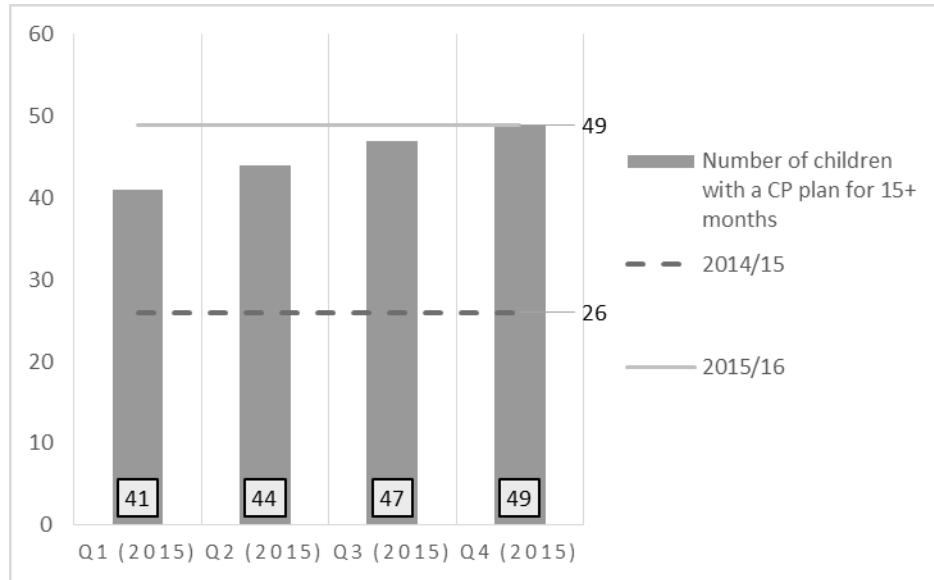
The percentage of children subject to repeat child protection plan (previously on a plan at any time) stands at 22.2% at the end of 2015-16. This is higher than the statistical neighbour average of 14.9% and national average of 15.8%. When looking at repeat referrals within a two year period there is a theme linked to domestic abuse. Therefore this data is being used to shape and inform the new Domestic Abuse project within the city.

Figure 19. Percentage of Children Subject to Repeat Child Protection Plans



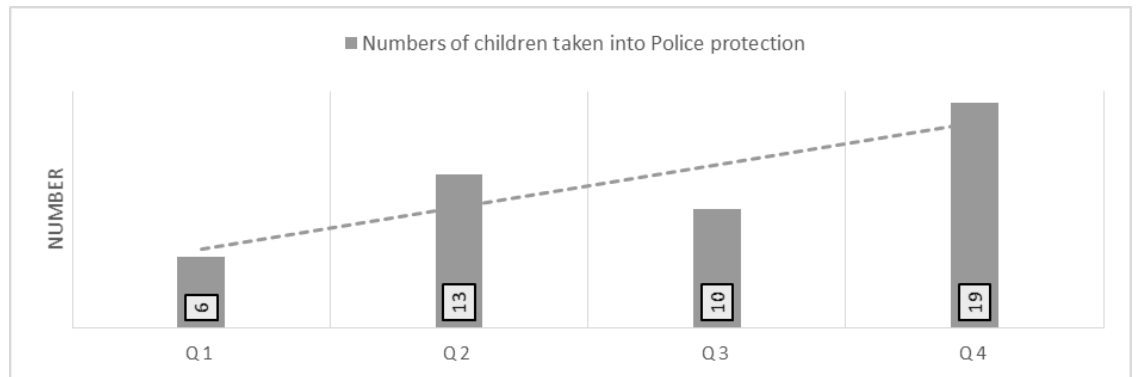
The number of children with a child protection plan for over 15 months has risen significantly since last year. This was 26 at the end of 2014/15 and 49 at the end of this financial year. The Local Authority has assured the Board that this is subject to a thematic audit and actions will be taken to address this rising trend. The Board will receive updates on this

Figure 20. Number of Children with a CP Plan for 15+ Months



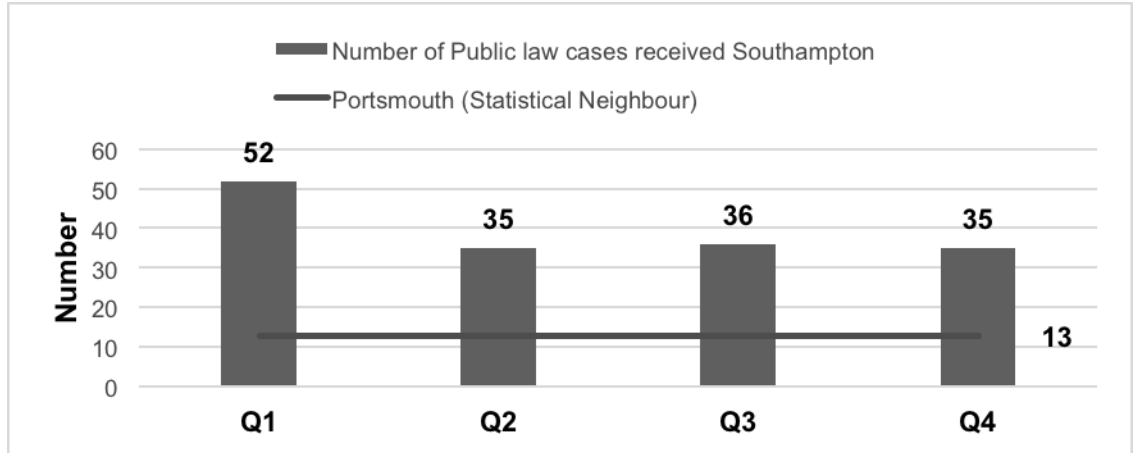
Q4 saw a significant increase in number of children taken into police protection – reflecting an increasing trend over the year - with 36 children over the year being protected

Figure 21. Number of Children Take into Police Protection



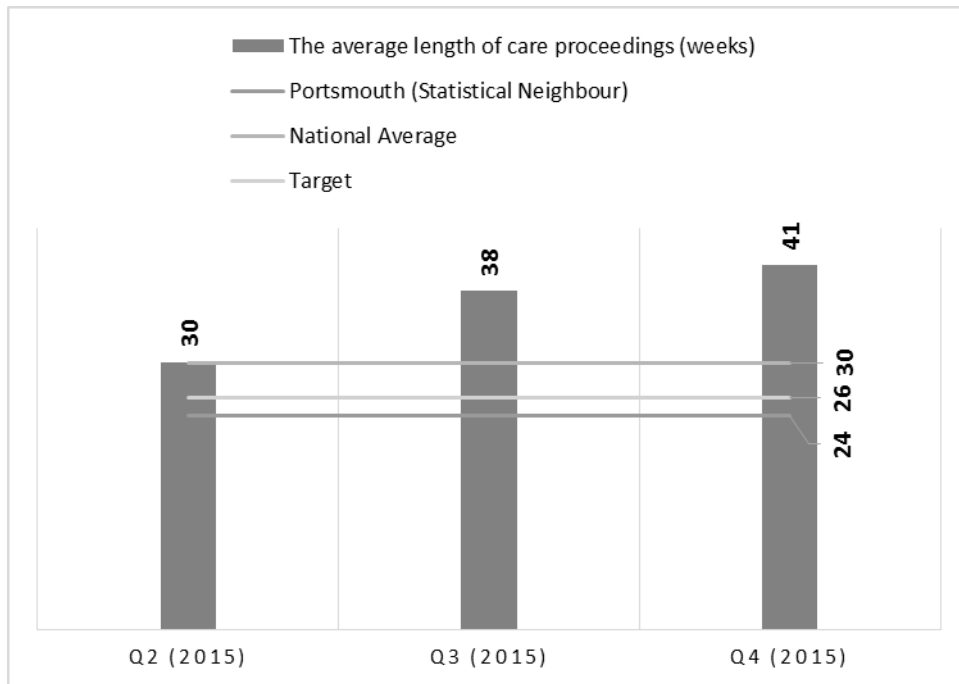
In terms of public law family cases relating to protection, CAFCASS report as below for Southampton:

Figure 22. Number of Public Law Cases Received Last Quarter (Cafcass)



For 2015/16, the total number of public law cases is 158. On a quarterly basis there has been a decrease in the number since Q1 (52). However, there has been no significant change in the number over Q2, 3 and 4.

Figure 23. Average Length of Care Proceedings in Weeks



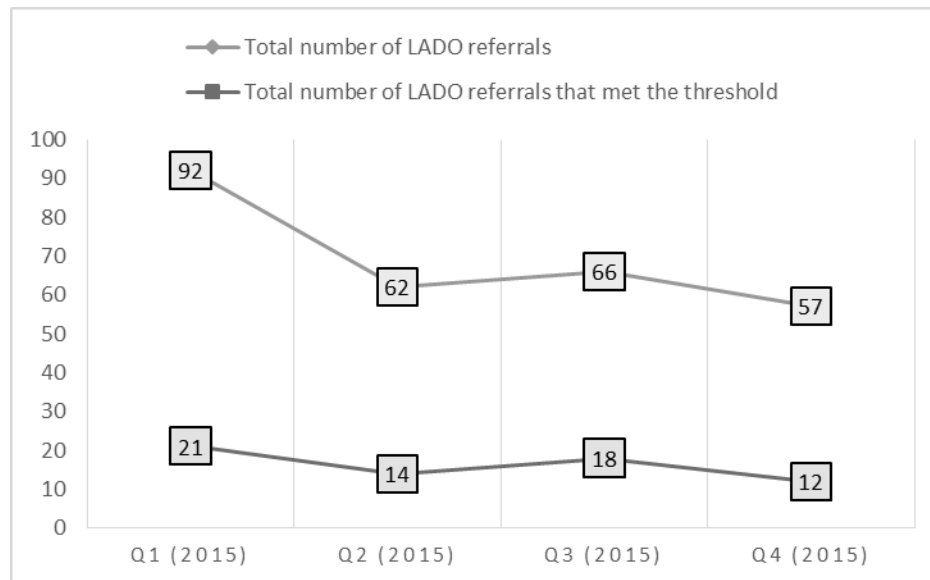
The Local Authority have advised the Board that staff changes during the course of proceedings continues to be an issue in some cases. For Portsmouth the average length of care proceedings is 24 weeks and for Southampton it's 41 weeks. The national average for the length of care proceedings is 30 weeks. In Hampshire, for the Designated Family Judge area the average length is 28 weeks.

Over the past three quarters there has been a rise in the average length of care proceedings. Southampton's figure is 41% higher than (our statistical neighbour) Portsmouth's this quarter and 37% higher than the target of 26 weeks. It must be noted that the increase in the figure from Quarter 3 to Quarter 4 is not as great as that seen from Quarter 2 to Quarter 3.

Allegations against Staff & Volunteers

The LADO (Local Authority Designated Officer) reports annually to the LSCB, the figures below highlight the number of referrals and those of these met the threshold for LADO. The LADO is employed by the Local Authority. There are no national or statistical neighbour comparators to use to analyse this figure. The LADO has delivered workshops via the LSCB to raise awareness of procedures to respond to allegations against staff and volunteers in Southampton.

Figure 24. Total Number of LADO Referrals and Those That Met Threshold



Children Looked After

Southampton has higher than average numbers of Looked after Children. The figure through out the year has fluctuated from 624 in Q1 to 591 at the end of this financial year showing a decreasing trend.

Figure 25. Number of Looked After Children at Period End

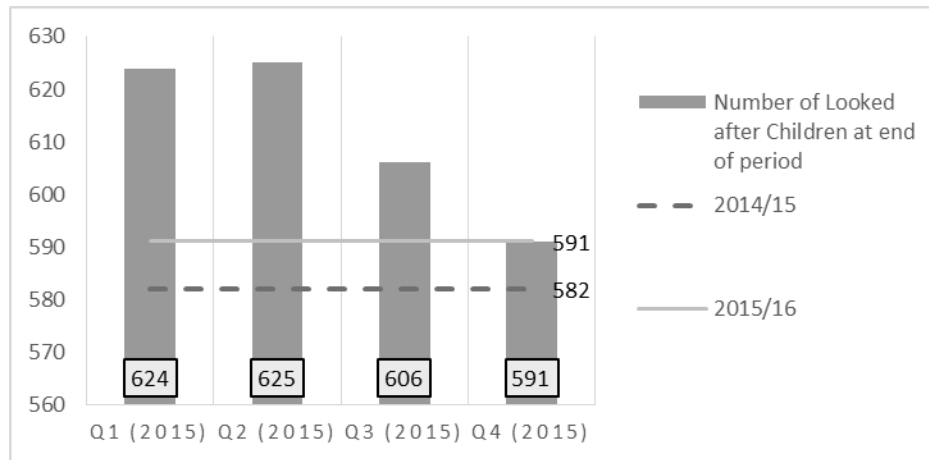
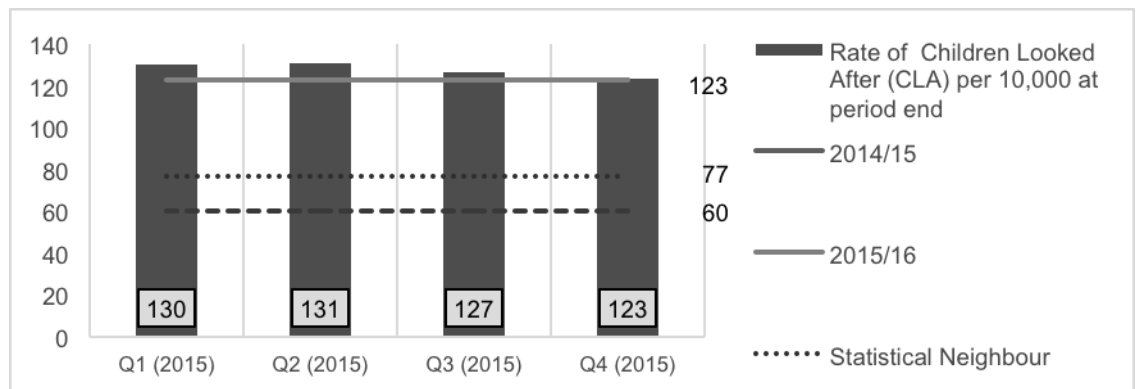
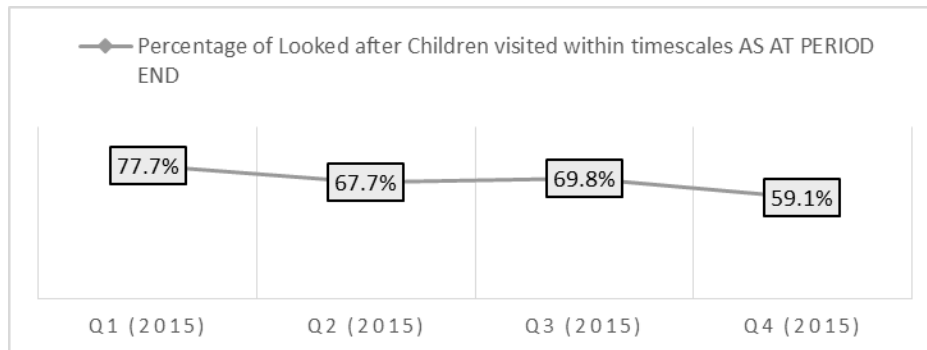


Figure 26. Rate of Looked After Children



The rate of Children that are looked after by the local authority is 123 per 10,000 of the population – significantly higher than statistical neighbour average (77) and national average (60).

Figure 27. Percentage of Looked After Children Visited Within Timescales



The percentage of Looked After Children visited by the Local Authority within timescales at period end has decreased from Q1 (77.7%) to Q4 (59.1%).

While the high number of LAC provides assurance that thresholds for ensuring children are safe are being applied, there are concerns regarding this particularly in relation to the length of time to ensure permanent safe arrangements are made. The outcomes for children that become looked after are poorer than the general population, this can be exacerbated if the turnaround time to ensure safe resettlement, or permanence is long.

The safeguarding of children and young people comes first. While the large number of LAC does also provide a concern in terms of pressures on the child protection system this would not be a reason to adjust thresholds, however the LSCB will continue to seek further details and assurance of work in this area particularly around timeliness and the Local Authority ability to respond to high numbers safely. The local authority has assured the Board that local scrutiny of this issue are in place, including a Children in Care panel and specific projects regarding children on the 'edge of care'. The service also assured the Board of their plans to improve permanence arrangements.

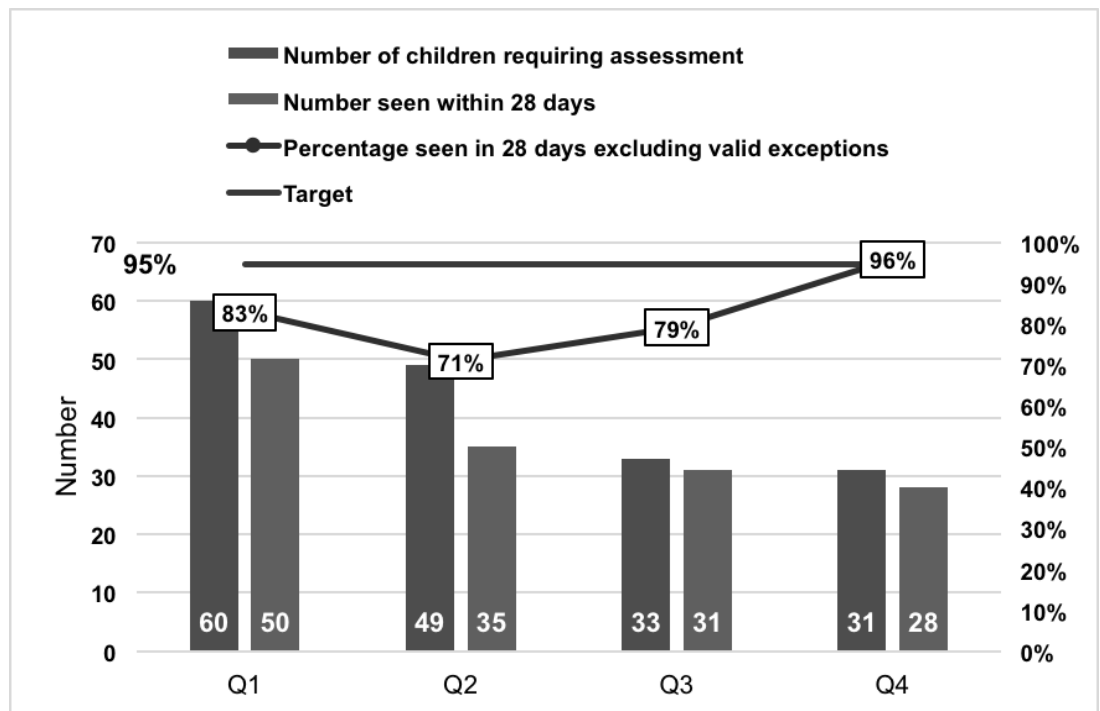
The impact on outcomes for children that are looked after by the Local Authority are generally poorer than for 'other' children, local data demonstrates this. For example:

- Immunisation rates are lower. 68.1% are reported in the Child Health Profile to have had up-to-date immunisations - significantly lower than the national average of 87.1%
- While there was a some increase in Children Looked After attaining A*-C in English and Maths GCSE this year there is still a gap in 5+ GCSE attainment that needs addressing. This gap extends passed Key Stage 4 onto the number of children that have been looked after attending further and higher education.

In addition to the numbers and rate of CLA the LSCB also receives information to indicate the responses from Health, these relate to the number of children requiring health assessment and the number and percentage seen for this within 28 days.

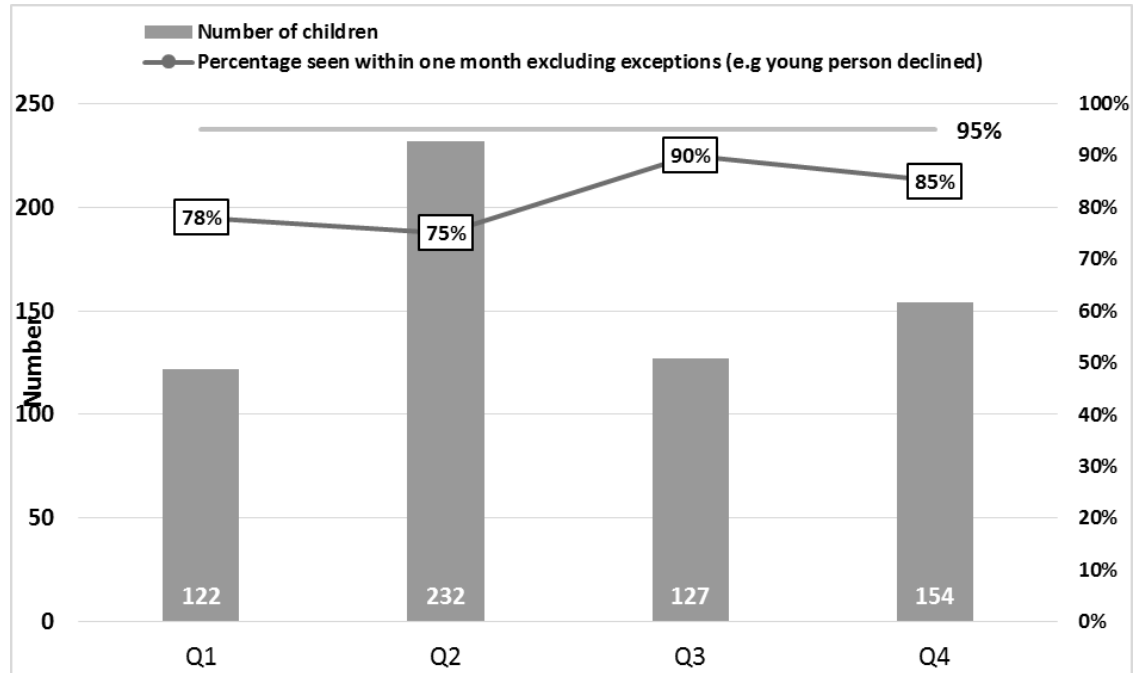
The number of looked after children requiring an initial health assessment has decreased every quarter since Q1. The percentage of children seen with the 28 day timescale has increased after an initial decrease from Q1 to Q2. In Q4 the percentage of children seen within timescale is 96% which is above the 95% target.

Figure 28. Initial Health Assessments for Looked After Children



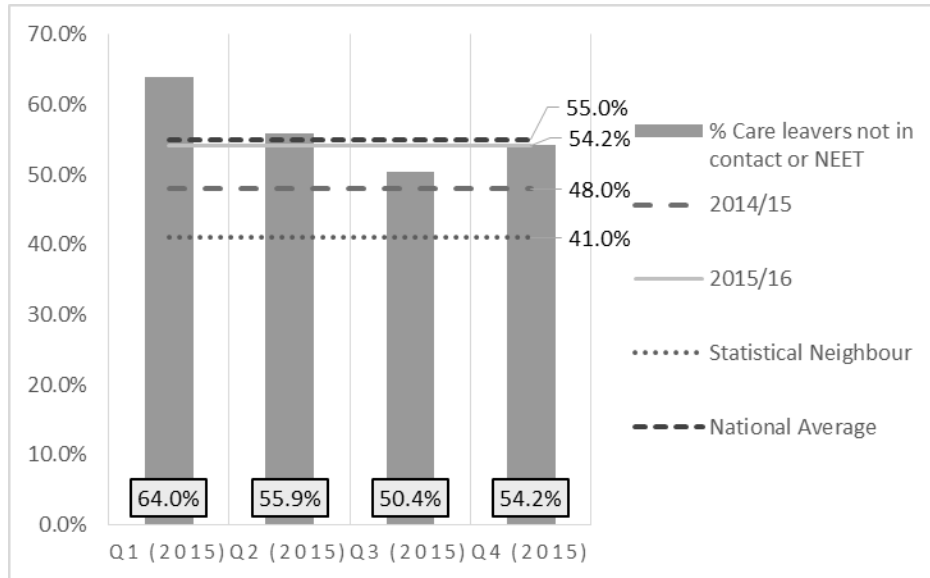
The number of looked after children requiring a review assessment has increased from Q1 (122) to Q4 (154) with a peak in numbers in Q2 (232). The percentage of children seen within the one month timescale at its lowest in the year was 75% (Q2 when the number of children requiring them was at its highest). This percentage at its highest was 90%.

Figure 29. Number of Review Assessments for Looked After Children Completed Within Timescales



The percentage of care leavers not in contact or not in employment, education or training is 54.2%. This figure has increased from last year when it was 48%. On a quarterly basis, the figure has decreased from 64% in Q1 to 54.2% in Q4. It was at a low of 50.4% in Q3. Southampton's total is higher than that of our Statistical Neighbours (41.0%) but not significantly different to the National Average (55.0%). Our target is to be in line with our Statistical Neighbours.

Figure 30. Percentage of Care Leavers Not in Contact or NEET



Missing, Exploited and Trafficked Children and Young People

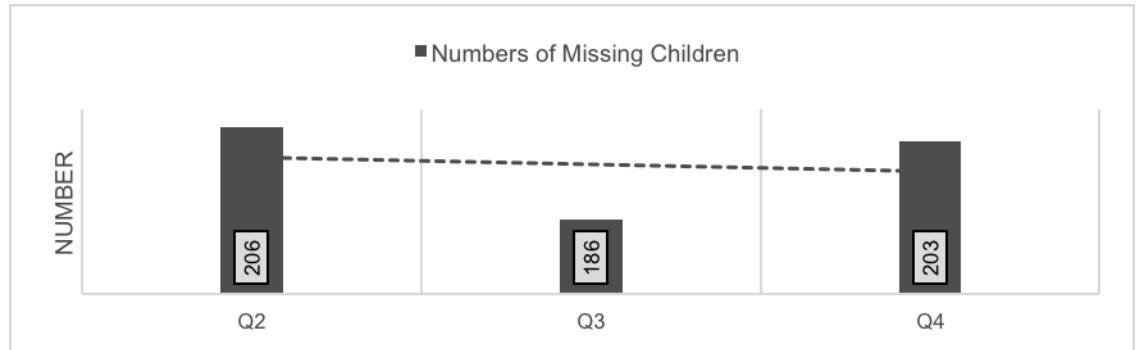
The LSCB MET Strategic Group monitors and evaluates local responses to children and young people that go missing, are at risk of child sexual exploitation or are trafficked. The MET group also coordinates work in the city on MET issues via an agreed multi agency plan. The group carries out its quality assurance role by receiving data and reports from the key services in the city that are responding to MET issues. Where this shows concern the group requests further assurance on behalf of the board and escalates these if necessary to the main board. The Group has also developed a plan to audit cases according to key themes and areas relating to Child Sexual Exploitation indicators.

This is a growing area of concern in Southampton and the UK generally. Full details of the nature and extent of MET issues in the City is an area of development for the MET group and the wider partnership and the data used to date could be much more sophisticated. The Local Authority and Hampshire Constabulary have led on development of the integrated CSE team (known as the CSE Hub) to compliment the MASH and lead specifically on this issue. The CSE hub coordinates the MET Operational Group to review case level information and quality assure responses.

The LSCB MET (Missing, Exploited and Trafficked) Group review a detailed data set to monitor key performance indicators on a quarterly basis at each of its meetings. The number of children missing known to the police has not changed significantly over the year, remaining

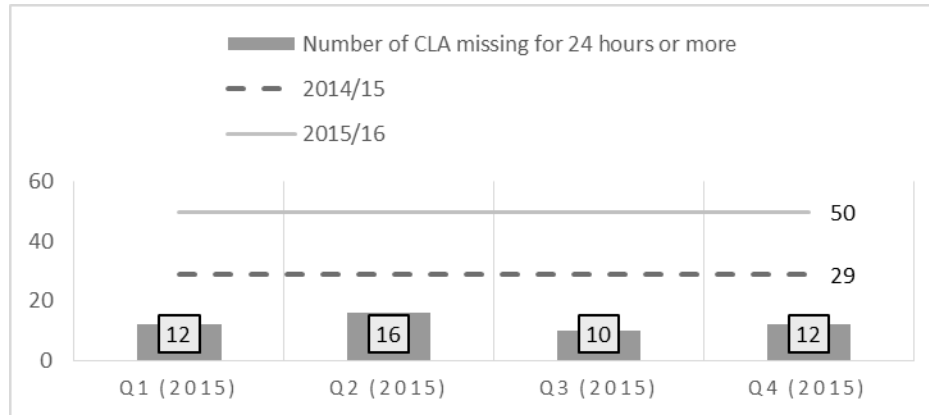
circa 200 per quarter. The Missing, Exploited and Trafficked group review this indicator as part of the data set for the group, clarity is being sought on whether this relates to individual children or the number of missing episodes for children in Southampton.

Figure 31. Number of Missing Children Known to Police



The number of Looked after children missing for more than 24 hours has risen in the year total from 29 to 50 this year. The Local Authority are closely monitoring the children affected, including those placed out of area, in particular the responses made by the partnership. The MET group of the LSCB is also identifying learning from cases where children are placed out of area and at risk of going missing – findings from this are reported early 2016-17.

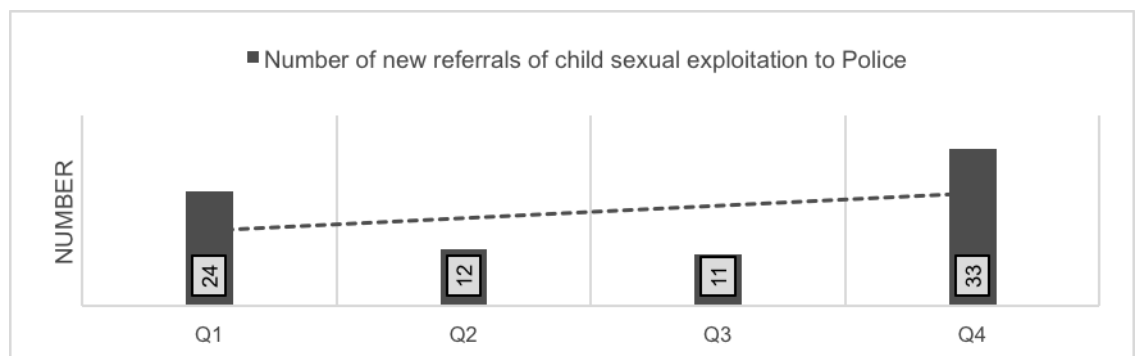
Figure 32. Number of Looked After Children Missing for 24 Hours or More



Barnardo’s deliver a return ‘safe and well’ service for Southampton children and young people – where a child returns from going missing, Barnardo’s are notified and then contact that child / young person to identify any issues or concerns that are ongoing for them. Information on this is then passed to the relevant ‘lead professional’ via the MASH and this is used to help inform future safety planning and protection planning where relevant. The LSCB MET Group has led on seeking assurance from the commissioner (the Local Authority) on the contractual arrangements to ensure that clear procedures are in place to share the learning from these return interviews. Some aspects of this work – including arrangements for this service when children are looked after out of area continue

The number of new referrals for Child Sexual Exploitation to the Police has increased from 24 at the start of the year (Q1) to 33 at the end of the financial year (Q4). There was a significant decrease in referrals in Q2 and Q3 to 12 and 11 respectively.

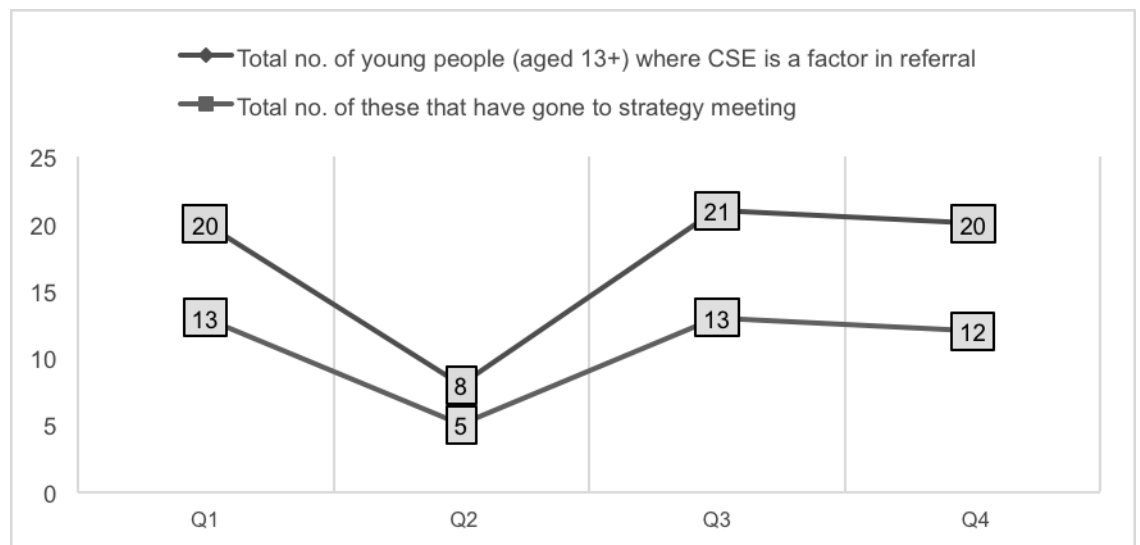
Figure 33. Number of Referrals of Child Sexual Exploitation to the Police



Regarding the number of referrals that are made where Child Sexual Exploitation is a factor, the level of identified Child Sexual Exploitation has improved demonstrating greater awareness of CSE, the level though remains relatively low and work prompting identification is ongoing through the Local Authority CSE Hub and the work of the MET Groups.

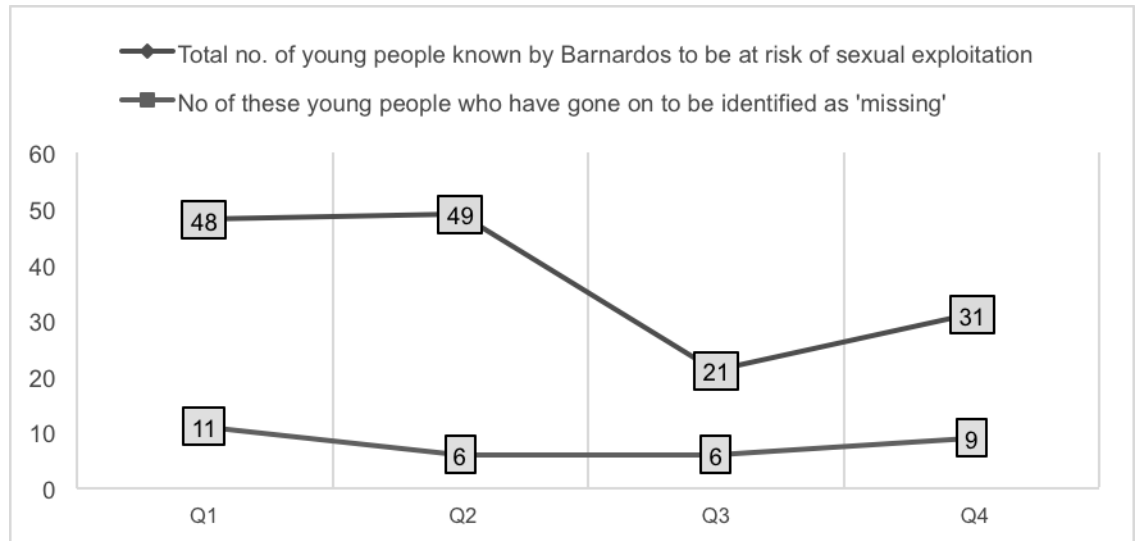
Within the last 12 months strategy meetings have occurred constantly in over 50% of cases of CSE.

Figure 34. Total Number of Young People where CSE is a factor in the Referral and Those that Have Gone to Strategy Meeting



The number of young people know to be at risk of CSE has fluctuated significantly this over 2015/16 in that there was a drop of 57% from Q2 to Q3 and then an increase of 48% from Q3 to Q4. Nine of these young people were identified in Barnardo's Miss-U Service as being at risk of CSE.

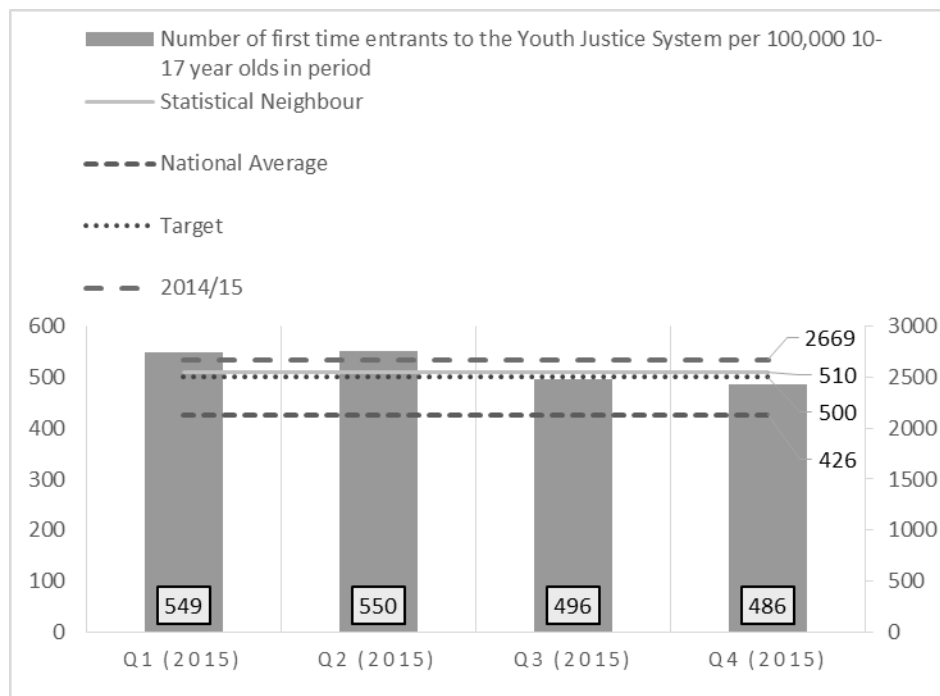
Figure 35. Total Number of Young People Known to Barnardo's to be at Risk of CSE and the Number of These That Have Been Identified as Missing



Youth Justice

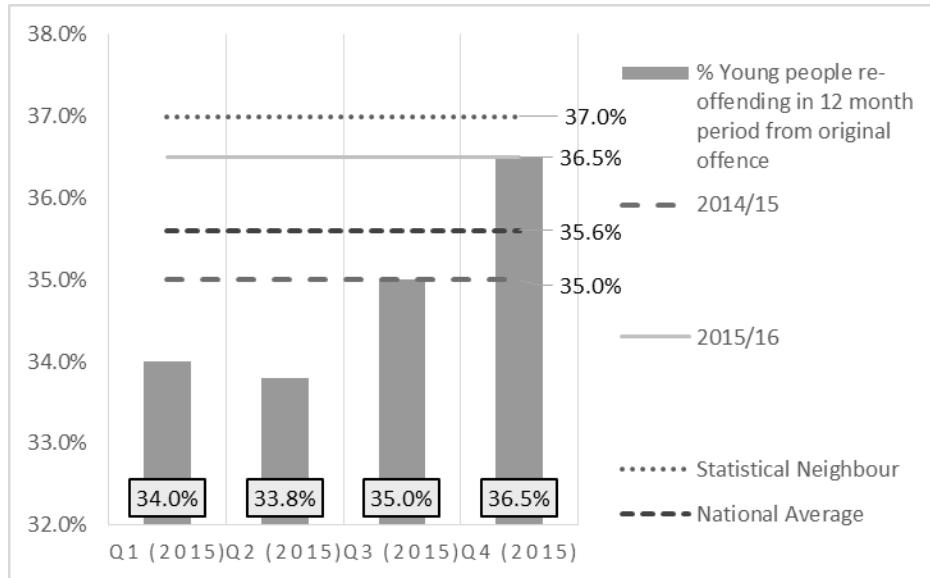
The number of first time entrants to the Youth Justice System per 1000,000 10-17 year olds has decreased quarter since Q2. Southampton's figures are lower than that of our Statistical Neighbours (510 per 100,000) yet higher than the National Average (426 per 100,000). Our target is not to exceed 500 per 100,000.

Figure 36. Number of First Time Entrants to the Youth Just System per 100,000 10-17 Year Olds in Period



The Percentage of Young People in a 12 month period from the original offence is 36.5% for 2015/16. This is an increase from 2014/15's figure which was 35.0%. On a quarterly basis this figure has increased from 34.0% in Q1 to 36.5% in Q4. Southampton's figure is lower than that of our Statistical Neighbours (37.0%) and but higher than the national average (35.6%). Our target is to be in line with our Statistical Neighbours.

Figure 37. Percentage of Young People Re-offending in 12 month Period from Original Offence



Preventing Violent Extremism

The links for LSCB's with the Prevent Agenda have been reinforced with the introduction of the Counter Terrorism and Security Act 2014 and association guidance. The LSCB has introduced an indicator to its data set to identify any children or young people involved or referred to the local Channel process. To date numbers are low at 2 or less per quarter.

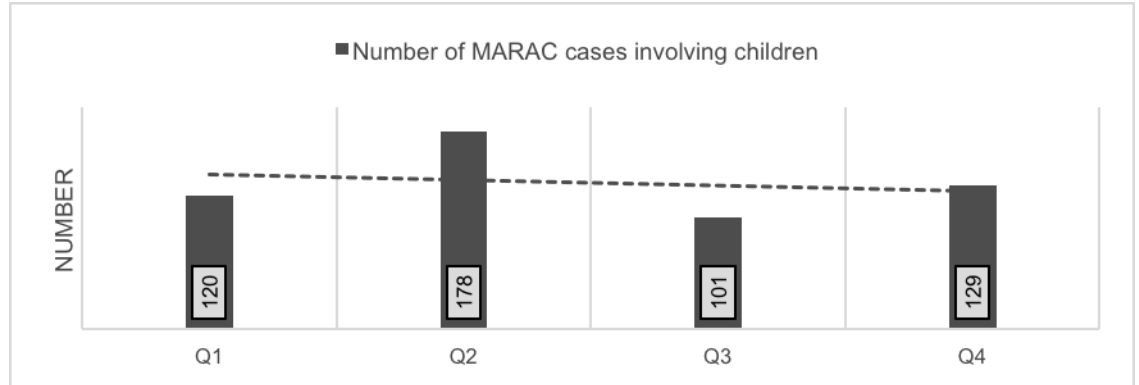
The LSCB has run workshops for local multi agency professionals which were very well evaluated and will continue in the city this coming year. This is a developing area for the LSCB to monitor and links again with Southampton Safe City Partnership and the lead officers in the Local Authority will be strengthened in this area to ensure strategic coordination and input in terms of the safeguarding agenda.

Domestic Violence and Abuse (DVA)

The number of Domestic Violence and Abuse (DVA) MARAC (Multi Agency Risk Assessment Conference) cases involving children has fluctuated significantly on a quarterly basis this year, with Q2 peaking at 178 children. The total number of children living with high risk domestic violence and abuse is reported as exceptionally high totalling 1098 in 2015-16, this compared to national and most similar areas is 3-4 times higher. The Southampton Safe City Partnership has set out its plan to tackle DVA in Southampton and lead this via a strategic group. The DVA Plan can be found [here](#).

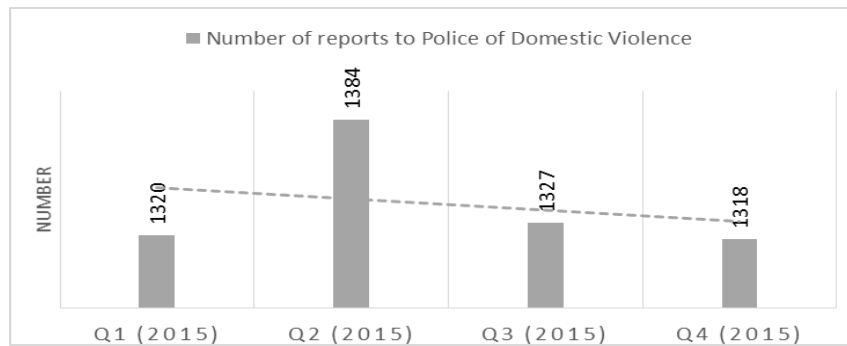
Of particular interest to the LSCB is the development of a joint MARAC with the MASH (Multi Agency Safeguarding Hub) in the City which was launched in May 2016. The LSCB will receive details of this and evaluate progress during 2016-17.

Figure 38. Number of MARAC Cases Involving Children



The LSCB receives data relating to domestic violence and abuse every quarter. This includes MARAC figures relating to children as above and also the number of reports of domestic violence to the Police. Further monitoring is required of the latter to identify any possible trends in the data.

Figure 39. Number of Reports to Police of Domestic Violence



Female Genital Mutilation (FGM)

The LSCB sought assurance from local services that responses are coordinated and appropriate to FGM in Southampton. The LSCB delivered specific cross partnership task group work and action plan with colleagues including public health, health service providers, children and adults services, police and workers that link to our local communities. The LSCB received the plan and agreed that while much of the action has taken place there is a need to

do quality assurance on responses to this issue. As such an audit of a number of FGM cases will be delivered in 2016-17.

LSCB Priorities 2016-18

The LSCB has considered the range of learning and information presented during the year and summarised in this Annual Report and has agreed to revise its Business Plan to reflect current needs and pressures as a result. In order for this work to be sustained and to allow for time to embed these actions the LSCB has taken the decision to agree a Business Plan that covers a 2 year period.

The table below summarises revised its overarching priority areas that will be progressed. The detail of action to be taken under these headings is given in the Board Business Plan (see www.southamptonlscb.co.uk). The group leading implementation of the priority area is indicated below.

Priority Area:	
1.	Develop responses to encourage a 'think family' approach where there is adult mental health, substance / alcohol use and domestic abuse and this is impacting on Childrens safety
2.	Improve identification and responses to neglect of children in Southampton
3.	Focus on improving safety and outcomes for vulnerable children including; <ul style="list-style-type: none"> • Looked after Children • Those at risk of going missing, being exploited or trafficked (MET)
4.	Improve communication between services at senior and practitioner level

Individual Board Members and other partnership and strategic boards will also support the delivery and quality assurance of these priority areas where relevant.

Learning from Case Reviews, Audits, the LSCB Annual Report and other business as usual quality assurance work will influence a review of these priorities as required during the period covered and this will take place at least annually.

LSCB Arrangements

Budget

Contributions from LSCB partners to the LSCB in 2014-15 are detailed below, and agreed in a Pooled Budget Agreement between partners:

Agency	Estimated Financial Contribution 2015/2016 (£)	Financial Contribution As A Percentage Of The Total Budget (%)
Southampton City Council	80,500	61.16%
Southampton Clinical Commissioning Group	33,424	26.05%
Hampshire Constabulary	13,179	10.27%
Hampshire Probation Service	1,317	2.05%
Community Rehabilitation Company	1,317	
Children and Family Court Advisory Support Service	578	0.45%
TOTAL	130,315	100%

In addition to the above the LSCB via the Local Authority funds Child Death Overview Panel. All sub group activities and statutory LSCB functions are delivered within the budget. During the 2015-16 year additional contributions were made by the funding agencies for Learning and Development and an LSCB Information Analyst Post.

Support

The LSCB is chaired by Keith Makin. It is supported by the recently established Local Safeguarding Boards Team, shared with the Local Safeguarding Adults Board. This team includes a Board Manager and Coordinator role dedicated to the Board. It also benefits from support from the Local Authority Democratic and Legal Services supporting functions of the LSCB.

Contact Information

Southampton Local Safeguarding Children Board

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www.southamptonlscb.co.uk

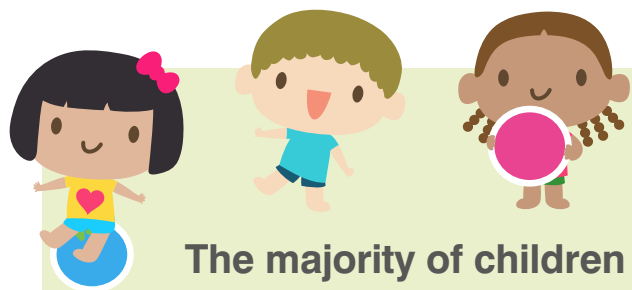


**Southampton
Local
Safeguarding
Children Board**

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LSCB Annual Report Summary 2015-16

LSCB { Southampton Local Safeguarding Children Board (LSCB) is a statutory body that leads on keeping children safe and ensuring their wellbeing in Southampton.

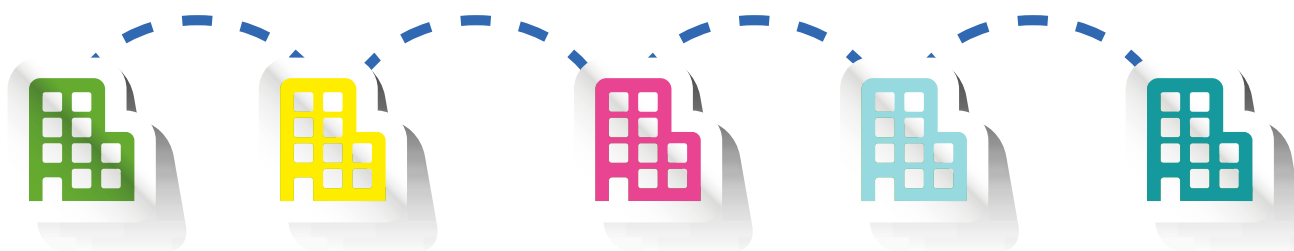


The majority of children and young people in Southampton grow up happy, safe and well in secure families and communities...



...unfortunately there are children and young people in the city that face significant challenges and risks in their lives.

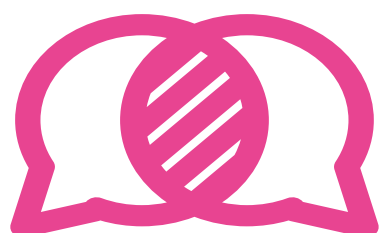
The LSCB is a group of agencies that work together to make sure that services in the city are working together to keep children safe.



Children in Southampton

49,150

children under the age of 18 live in the city

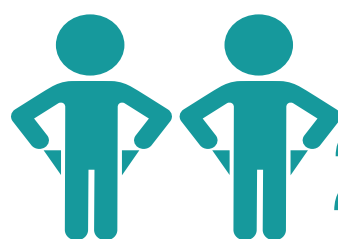


Children in the city who's first language is not English

Primary schools **27.3%**

Secondary schools **21.3%**

The health and wellbeing of children in Southampton is generally worse than the England average. Infant and child mortality rates are similar to the England average.



22.7% of children are living in poverty



29.9%

of 5 year olds have one or more decayed, filled or missing teeth

Early years and education



Ofsted say: **86%** of schools are outstanding or good



4.7%

of young people are not in employment, education or training (NEET)

26,270



is the number of days needed to bring the attendance rate up to the same level as the national average (compared to 25,099 in 2014-15)

Children in need of help and protection

4,091 

new referrals received for children in need of help or protection

70 per 
10,000

Children on a child protection plan at the end of March 2016 (compared to 82 at the end of March 2015)


591

looked after children (children in care) at the end of March 2016 (compared to 582 at the end of March 2015)

Multi Agency Safeguarding Hub (MASH):



13,846

contacts were made to MASH about safeguarding concerns during April 15 – March 16

Talking to families

x3



The LSCB has three Lay Members to help us make links with the community

500



We interacted with over 500 people during Safeguarding Week in June 2015

Our priorities for the next three years

1



Make sure that all professionals think about the whole family, whether they are working with the adult or the child. Especially when there is a focus on mental health, substance misuse, alcohol or domestic abuse

2



Help professionals and the public to recognise child neglect and respond appropriately

3



Focus on improving the lives of vulnerable children including;
Looked after Children (children in care)
Those at risk of going missing, being exploited or trafficked (MET)

4



Improve communication between services at management and front line staff levels

Working together to keep people safe

If you are worried about the safety of a child or young person contact:

Southampton MASH Telephone: 023 8083 3336 Email: mash@southampton.gov.uk

For more details see www.southamptonlscb.co.uk



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Business Plan 2015-18

Agenda Item 7
Appendix 3

Southampton Local Safeguarding Children Board Business Plan 2015-18

Introduction

This Business Plan outlines the work to be undertaken by Southampton Local Safeguarding Children Board during a three year period of 2015-2018. The Board agreed to develop a three year plan to enable a focus on work impacting on the safety and wellbeing of children and young people in the city and the embedding of its key priorities into the business of the LSCB. This document will be reviewed for progress as set out in the information below and actions will be updated annually. It demonstrates the Southampton LSCB journey of continuous improvement, and a strong will of partners to move to a position ultimately of outstanding practice and influence on children's outcomes. The LSCB strives to improve outcomes for children, young people and their families in Southampton.

This plan should be viewed alongside the LSCB's Annual Reports which highlight the child's journey through safeguarding services in Southampton, alongside the outcomes for children, young people and their families in Southampton – presented to the LSCB throughout the financial years that precede the current time. These can be viewed for further context on the LSCB website: www.southamptonlscb.co.uk.

This plan also integrates actions required to implement:

- Findings from local learning opportunities such as Serious Case Reviews, partnership reviews and multi-agency audits
- Ofsted's recommendations from their review of the LSCB in July 2014
- LSCB Business Plan from the previous period
- Southampton Neglect Strategy
- Southampton Missing Exploited and Trafficked Children Plan.

Thematic Priorities:

The priorities for this year have been set by the LSCB using data and information presented throughout the year and at a planning day in February 2016. The LSCB also asked for wider input into its priority setting from multi-agency professionals involved in its network. Following this consultation the Key Priority Issues identified for 2016-17 are as follows:

Priority Area:		Which of the existing / Business as Usual priorities do these link to?
1.	Develop responses to encourage a 'think family' approach where there is adult mental health, substance / alcohol use and domestic abuse and this is impacting on Childrens safety	1, 4
2.	Improve identification and responses to neglect of children in Southampton	1, 4
3.	Focus on improving safety and outcomes for vulnerable children including; <ul style="list-style-type: none">• Looked after Children• Those at risk of going missing, being exploited or trafficked (MET)	3, 5
4.	Improve communication between services at senior and practitioner level	2, 4

Southampton Local Safeguarding Children Board Business Plan 2015-18

The LSCB will take a leadership role in quality assurance of partnership work in these areas, where necessary the LSCB will take a coordinating role in delivery of work. The LSCB will theme its meetings to focus on these priority areas.

Business as Usual & 3 Year Priorities:

The LSCB set the following priorities as overarching for the 3 year period in 2015. Actions from the previous Business Plan that contained these have been reviewed and where action has been delivered, is planned or this is now considered 'business as usual' for the LSCB these have been mainstreamed into the LSCB activities. Outstanding actions are threaded into the plan that follows.

3 year Priorities:	
1.	Ensure Safeguarding is a whole city theme
2.	Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.
3.	Coordinate and quality assure responses to prevent and disrupt the exploitation and victimisation of children and young people
4.	Embed key learning from case reviews (including SCR's) and audits into local practice
5.	Ensure a focus on building resilience and raising the aspirations of children and young people in Southampton.

In addition to the action plan that follows, the LSCB delivers much 'business as usual' according to its statutory role set out in Working Together 2015. The LSCB has a set of Key Documents and Policy and Procedures which detail how this business as usual will take place these can be reviewed for further details using this link www.southamptonlscb.co.uk. The 'business as usual' work for the LSCB is briefly set out below:

Case Reviews: As Working Together 2015 states: *“Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children”*. The LSCB has developed a Learning and Improvement which is shared across local organisations who work with children and families. This framework enables organisations to be clear about their responsibilities, to learn from experience and improve services as a result. This work is led by the LSCB's Serious Case Review Group.

Quality Assurance: as detailed in its Quality Assurance Framework the LSCB will carry out a range of activities to ensure that local safeguarding services are safeguarding and promoting the welfare of children and young people. This will be done by such means as Section 11 (of the Children Act) reviews, multi-agency audits relating to key safeguarding themes and regular quality assurance reports to the LSCB's Monitoring and Evaluation Group and Main Board. The LSCB also collates a range of key service level information and data regarding local safeguarding services which is scrutinised at board meetings. The LSCB also collates and publishes a 'challenge log' of issues raised through the board's work. This is published on the LSCB website.

Southampton Local Safeguarding Children Board Business Plan 2015-18

Community Engagement: as detailed in the Communication and Awareness Strategy that is published on the LSCB website, this work is part of key priority areas for the LSCB as detailed in this plan and is business as usual for the LSCB.

Diversity: Board member agencies are committed to recognise and coordinate responses to key safeguarding issues for all communities. The LSCB has acknowledge that responses to some diverse communities need focus and has established a joint task and finish group with the LSAB to seek assurance of local work and to take this area forward.

Learning and Development: The LSCB has an agreed Learning and Development Strategy published on the LSCB website and an annual delivery plan. This work is flexible to adapt to learning opportunities and themes identified in case reviews and quality assurance work. The LSCB focus is on the delivery of multi-agency safeguarding training for professionals as well as the quality assurance of single agency learning and development opportunities. This area is led by the Learning and Development Sub Group which is shared with the Local Safeguarding Adult Board (LSAB).

Monitoring of Success:

The table that follows summarises the action that will be taken and also indicates who is responsible for leading the action on the priority areas. Individual Board Members and other partnership and strategic boards will also support the delivery and quality assurance of these. Where relevant, task and finish groups will be established to deliver actions and the sub groups of the LSCB will develop projects and work to implement these. Learning from Case Reviews, Audits, the LSCB Annual Report and other business as usual quality assurance work will influence a review of these priorities as required, this will take place at least annually.

Progress against this plan will be reviewed and monitored by the Executive Group, with Chairs of the relevant sub groups reporting on progress against actions to this group. Where necessary and appropriate the Executive Group will highlight areas of concern and good practice to the full board meetings for further action.

The LSCB will deliver thematic meetings during 2016-17 which will focus on the identified 4 priority areas.

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 1: Develop responses to encourage a ‘think family’ approach where there is adult mental health, substance / alcohol use and domestic abuse and this is impacting on Childrens safety				
ACTION	BY WHO	BY WHEN	WHAT WILL SUCCESS LOOK LIKE?	HOW WILL WE KNOW?
Deliver regular programme of learning and development opportunities on key areas impacting on Childrens safety including; <ul style="list-style-type: none"> - Domestic & Sexual violence and abuse - Substance misuse (including new psychoactive substances – NPS) - Alcohol use - Mental Health - Disability – including learning disability 	L&D	Programme fully developed by April 2017 Review April 2018	Improved local professional and community knowledge and recognition of the impacts of ‘trigger trio’ issues leads to increase referrals at an earlier stage. Better informed assessments and planning considering all family issues ensure children and young people are protected from harm earlier in their experiences. Less children harmed where there are trigger trio issues within the family.	Increase in knowledge of local professionals identified in LSCB surveys and feedback via other channels. Communities’ awareness of impact of adult issues on Childrens safety – increase in notifications to front door services for these issues. Increase in acknowledgement of trigger trio issues reflected in Child Protection data Earlier intervention leads to lower Child Protection and Children looked after. Less referrals to LSCB / LSAB and Safe City for case reviews due to trigger trio issues.
Ensure that the learning from audits and case reviews is disseminated regularly to the local network of professionals across adult and child services, volunteers and communities through newsletters and regular information events.	SCR	Newsletter - Qly Information events 6 monthly From Sep 2016		
Seek assurance of joint working procedures with drug and alcohol services via a task group led by Commissioning Unit to establish a pathway for these services to safeguard adults and safeguarding children.	LSCB	To be established September 2016		
Deliver a joint audit with LSAB and DVA Strategic Group regarding joint working procedures.	M&E	April 2017		
Seek assurance of how safeguarding children concerns are responded to within adult focussed services through: <ul style="list-style-type: none"> - a themed LSCB meeting on think family / trigger trio issues - Links to the LSAB work and plans 	LSCB	July 2016 and July 2017		
Receive 6 monthly assurance updates on progress of MASH (Multi Agency Safeguarding Hub) and developments to include adult focussed services	LSCB	July 2016 February 2017 & 6 monthly after.		

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 1: Develop responses to encourage a ‘think family’ approach where there is adult mental health, substance / alcohol use and domestic abuse and this is impacting on Childrens safety

ACTION	BY WHO	BY WHEN	WHAT WILL SUCCESS LOOK LIKE?	HOW WILL WE KNOW?
Promote whole family approach in training and awareness raising opportunities including Weekly Wednesday Workshops and a joint Safeguarding Week.	L&D	April 2017		

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 2: Improve identification and responses to neglect of children in Southampton				
ACTION REQUIRED	BY WHO	BY WHEN	WHAT WILL SUCCESS LOOK LIKE?	HOW WILL WE KNOW?
Establish a neglect task and finish group to lead on seeking assurance and coordinating action in this priority area	Exec	Establish July 2016 Review October 2016.	A coordinated city wide response ensures children and young people are protected from neglect and the harm this causes as early as possible Improved local professional and community knowledge and recognition of the impacts of neglect issues leads to increase referrals at an earlier stage. Better informed assessments and planning considering impact of neglect on children safety protects children from harm earlier in their experiences. Less children harmed due to neglect.	Increase in knowledge of local professionals identified in LSCB surveys and feedback via other channels. Communities' awareness of impact of neglect on Childrens safety – increase in notifications to front door services for these issues. Increase in acknowledgement of neglect issues reflected in Child Protection data Earlier intervention leads to lower Child Protection and Children looked after. Less referrals to LSCB for cases requiring review due to Neglect.
Develop a programme of regular neglect training with key professionals in line with objectives in Southampton Neglect Strategy, to include: - learning from local case reviews and audit work - Toolkit and guidance on thresholds and responses - Links to dental neglect	NT&F L&D	Commence July 2016 review October 2016		
Seek assurance of quality of multi-agency responses to child neglect. Include input from children, parents and professionals in this audit	NT&F	Plan July deliver September 2016		
Develop data set to understand the extent of neglect and seek assurance of board member performance in responding to neglect	NT&F	Develop by October 2016		
Review Neglect toolkit and the Southampton Threshold Document to ensure alignment of documents and guidance	NT&F	April 2017		
Explore methods of enabling peer challenge in cases of neglect in terms of thresholds – including use of 4LSCB escalation procedures.	NT&F	April 2017		
Coordinate focussed activities during Safeguarding Week and on other key dates to raise public awareness of 'what to do if you are worried about a child' focussing on neglect indicators	NT&F LSCB	June 2016		
Theme LSCB meeting to gain assurance focussed on Neglect issues, gain input from children, young people and families in this process.	NT&F LSCB	October 2016		
Deliver an Annual Conference focussing on an area of cross partnership concern – 2016 / 17 Neglect	NT&F LSCB	April 2017		

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 3: Focus on improving the safety and outcomes for Looked After Children and children at risk of going missing, being exploited or trafficked.				
ACTION REQUIRED	BY WHO	BY WHEN	WHAT DOES SUCCESS LOOK LIKE?	HOW WILL WE KNOW?
Seek assurance from the Local Authority of plans to safely address number of children looked after.	LSCB	December 2016	Earlier intervention prevents more children becoming Looked After by the Local Authority. Outcomes for Children that are looked after by the local authority are improved. The gap of educational achievement for CLA compared to other children is closed. Children are protected from harm earlier in their experiences	CLA Numbers reduce. Attainment data to the LSCB shows reduced / no gap in performance of CLA compared to other children at all Key Stages.
Continue to seek assurance of progress as this work develops from the Corporate Parenting Committee	LSCB	December 2016		
Hold a themed LSCB meeting for this area, seeking assurance from partners on how outcome improvements are planned. Invite Children that are or have been looked after to contribute to the meeting	LSCB	December 2016		
Improve links between LSCB and Corporate Parenting Committee setting up regular channels for future communication and peer support and challenge	LSCB	December 2016		
Use a CLA data to monitor key indicators at the LSCB meeting, to include the attainment levels for Children Looked After (CLA) at all school levels and Further and Higher Education	LSCB	December 2016		
Seek assurance of action plan to address attendance rates and attainment – where information demonstrates ‘gap’ against national averages and for priority groups including CLA.	ET&F LSCB	December 2016		
Seek the views of children and young people in designing work to raise aspirations and build resilience in this area	LSCB	January 2016		
Seek assurance of Partners work to protect children at risk of going Missing, being exploited and trafficked via delivery of the Missing Exploited and Trafficked (MET) Action Plan – including assurance of quality of responses through audit and data activities.	MET	6 monthly update to LSCB from April 2016 December 2016 6 monthly audits by MET group.	A coordinated community response ensures that Communities, families and services work together to protect children from harm and exploitation Communities, parents and services have	Less children at risk of CSE and trafficking as demonstrated in MET Group data Quality of responses demonstrated by auditing activity.
Seek assurance from Board members including Education settings regarding responses to Online Safety Issues, linked to Online Safety Thematic Review and work of Education Task and Finish Group.	ET&F SCR	July 2016 Review October 2016		

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 3: Focus on improving the safety and outcomes for Looked After Children and children at risk of going missing, being exploited or trafficked.

ACTION REQUIRED	BY WHO	BY WHEN	WHAT DOES SUCCESS LOOK LIKE?	HOW WILL WE KNOW?
Link to local and national initiatives and guidance to provide clarity to communities and key services regarding online Safety / prevention of exploitation	MET	April 2017	higher awareness of protection of children online.	
Deliver a thematic review to include an audit of recent cases where peer to peer online exploitation or abuse was alleged, with specific focus on issues of self-harm or suicide ideation to identify areas of learning.	SCR	Report to LSCB in October 2016		

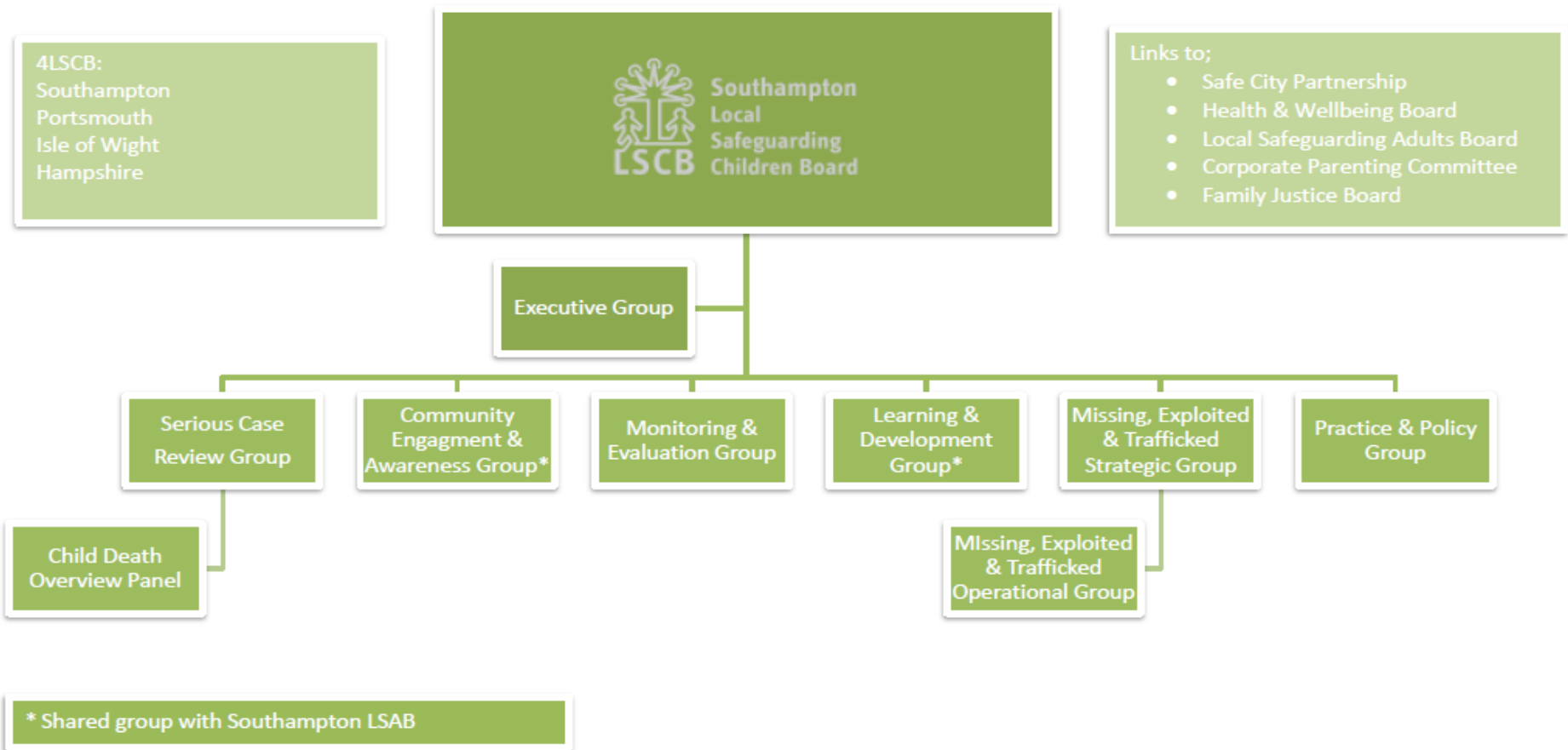
Priority 3: Improve communication between services at senior and practitioner level

ACTION REQUIRED	BY WHO	BY WHEN	WHAT WILL SUCCESS LOOK LIKE?	HOW WILL WE KNOW?
Further develop communications systems to gain views of multi agency frontline professionals and convey key messages: <ul style="list-style-type: none"> • Staff survey • Focus groups • Team visits by Board members • Information exchange opportunities such as Weekly Wednesday Workshops • Newsletter, website and social media. 	LSCB	Developed by October 2016	Improved two way communication between LSCB and the local professional network increases recognition of the impacts of key safeguarding issues leads to increase intervention at an earlier stage.	Increase in knowledge of local professionals (including volunteers) identified in LSCB surveys and feedback via other channels.
Seek assurance from other key partnerships including LSAB, Safe City Partnership, Health and Wellbeing Board and Scrutiny Panels regarding issues of concern for the LSCB and develop peer scrutiny across these boards.	LSCB (Via Partnership Chairs Group)	October 2016 – through partnership chairs group	Peer review and scrutiny of cross partnership issues demonstrated through professional understanding of key issues and increased safety of those at risk of harm.	
Hold a themed LSCB meeting and invite professionals to feed into this meeting	LSCB	February 2017	Professional engagement in LSCB work is clear and professionals including	

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 3: Improve communication between services at senior and practitioner level				
ACTION REQUIRED	BY WHO	BY WHEN	WHAT WILL SUCCESS LOOK LIKE?	HOW WILL WE KNOW?
			volunteer's knowledge of the Board and key safeguarding issues is higher.	
Agree refreshed 4LSCB procedures and highlight key documents via a launch	LSCB	October 2016	High level of awareness of good practice guidance and procedures for key safeguarding issues is demonstrated by professionals including volunteers	
Work with Education leads within Local Authority to design best system for gaining assurance regarding safeguarding responses in education settings in Southampton – including duties under Section 156 of Education Act	ET&F M&E	September 2016	Increased knowledge and understanding of key safeguarding risks and indicators of harm / neglect in education settings.	Board assurance is raised in key board member services including education settings.
Deliver audits to seek assurance of current quality of practice in the following issues. Develop learning and improvement plans as a result: <ul style="list-style-type: none"> - Neglect - Supervision - Missing, Exploited and Trafficked cases (x2) - Female Genital Mutilation - Joint Working on DVA, Mental Health, Substance use and alcohol (Joint with LSAB and Safe City) - Transition from children to adult services (joint with LSAB) 	M&E	April 2017	Assurance of key issues is sought and action plans in place and monitored by the LSCB. Improvements are evident in assurance work of the board where issues identified and actions taken in these key safeguarding areas.	Improvements in outcomes data for children where these safeguarding issues are present (through LSCB data set).
Seek assurance of Board Members work to ensure the needs of diverse communities are met when responding to safeguarding concerns	DT&F	December 2016	Board members demonstrate confidence in responses to individual / diverse needs.	Increase in knowledge of local professionals (including volunteers) identified in LSCB surveys and feedback via other channels.

SOUTHAMPTON LSCB STRUCTURE 2015-16



Glossary / Key to abbreviations:

Board: The full board
LSCB: Local Safeguarding Children Board
LSAB: Local Safeguarding Adult Board
Exec: Executive
L&D: Learning and Development Group
M&E: Monitoring & Evaluation Group
SCR: Serious Case Review Group
MET: Missing, Exploited & Trafficked
MASH: Multi-Agency Safeguarding Hub
4LSCB: Hampshire, Isle of Wight, Portsmouth & Southampton
CDOP: Child Death Overview Panel
HWBB: Health & Wellbeing Board
DVA: Domestic Violence and Abuse
FGM: Female Genital Mutilation
CLA: Children Looked After
LSB: Local Safeguarding Boards Team
NT&F: Neglect Task & Finish Group
DT&F: Diversity Task & Finish Group
ET&F: Education Task & Finish Group.

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Agenda Item 8

DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL		
SUBJECT:	OUTCOMES OF THE JOINT LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND / OR DISABILITIES INSPECTION IN SOUTHAMPTON		
DATE OF DECISION:	11 MAY 2017		
REPORT OF:	CHAIR OF THE CHILDREN AND FAMILIES SCRUTINY PANEL		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail:	Mark.pirnie@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
<p>From 6 February to 10 February 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection to judge how effective Southampton is in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.</p> <p>The Chair of the Panel has requested that the outcomes from the inspection, and the actions planned in response to the findings, are discussed at the 11 May meeting of the Children and Families Scrutiny Panel.</p>			
RECOMMENDATIONS:			
	(i)	That the Panel considers the findings from the joint local area special educational needs and / or disabilities inspection in Southampton, and scrutinises the actions proposed to address the areas identified as requiring development.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To ensure effective overview and scrutiny of the findings from the recent special educational needs and / or disabilities (SEND) inspection in Southampton.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	Attached as Appendix 1 is the outcome letter following the joint local area SEND inspection in Southampton. The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the CQC.		
4.	The letter outlines the findings from the inspection, including some areas of strengths and areas for further improvement. In addition, attached as Appendix 2, is a letter from Edward Timpson MP, Minister of State for Vulnerable Children and Families, sent to Hilary Brooks following the publication of the inspection report.		
5.	Jo Cassey, Service Lead – Education and Early Help and Rob Winfield, SEND Service Manager will present to the Panel a summary of the findings		

	and the key actions to be taken to address the areas identified as requiring development. The Panel are asked to consider the information within the presentation and the attached documents and discuss the issues with the officers in attendance.	
RESOURCE IMPLICATIONS		
<u>Capital/Revenue</u>		
6.	None.	
<u>Property/Other</u>		
7.	None.	
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	
POLICY FRAMEWORK IMPLICATIONS		
10.	None	
KEY DECISION		No
WARDS/COMMUNITIES AFFECTED:		None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Final Outcome Letter – Southampton LA SEND Inspection	
2.	Letter from the Minister of State	
Documents In Members’ Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents		
Equality Impact Assessment and 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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Agenda Item 8



Appendix 1

23 March 2017

Mrs Hilary Brooks
Interim Director of Children's Services, Southampton City Council
4th Floor
1 Guildhall Square
Civic Centre
Southampton
Hampshire
SO14 7LY

Stephanie Ramsey, Director of Quality and Integration NHS Southampton City Clinical Commissioning Group

John Richards, Chief Executive Officer, NHS Southampton City Clinical Commissioning Group

Jo Cassey, Local Area Nominated Officer

Dear Mrs Brooks

Joint local area SEND inspection in Southampton

From 6 February to 10 February, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Southampton City Council to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people with disabilities and/or special educational needs, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

Main findings

- Local area leaders in Southampton are taking effective action to implement the reforms of the new 'Special educational needs and disability code of practice: 0 to 25 years'. Their honest and accurate assessment of where there are strengths and weaknesses in the area, combined with their determination to improve outcomes for children and young people who have special educational needs and/or disabilities, means that the pace of change is increasing. Overall, children and young people who have special educational needs and/or disabilities are being identified in a timely manner and are increasingly supported well.
- The strength of strategic leadership within the teaching school alliances in the city is a key contributing factor in implementing the reforms. This is particularly the case in the work led by leaders from Springwell Special School, through the Southampton Advisory Outreach Service (SAOS), who have been commissioned by the local authority to support other schools. For example, local area leaders collect and evaluate data about school-level identification of special educational needs and/or disabilities. They analyse this information to target the work of SAOS where identification has been inaccurate. Through this work, useful strategies, such as the graduated approach to identification, is leading to more accurate identification of need across the city. Although proportions of pupils identified as requiring support for special educational needs and/or disabilities but not an education health and care plan or statement remain above the national average, they have been consistently dropping for the last three years.
- Excellent joint commissioning arrangements between education, health, and care services is leading to a better coordination of services for children and young people who have special educational needs and/or disabilities and their families. Leaders within the integrated commissioning unit are targeting resources diligently to have the most impact. For example, they have ensured that integrated services, such as Jigsaw, the joint equipment service and the behaviour resource service, provide value for money and families benefit from better services. However, the role of the designated clinical officer lacks capacity because the post-holder is only given a day a week to carry out the role. Furthermore, the role has not been coordinated well enough with the new role for 19 to 25 years, which has only very recently been appointed to. The 0 to 18 years designated clinical officer and designated doctor for children looked after have not met to ensure that their areas of work are well coordinated.
- Leaders analyse the effectiveness of the local area's arrangements accurately. Leaders identify strengths and areas for improvement based on scrutiny of a range of outcome measures. This means that plans for improvement are rightly focused on where provision and outcomes are weakest. For example, leaders in the local area have rightly identified the need for more pupil places in special schools within the city, as reflected in the recently agreed expansion of special school places at the Springwell School. In particular, leaders have identified the need to improve the experience for children and young people

who have special educational needs and/or disabilities in their secondary education, where historically exclusions have been too high and attendance too low. Similarly, there are signs of much needed improvement to the opportunities for young people who have special educational needs and/or disabilities who would like to access education post-16.

- Some of the reforms are more established than others. For example, the strength of the early years provision ensures that early identification is successful, particularly for children with complex needs who do not meet early milestones. This is because collaboration between children's centres, early years settings and health and care providers is consistently effective. However, other areas, such as the effective involvement of children and young people who have special educational needs and/or disabilities and their families (often known as co-production) at a strategic level, have not been successfully maintained since the time the city acted as a pathfinder. The recent reformation of the parents and carers forum is already leading to greater co-production of what services are needed in the city, but is not yet as established as it should be.
- The local area is on track to meet the 2018 deadline for transferring from statements of special educational needs to education, health and care plans. However, the quality of some plans is not as good as it should be because of leaders' drive to improve the timeliness of transfers and the issuing of new plans. At their best, education, health and care plans make direct reference to the wishes of pupils who have special educational needs and/or disabilities and their families. Effective plans also reflect strong cross-agency collaboration. For example, where the contribution from health, care and education professionals is equitable this leads to holistic long- and short-term outcomes for pupils. However, this is not yet consistently the case. Many plans, particularly those conceived in mainstream schools, are dominated by education outcomes. Local area leaders have taken action to address the inconsistency, which is evident in the improvements seen in the most recent plans. Leaders have rightly identified the need to ensure the same consistency in plans for all children and young people.
- Local area leaders recognise that the 'local offer', the online tool for signposting families to services, is outdated and has some gaps. Very few parents know what the local offer is. Most rely on front-line practitioners to signpost them to services.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Early identification is a strength. The alignment of health, care and education services into distinct areas helps to ensure that professionals communicate effectively. For example, health visitors, portage staff and early years advisers meet regularly to discuss any concerns about children they have met. Their discussions lead to the prompt identification of children who do not meet early

milestones. Consequently, those who present with the most complex needs are identified early.

- For individual children looked after there is effective communication and liaison between the designated doctor for children looked after and community paediatricians. Together, they accurately determine whether the initial health assessment undertaken for children looked after is current and contains sufficient information to inform the development of an education, health and care plan for that child without duplication of the clinical assessment. Similarly, community paediatricians who have undertaken a clinical assessment of health needs for a child who then becomes looked after use this information to inform the initial health assessment.
- Staff in the Youth Offending service (YOS) have been trained well by speech and language therapists to accurately identify speech, language and communication needs in young people. As a result, there has been a small increase in referrals into the integrated therapies service from the YOS.

Areas for development

- Children and young people with less visible needs are not identified consistently as having special educational needs and/or disabilities. This is particularly the case for higher-functioning children or young people on the autistic spectrum. Local area leaders are aware of the need to improve this by, for example, creating a single pathway for identification when autistic spectrum conditions are not identified early. However, the experience for families remains too varied. In particular, school staff are not as well informed as they need to be to identify possible milder forms of autistic spectrum conditions so that they can raise concerns or make referrals for diagnosis.
- Too many pupils in the local area are inaccurately identified as needing support for special educational needs and/or disabilities. Therefore, the proportion of pupils identified as needing support is higher than the national average. This is because not all schools understand the special educational needs and/or disabilities identification criteria well enough. Consequently, some children are identified as having special educational needs and/or disabilities when they actually need support managing their own behaviour. Conversely, other children and young people whose complex or varied behaviour is as a result of underlying special educational needs are not identified as having special educational needs and/or disabilities. This means that they do not consistently receive the right support.
- Health visitors do not record child health and developmental reviews undertaken under the Healthy Child Programme consistently well. Some are not prompt enough and others lack the accuracy of information that is needed. Although health managers are working on improving consistency, performance data on the delivery of the Healthy Child Programme needs improvement.

The effectiveness of the local area in meeting the needs of children and young people who have special educational needs and/or disabilities

Strengths

- The result of effective identification and strategic leadership from children's centres, pre-schools, nurseries and local area staff helps to ensure that children's needs are met well in the early years. For example, the 'Every Child a Talker' (ECAT) has continued as a universal service and is effective in providing timely intervention for children who have mild speech, language and communication needs. A high proportion of parents who have children in the Reception Year have attended ECAT workshops. They report positively on the strategies which they have been taught to help improve their children's speech, language and communication development at home. Skilled and experienced speech and language support assistants then work effectively with children in infant, primary and secondary schools, resulting in improved outcomes for those who present with speech and language difficulties over time.
- The portage service is a strength. Operating citywide, the service provides a comprehensive assessment of children's needs over an eight-week period. Children who have special educational needs and/or disabilities then benefit from eight weeks of home-based teaching. Portage workers provide a detailed report on outcomes and identify targets for the child on transition into nursery.
- The opportunity groups, including Southampton Opportunity Group, provide effective support for children who have special educational needs and/or disabilities and their families. Several parents gave positive feedback about their experiences of the services provided. For example, effective support has enabled parents to have some respite or to spend more quality time with their other children. They have also been able to meet other parents in an environment that helps facilitate healthy separation between the parent and child. Parents report that this helps their children socialise, build confidence and improve their language skills.
- The integrated therapies service has established a useful and detailed referral form to access support. The form has accelerated access for children with physical or communication needs to the most appropriate therapy or therapies.
- Speech and language therapists have led successful communication through signing taster sessions for parents. Many parents who have children learning or using non-verbal strategies to communicate reported positively on the impact of the support they have been given. They feel better able to communicate with their children and promote their learning.
- Effective partnership working is leading to improved holistic provision for many children and young people who have special educational needs and/or disabilities. For example, where health needs have been identified in the initial health assessments for children looked after these are used to inform the

development of stronger education, health and care plans. Specialist health visitors, who provide effective support for the most vulnerable children in the city, also usefully advise and supervise generic health visitors. This ensures that all health visitors maintain expertise in working with children who have special educational needs and/or disabilities.

- School leaders rightly report that the school nursing service is excellent. For example, school nurses deliver relevant and appropriate assemblies and provide useful help to schools around sleep, hygiene, continence and healthy eating. Specialist practitioners are providing better support for children's emotional health and well-being. School leaders report an improvement in behaviour and attendance for some pupils as a result of these services. Their view is supported by the recent improvements in attendance and exclusions for pupils who have special educational needs and/or disabilities across the city.
- The special schools in Southampton provide an excellent service for the children and young people that access their provision. Parents of children and young people who attend these settings speak very highly about the education and care which their children receive. Similarly, pupils believe that they are very well supported to make strong progress because their needs are understood well. Pupils were particularly positive about how their views were considered when developing their targets with teachers, who then plan bespoke programmes of study.
- The take-up of personal budgets in the local area is a strength. Parents report favourably on the difference that is made to their lives because of the autonomy they are given in how to use the money by the local authority. For example, parents report that personal budgets have a positive impact on their child by enabling them to purchase specialist items such as weighted blankets, specialist toothbrushes and seamless socks.
- The 'Ready, Steady, Go' approach, used to support the transition from children's services into adult care, delivered by Southampton's Children's Hospital, has had national recognition from the Council for Disabled Children. Young people are positive about the approach and leaders are rolling it out to community services.

Areas for development

- Despite the recent improvements being led by SAOS, provision for children and young people who have special educational needs and/or disabilities in mainstream schooling is too varied, particularly in secondary schools. Although there has been an improvement in attendance and reduction in exclusions, several parents said that they had been asked to take their children home by leaders because of difficulties in meeting the children's needs. Inconsistencies in the quality of alternative provision across mainstream education limits how well schools provide for the large numbers of pupils identified as having social, emotional or mental health needs. Leaders have rightly commissioned a review of alternative provision across the

area. However, as this was only commissioned in December 2016, there remains a long way to go to secure the improvements that are needed.

- Provision for those who have hearing or visual impairments has been negatively affected by recruitment issues in this area. This means that the experience for children and young people with visual and hearing impairments is not of a consistently good quality. Although aware of this issue, leaders have not tackled it sufficiently.
- Parents who are waiting for their child to have an assessment for autistic spectrum disorder and/or attention deficit hyperactivity disorder do not feel well supported. They report that health visitors are not sufficiently knowledgeable about the conditions to best support them. Although awareness training on autistic spectrum disorder has been provided to health visitors and in early years settings, the design of the training has not been co-produced with parents to ensure that it is delivering what is needed. Parents have not been involved in this training.
- Local area leaders have rightly identified that there are insufficient options for young people who have special educational needs and/or disabilities beyond the age of 16. This view was reflected in the parent and carer webinar, where some parents cited lack of college provision for young people identified as having social, emotional or mental health needs when they leave secondary school. A school leader confirmed that this was the case, saying that former pupils who had gone on to college had been unable to maintain their placements because of a lack of understanding of the young person's needs.
- Parents have had a mixed experience of 'The Buzz Network', a group for parents with children who have special educational needs and/or disabilities, through which they can access short breaks for their families. Many did not know about this service. There is inconsistency of information and communication. One parent stated, 'There is nowhere to go to find information – no website to go to.'
- The children's community nursing service works closely and effectively with children with highly complex health needs. However, the service has a very low profile in education, health and care planning processes. The service has not been proactive to ensure that it is fully engaged when education, health and care plans that are being developed for children with whom the service is working.

The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities

Strengths

- Outcomes for children and young people who have special educational needs and/or disabilities are improving at all stages of their development. They achieve particularly well in the early years and often attain better results than those who have special educational needs and/or disabilities nationally by the time they leave Reception. Therefore, their attainment is much closer to other

pupils nationally than is typically the case. Effective universal approaches, such as 'Now You Are Two' and 'Every Child a Talker' contribute to this positive picture.

- Children and young people who have special educational needs and/or disabilities who access special education also achieve strong outcomes. Many go on to access assisted living, bespoke college placements and achieve well in their academic studies. Effective collaboration between school leaders, staff, health professionals and those who offer care services helps to ensure that pupils benefit from bespoke programmes of study. For example, some pupils access part of their education in adjacent mainstream schools to maximise their opportunities to achieve the exam results of which they are capable. Many children and young people expressed their view that their needs are met well within these settings and that they are making good progress towards their targets.
- The strong start that children and young people make in the early years is often built on well as they learn in their primary schools. Although the experiences of children and young people are more varied here, overall they still leave primary school having attained better than other children who have special educational needs and/or disabilities nationally, with the gap between their attainment and the attainment of other pupils nationally continuing to diminish.
- Children and young people who have special educational needs and/or disabilities who access specialist services often experience better outcomes as a result. For example, one pupil described the positive experience of the child and adolescent mental health service, reporting that they helped her with her condition: 'I take two tablets a day; one really helped me to behave and calm down and the other helps me sleep.'
- Integrated teams of children's and adult's social workers are streamlining and integrating assessments that prepare young people for their transition to adulthood. Their assessments for short breaks and education, health and care plans are rightly focused on longer-term outcomes. Consequently, there have been improvements to the opportunities for young people who have special educational needs and/or disabilities living independently in the city. For example, the number of young people accessing assisted living has more than doubled, from eight in the past to 18 currently.

Areas for development

- Children and young people who have special educational needs and/or disabilities do not achieve as well as their peers nationally by the time they take their GCSEs. Therefore, the gap between their attainment and the attainment of other pupils nationally has widened by the time they reach the end of key stage 4. This is because many of them have had mixed experiences during their school years, particularly in secondary school. Results for young people who have special educational needs and/or disabilities are improving, albeit from a very low starting point. Local area leaders have

rightly identified that there continues to be much more to do to build on the excellent start children that make in the early years.

- Although numbers are reducing, too many children and young people who have special educational needs and/or disabilities are not accessing an education. This is reflected in attendance and exclusions data and in the feedback given by parents. Several parents reported that they had been asked to take their children home when school leaders had stated that they could not meet their children's needs. This demonstrates that there is still some way to go to ensure that school leaders fully understand their responsibilities under the code of practice. Local area leaders are already taking effective action to address this, evidenced by the reduction in exclusions in the last year and improved attendance over the last five years for children and young people who have special educational needs and/or disabilities in the city.
- Leaders in the local area have rightly identified that the proportion of young people who have special educational needs and/or disabilities who are not in education, employment or training is not high enough. This is because despite the proportion of young people who have special educational needs and/or disabilities who are in paid employment and settled accommodation being higher than the national averages, there are too few options for young people in further education colleges. Local area leaders are aware of this issue and initiatives such as the 'City Deal' Programme are improving the coordination and targeting of support to young people from vulnerable groups who are not in education, employment or training. For example, 51 of the 670 participants are identified as having a long-term medical condition or disability. Of the 51, just under half (47%) are now in education, employment or training as a result of their participation in the programme.

I would like to take this opportunity to thank all representatives from the local area for their time and openness when meeting with the inspection team. I hope you find the outcomes of the inspection useful in helping you to improve outcomes for children and young people who have special educational needs and/or disabilities.

Yours sincerely

Matthew Barnes
Her Majesty's Inspector

Ofsted	Care Quality Commission
Christopher Russell, Her Majesty's Inspector Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Matthew Barnes, Her Majesty's Inspector Lead Inspector	Jan Clark CQC Inspector
Matthew Rooney Ofsted Inspector	

cc: Department for Education
 Clinical commissioning group(s)
 Director Public Health for the local area
 Department of Health
 NHS England



Edward Timpson MP

Minister of State for Vulnerable Children and Families

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tel: 0370 000 2288 www.education.gov.uk/help/contactus

20 April 2017

Mrs Hilary Brooks
Interim Director of Children's Services, Southampton City Council
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SO14 7LY

Stephanie Ramsey, Director of Quality and Integration NHS
Southampton City Clinical Commissioning Group
John Richards, Chief Executive Officer, NHS Southampton City Clinical
Commissioning Group
Jo Cassey, Local Area Nominated Officer

Jan Hilary,

Joint local area SEND inspection in Southampton

I am taking a close interest in the Ofsted and CQC inspections of SEN and disability services and reading the reports as they are published.

When I read the report on Southampton, published in March, I was reassured by the strengths identified, including the excellent joint commissioning arrangements between education, health, and care, which is leading to better coordination of services for children and young people with SEND and their families.

Overall, I have been encouraged by the response from leaders in local areas to the inspections. In particular, it has been refreshing to see senior officers in local authorities and Clinical Commissioning Groups taking joint ownership of the findings and working together to improve services.

I ask that you continue using the learning from the inspection to support ongoing improvement of all services for children and young people, including developing and shaping your Sustainability and Transformation Plans. Please focus not only on your areas for development but build on your strengths and continue sharing your effective practice with other local areas.

Our SEND adviser, André Imich, continues to be your link contact with the department, and is able to help with your plans to address the areas for development identified in the inspection. If you do need any further advice or support, please turn to André in the first instance.

kindest regards,

Edward

Edward Timpson MP
Minister of State for Vulnerable Children and Families

Agenda Item 9

DECISION-MAKER:	CHILDREN AND FAMILIES SCRUTINY PANEL		
SUBJECT:	CHILDREN AND FAMILIES - PERFORMANCE		
DATE OF DECISION:	11 MAY 2017		
REPORT OF:	SERVICE DIRECTOR – LEGAL AND GOVERNANCE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Mark Pirnie	Tel: 023 8083 3886
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Director	Name:	Richard Ivory	Tel: 023 8083 2794
	E-mail:	Richard.ivory@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
Attached as Appendix 1 is the key data set for Children and Families up to the end of March 2017. At the meeting senior managers from Children and Families will be providing the Panel with an overview of performance across the division since February 2017.			
RECOMMENDATIONS:			
	(i)	That the Panel consider and challenge the performance of Children and Family Services in Southampton.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To enable effective scrutiny of children and family services 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 appropriate performance information on a monthly basis and an explanation of the measures.		
4.	Performance information up to 31 March 2017 is attached as Appendix 1. An explanation of the significant variations in performance will be provided at the meeting.		
5.	Representatives from the Senior Management Team, Children and Families have been invited to attend the meeting and provide the performance overview.		
RESOURCE IMPLICATIONS			
<u>Capital/Revenue</u>			
6.	None.		
<u>Property/Other</u>			
7.	None.		
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
POLICY FRAMEWORK IMPLICATIONS	
10.	Improving the effectiveness of the political scrutiny of children's safeguarding will help contribute to the following priorities within the Council Strategy: <ul style="list-style-type: none"> Children and young people get a good start in life
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Children and Families Monthly Dataset – March 2017
2.	Glossary of terms
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
Other Background Documents	
Equality Impact Assessment and 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

Qualitative measures:			Key to direction of travel:					
Positive	Similar	Negative	Increase 10% or more	↑	Similar	→	Decrease 10% or less	↓

No.	Indicator	Owner	Reporter	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	% change from previous month	% change from same month prev. yr	DoT*	12 month average	12-mth max value	Benchmarking			Commentary
																								SN	Nat.	South East	
CP1	Number of Section 47 (S47) enquiries started	Jane White	Catherine Parlin	120	98	93	105	139	126	126	101	89	106	109	56	92	92	111	↑ 21%	↑ 19%		104	139	103	94	1	There has been an increase this month of 21% compared to the previous month. The numbers of Section 47 enquiries started does fluctuate month to month and links to the increased number of ICPCs, indicating the risk level experienced by children being reported to Children's Social Care.
CP1-NI	Section 47 (S47) enquiries rate per 10,000 children	Jane White	Catherine Parlin	25	20	19	22	29	26	26	21	18	22	22	11	19	19	23	↑ 21%	↑ 18%		21	29	17	12	13	In line with the increased number of Section 47 enquiries started this figure has increased but is only slightly higher than the 12 month average.
CP2	Number of children subject to Initial Child Protection Conferences (ICPCs), excluding transfer ins and temporary registrations	Phil Bullingham	Stuart Webb	60	37	49	32	48	56	62	41	19	17	48	16	45	23	34	↑ 48%	↓ -31%		37	62	39	40	50	Although the number of conferences has increased from 23 in February to 34 in March, the figure is still lower than the 12 month average (37). Audit activity is being routinely undertaken to support a better understanding of CP trends. Findings of a case audit for young people aged 14 years and above (subject to CP planning) will be reported to the Performance Board in April.
CP2b	Number of transfer-ins	Phil Bullingham	Stuart Webb	-	-	-	-	-	-	-	-	2	1	1	3	0	3	4	↑ 33%	- n/a		2	4	Local	Local	Local	Numbers remain low. However, in the last performance commentary there was an action for the QA Unit to review a number of transfer-ins to look at the quality of transfer and subsequent case management. This has been completed (10 cases audited) and findings will be presented to the Performance Board in April.
CP2b %	Percentage of transfer-ins where child became subject to a CP Plan during period	Jane White	Nevet Ferron	-	-	-	-	-	-	-	-	0.0%	0.0%	0.0%	100.0%	0.0%	33.3%	100.0%	↑ 200%	- n/a		33.3%	100.0%	Local	Local	Local	-
CP2-NI	Rate per 10,000 Initial Child Protection Conferences (ICPCs)	Phil Bullingham	Stuart Webb	13	8	10	7	10	11	13	8	4	3	10	3	9	5	8	↑ 46%	↓ -24%		8	13	6	5	5	See above - CP-2.
CP3-QL	Percentage of Initial Child Protection Conferences (ICPCs) held within timescales (based on count of children)	Phil Bullingham	Stuart Webb	70.0%	40.5%	75.5%	22.3%	100.0%	58.9%	56.5%	63.4%	73.7%	70.6%	45.8%	62.5%	48.9%	21.7%	79.4%	↑ 265%	→ 5%	▲	58.6%	100.0%	76%	77%	72%	In order to improve performance in this area we have: worked with business support colleagues to review CP administration processes, ensured there is sufficient capacity with the CP Chairs each week for ICPCs and introduced a 'live time' report to support management identification of cases at risk of going out of time. This month's performance is better than SN, regional and national averages - but, we will need to see this sustained.
CP3-(val)	Number of children subject to Initial Child Protection Conferences (ICPCs) which were held within timescales (excludes transfer-ins)	Phil Bullingham	Stuart Webb	42	15	37	16	46	33	35	26	14	12	22	10	22	5	27	↑ 440%	↓ -27%	▲	22	46	Local	Local	Local	See above - CP3
CP4	Percentage of Initial Child Protection Conferences (ICPCs) resulting in a Child Protection Plan (based on count of children)	Phil Bullingham	Stuart Webb	95.0%	91.9%	89.8%	59.4%	66.7%	80.4%	91.9%	82.9%	89.5%	88.2%	91.7%	100.0%	84.4%	69.6%	94.1%	↑ 35%	→ 5%		83.2%	100.0%	87.1%	86.7%	85.6%	This month's percentage is 10.8% higher than the 12 month local average and higher than SN, regional and national averages. The comparison trend in respect of Southampton having a higher rate of registration at conference in comparison to SN / Regional / Nat averages appears to be evident across the year. It is therefore important to be confident in our understanding of the local position. An area under investigation is the use of CiN planning, as an alternative to CP registration and the learning identified will contribute to improvement work in respect of this KPI.
CP4 (val)	Number of Initial Child Protection Conferences (ICPCs) resulting in a Child Protection Plan (based on count of children) (excludes transfer-ins)	Phil Bullingham	Stuart Webb	57	34	44	19	32	45	57	34	17	15	44	16	38	16	32	↑ 100%	↓ -27%		30.42	57.00	34	35	43	See above - CP4
CP5-QL	Percentage of new Child Protection Plans (CPP) where child had previously been subject of a CPP at any time	Phil Bullingham	Stuart Webb	15.8%	47.1%	20.5%	15.8%	6.3%	17.8%	31.6%	2.9%	29.4%	46.7%	34.1%	12.5%	44.7%	25.0%	2.9%	↓ -88%	↓ -86%	▼	22.5%	46.7%	17.5%	17.9%	20.7%	The percentage is considerably lower this month. But, generally, Southampton levels of repeat CPC have been higher than SN / Regional / Nat averages. Therefore, we have audited in this area and feedback will be given to the Performance Board in April 2017.
CP5-QL (val)	Number of new Child Protection Plans (CPP) where child had previously been subject of a CPP at any time	Phil Bullingham	Stuart Webb	9	16	9	3	2	8	18	1	5	7	15	2	17	4	1	↓ -75%	↓ -89%	▼	7	18	6	6	9	See above - CP5
CP6B	Number of children with a Child Protection Plan at the end of the month, excluding temporary registrations	Jane White	Stuart Webb	346	344	337	310	306	317	335	360	349	329	344	319	328	295	282	→ -4%	↓ -16%		323	360	323	331	425	There has been a reducing trend since November 2016 and the current number is 18% lower than in that month. This reduction brings the Southampton rate per 10,000 to 57 - which is closer to the SN average of 54. Audit activity will ensure that this reduction is safe.
CP6B-NI	Child Protection Plan (CPP) rate per 10,000	Jane White	Stuart Webb	72	72	70	65	64	64	68	73	71	67	70	65	67	60	57	→ -5%	↓ -19%		66	73	54	43	42	See above - CP6B
CP7	Number of ceasing Child Protection Plans, excluding temporary registrations	Jane White	Stuart Webb	24	38	52	43	39	28	37	14	25	32	29	46	29	50	42	↓ -16%	↓ -19%		35	50	35	34	42	A lower number of CPP ceased in March in comparison to the previous month. But, the February figure represented the highest number of closures in the past year. The March figure (42) is closer to the 12 month average (35).
CP8-QL	Percentage of children subject to a Child Protection Plan seen in the last 15 working days.	Jane White	Nevet Ferron	76.6%	85.2%	73.0%	71.6%	68.3%	76.0%	68.0%	64.0%	64.0%	67.0%	77.0%	86.0%	87.0%	91.0%	94.0%	→ 3%	↑ 29%	▲	76.2%	94.0%	Local	Local	Local	The recording of CP visits in timescales continues to improve. Discussions have been held with Team Managers and workers about visits being recorded following the visit being made, ensuring this is entrenched way of working and also supporting mobile working.
CP9	Number of children subject to Review Child Protection Conferences (RCPCs) in the month	Phil Bullingham	Stuart Webb	86	93	113	100	91	64	105	59	101	89	86	84	68	90	94	→ 4%	↓ -17%		86	105	Local	Local	Local	The figure is slightly above average; generally mirroring the trend over the past six months. 19 fewer reviews took place in comparison to the same time last year. But, this should be seen in the context of fewer children subject to planning.

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Agenda Item 9
Appendix 1

No.	Indicator	Owner	Reporter	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	% change from previous month	% change from same month prev. yr	DoT*	12 month average	12-mnth max value	SN	Nat.	South East	Commentary
EH1a	Number of Universal Help Assessments (UHAs) started in the month	Jocasey	Jessie Murphy	-	-	-	77	57	58	24	21	39	35	49	21	34	29	34	↑ 17%	- n/a		40	77	Local	Local	Local	-
EH1b	Number of Universal Help Plans (UHPs) opened in the month (includes UHPs completed, and those still open at end of period)	Jocasey	Jessie Murphy	-	-	-	367	368	297	170	121	107	99	113	92	124	121	122	⇒ 1%	- n/a		175	368	Local	Local	Local	-
EH2	Number of Children In Need (CIN) at end of period (all open cases, excluding UHPs, UHAs, CPP and LAC)	Jane White	Catherine Parkin	1270	1313	1347	1378	1374	1424	1439	1271	1298	1271	944	1001	955	974	967	⇒ -1%	↓ -28%		1191	1439	Local	Local	Local	There has been a minor decrease this month and reflects the more complex nature of new cases being assessed. Work continues across the service to close referrals appropriately, transferring to targeted or universal services.
EH3	Number of Single Assessments completed	Jane White	Catherine Parkin	266	214	249	283	297	204	165	301	206	264	291	123	187	122	214	↑ 75%	↓ -14%		221	301	295	313	401	There has been a significant increase (75%) compared to the previous month, in the number of Single Assessments completed this month. This is directly linked to the front door changes.
EH3a%	Percentage of Single Assessments (SA) completed within 10 days	Jane White	Catherine Parkin	12.3%	11.8%	14.4%	5.6%	10.7%	13.0%	14.9%	14.9%	10.9%	8.7%	8.0%	15.5%	9.0%	6.2%	7.5%	↑ 21%	↓ -48%	▲	10.4%	15.5%	Local	Local	Local	There has been a slight increase in this figure. Some of these assessments will be linked to Section 47 enquiries (with prescribed requirements / timescales); or, the issues were readily identified, leading to swifter completion of the assessments.
EH3b%	Percentage of Single Assessments (SA) completed within 11-25 days	Jane White	Catherine Parkin	14.3%	24.0%	22.7%	23.5%	33.3%	27.8%	27.5%	18.9%	20.0%	31.5%	29.6%	22.5%	26.5%	25.8%	22.9%	↓ -11%	⇒ 1%	▲	25.8%	33.3%	Local	Local	Local	There has been a decrease in this figure, but this remains within acceptable thresholds.
EH3c%	Percentage of Single Assessments (SA) completed within 26-35 days	Jane White	Catherine Parkin	14.5%	19.1%	14.7%	13.4%	8.4%	25.7%	11.8%	16.6%	15.5%	10.9%	16.9%	15.7%	13.3%	2.0%	9.3%	↑ 377%	↓ -36%	▲	13.3%	25.7%	Local	Local	Local	There has been an increase in this figure this month and this remains within acceptable thresholds.
EH3d%	Percentage of Single Assessments (SA) completed within 36-45 days	Jane White	Catherine Parkin	10.4%	9.6%	10.4%	12.2%	12.5%	11.7%	17.1%	17.3%	16.8%	6.3%	9.9%	24.3%	14.3%	8.2%	34.6%	↑ 321%	↑ 232%	▲	15.4%	34.6%	Local	Local	Local	There has been an increase in this figure this month indicating that these assessments were more complex and required a longer assessment period. There has been a focus on assessment completion for cases approaching the 45 day deadline; supported by the live tracker that we have put in place.
EH3e%	Percentage of Single Assessments (SA) completed over 45 days	Jane White	Catherine Parkin	48.5%	35.5%	37.9%	45.3%	35.2%	21.8%	28.7%	32.3%	36.8%	42.6%	35.8%	22.1%	37.0%	57.9%	25.7%	↓ -56%	↓ -32%	▼	35.1%	57.9%	13.7%	16.6%	17.3%	There has been a decrease this month, this is as a result of a management focus on performance improvement and the new live tracking tool.
EH4 (val)	Number of Single Assessments (SA) completed in 45 working days	Jane White	Catherine Parkin	134	131	151	153	189	159	115	205	132	154	184	92	118	50	159	↑ 218%	⇒ 5%	▲	143	205	254	261	331	See above - there is a clear management focus on this issue, supported by the live tracker.
EH4-QL	Percentage of Single Assessments (SA) completed in 45 working days	Jane White	Catherine Parkin	50.4%	61.2%	60.6%	54.1%	63.6%	77.9%	69.7%	68.1%	64.1%	58.3%	63.2%	74.8%	63.0%	41.0%	74.0%	↑ 80%	↑ 22%	▲	64.3%	77.9%	86.3%	83.4%	82.7%	See above - the % reflects the number of Single Assessments completed within timescale.
EH5-QL	Number of children open to the authority who have been missing at any point in the period (count of children)	Jane White	Catherine Parkin	22	23	37	41	50	52	47	40	56	67	58	31	50	35	45	↑ 29%	↑ 22%	▼	48	67	Local	Local	Local	There has been an increase this month. Trends are monitored at the Missing, Exploited and Trafficked Strategic Board and high risk cases are reviewed operationally through local MET partnership arrangements. Managers and teams are updated through daily reports.
LAC1	Number of Looked after Children at end of period	Jane White	Sharon Hawkins	605	605	591	592	609	611	612	603	606	605	602	586	584	568	542	⇒ -5%	⇒ -8%		593	612	450	463	520	The decreasing numbers of LAC has continued this month and is the result of concentrated piece of work across the Service, to get the right children out of care either through adoption, SGO or reunification as well as ensuring that right children are accommodated.
LAC10 (%)	Percentage of Looked after Children with an authorised CLA plan	Jane White	Sharon Hawkins	84.1%	86.6%	86.8%	87.5%	88.2%	89.9%	89.5%	90.0%	89.9%	90.4%	90.5%	92.2%	94.3%	94.5%	94.1%	⇒ 0%	⇒ 8%	▲	90.9%	94.5%	Local	Local	Local	According to the case report the LAC team has achieved 100% care plans, 5.9% uncompleted plans (total of 32) is across the rest of service. Whilst an improvement over the last six months the aim is to achieve 100%. Regarding the uncompleted plans, please see below (LAC10-QL).
LAC10-QL	Number of Looked after Children with an authorised CLA Plan	Jane White	Sharon Hawkins	509	524	513	518	537	549	548	543	545	547	545	540	551	537	510	⇒ -5%	⇒ -1%	▲	539	551	Local	Local	Local	32 children do not have an updated care plan. The IRO service is raising alerts and the IRO team Manager is attending the next Performance Management Board to report on progress. The aim is to reach 100%, through engagement with the Service Managers across Children and Families.
LAC11-QL	Number of Looked after Children aged 16+ or open Care Leavers with an authorised Pathway Plan	Jane White	Julian Watkins	152	156	157	159	157	156	155	152	150	155	131	132	149	153	152	⇒ -1%	⇒ -3%	▲	150	159	Local	Local	Local	There has been a concentrated effort in the Pathways team to drive improvement for care leavers and this monthly increase of Pathway plans in timescales is a result of this work. The target is to reach 100%.
LAC11-QL (%)	Percentage of Looked after Children aged 16+ or open Care Leavers with an authorised Pathway Plan	Jane White	Julian Watkins	-	63.4%	63.6%	64.9%	63.3%	61.7%	61.3%	60.0%	60.0%	61.0%	88.0%	87.0%	92.0%	93.0%	95.0%	⇒ -2%	↑ 49%	▲	73.9%	95.0%	Local	Local	Local	As above (LAC11-QL)
LAC12 (%)	Percentage of Special Guardianship Orders (SGOs) (E43, E44)	Jane White	Julian Watkins	14.3%	0.0%	4.3%	11.1%	33.3%	20.0%	0.0%	5.6%	23.5%	21.4%	5.6%	10.0%	0.0%	38.9%	14.7%	↓ -62%	↑ 238%		15.3%	38.9%	10.0%	11.0%	9.0%	The % is lower this month as there was 2 less SGO granted this month and there are lower number of LAC.
LAC12 (val)	Number of Special Guardianship Orders (SGOs) (E43, E44)	Jane White	Julian Watkins	2	0	1	2	3	2	0	1	4	3	1	2	0	7	5	↓ -29%	↑ 400%		3	7	2	2	2	Whilst there were 2 less SGO granted this month, the number is still higher than the monthly average. The number of FF foster carers has reduced over the last year and this is due to the increase of carers seeking a SGO.
LAC13	Number of current unaccompanied Asylum Seeking Children looked after at end of period	Jane White	Sharon Hawkins	-	-	-	-	-	4	6	5	5	7	11	10	10	11	11	⇒ 0%	- n/a		8	11	17	28	24	The number has remained the same. It is not expected that the number will change significantly.
LAC14	Number of new unaccompanied Asylum Seeking Children	Jane White	Sharon Hawkins	-	-	-	-	-	0	2	0	0	1	4	0	0	0	0	- n/a	- n/a		1	4	Local	Local	Local	See above - LAC13

No.	Indicator	Owner	Reporter	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	% change from previous month	% change from same month prev. yr	DoT*	12 month average	12-mnth max value	SN	Nat.	South East	Commentary
LAC1-NI	Looked after Children rate per 10,000	Jane White	Sharon Hawkins	126	126	123	124	127	124	125	123	123	123	122	119	119	116	110	⇒ -5%	↓ -11%		121	127	76	60	52	This is slowly decreasing due to the work being undertaken across the service to reduce LAC numbers, by ensuring children leave care appropriate via adoption, SGO and reunification, alongside the work being done to prevent children coming into care. However this is still well above SN and National averages. As the positive work continues this will reduce in the coming months.
LAC2	Number of new Looked after Children (episodes)	Jane White	Sharon Hawkins	14	16	16	24	16	13	11	8	25	8	14	7	7	2	8	↑ 300%	↓ -50%		12	25	17	18	22	There was a slight increase in the number of accommodations this month. 1 Placed in a M&B unit and one in a IFA, the rest placed in-house. A slight variance month to month is to be expected and the trajectory is still in the direct direction compared to a few months ago.
LAC3	Number of ceasing Looked after Children (episodes)	Jane White	Sharon Hawkins	14	10	23	18	9	10	14	18	17	14	18	20	10	18	34	↑ 89%	↑ 48%		17	34	17	17	22	This month was unusually high, due to the number of adoptions granted in the month (22), 5 SGO, 1 turned 18, 2 where Section 20 was discharged, 2 Care Arrangement Orders (CAO) and 3 returned home. It is expected that there will be less leaving care over the coming months.
LAC6 (%)	Percentage of adoptions (E11, E12)	Jane White	Sharon Hawkins	28.6%	10.0%	56.5%	27.8%	22.2%	30.0%	35.7%	50.0%	29.4%	35.7%	22.2%	15.0%	40.0%	27.8%	58.8%	↑ 112%	⇒ 4%		32.9%	58.8%	19.7%	15.0%	14.0%	See below - LAC6 (val)
LAC6 (val)	Number of adoptions (E11, E12)	Jane White	Sharon Hawkins	4	1	13	5	2	3	5	9	5	5	4	3	4	5	20	↑ 300%	↑ 54%		6	20	3	3	3	The figure was higher than normal due to many adopters being eligible to make an application for the order. It is expected that the numbers will be lower over the next few months.
LAC7-QL	Percentage of Looked after Children visited within timescales	Jane White	Sharon Hawkins	65.6%	71.1%	59.1%	76.5%	75.0%	73.0%	66.0%	66.0%	69.0%	70.0%	76.0%	76.0%	82.0%	86.0%	83.0%	⇒ -3%	↑ 41%	▲	74.9%	86.0%	Local	Local	Local	There has been a small decrease in the % of LAC seen within timescales this month. The % is 23.9% higher than this time last year, with above 80% of contacts consistently achieved within timescale for each month in the last quarter. This area will be subject to service manager focus in the next quarter (with input from the Performance Management Board). This should drive the level of compliance up further.
LAC9	IFA placements as a percentage of all looked after children	Jane White	Julian Watkins	30.2%	29.1%	28.6%	30.6%	28.7%	26.7%	26.5%	25.9%	24.9%	26.0%	26.4%	27.0%	26.0%	26.1%	25.6%	⇒ -2%	↓ -10%	▼	26.7%	30.6%	Local	Local	Local	This is a result of the reducing numbers of children in care. It is expected that this trend will continue.
LAC9	Number of IFA placements	Jane White	Julian Watkins	183	176	169	181	175	163	162	156	151	157	159	158	152	148	139	⇒ -6%	↓ -18%	▼	158	181	Local	Local	Local	This is a reduced number of 9, this is a result of the LAC reduction plan. It is expected that this will continue to reduce.
M1	Number of contacts received (includes contacts that become referrals)	Jane White	Catherine Parkin	1154	1013	1179	1062	1411	1256	1395	1377	1480	1547	1534	1260	1466	1510	1753	↑ 16%	↑ 49%		1421	1753	Local	Local	Local	There has been a significant increase this month, which was anticipated because of the changes to the 'front door'. Evaluation for the six month period to date is being undertaken by Professor Thorpe, who will then feed back to the service.
M2	Number of new referrals of Children In Need (CIN)	Jane White	Catherine Parkin	346	326	306	267	324	334	373	300	417	320	208	198	270	288	287	⇒ 0%	⇒ -6%		299	417	359	341	429	This figure has remained the same as last month. This is in line with the front door changes and anticipated increase in contacts.
M2-NI	Number of new referrals of Children in Need (CIN) rate per 10,000 (0-17 year olds)	Jane White	Catherine Parkin	72	68	64	56	68	70	76	61	85	65	42	40	55	59	58	⇒ -1%	⇒ -9%		61	85	59	44	42	This figure has remained broadly the same as last month, this is in line with the front door changes and anticipated increase in contacts.
M3	Percentage of all contacts that become new referrals of Children In Need (CIN)	Jane White	Catherine Parkin	30.0%	32.2%	26.0%	25.1%	23.0%	26.6%	26.7%	21.8%	28.2%	20.7%	13.6%	15.7%	18.4%	19.1%	16.4%	↓ -14%	↓ -37%		21.3%	28.2%	Local	Local	Local	Due to the significant increase in contacts and the referral rate remaining the same there has been a decrease this month, which continues to demonstrate the impact of the front door changes.
M4	Number of new referrals of children aged 13+ where child sexual exploitation was a factor	Jane White	Catherine Parkin	7	6	5	6	6	4	3	3	6	3	2	0	1	3	0	↓ -100%	↓ -100%		3	6	Local	Local	Local	There have been no referrals this month relating to CSE. This figure does change month on month. Analysis is undertaken through the MET Strategic Group and young people at risk are discussed through the MET operational partnership.
M5	Number of children receiving Universal Help services who are stepped up for Children In Need (CIN) assessment	Jane White	Catherine Parkin	17	28	22	29	41	36	28	37	22	27	30	25	27	31	3	↓ -90%	↓ -86%		28	41	Local	Local	Local	There has been a decrease in this figure and this has been impacted upon by front door changes and the positioning of the Advice and Guidance Service. However, the level of fluctuation will be monitored over the coming months.
M6-QL	Percentage of referrals which are re-referrals within one year of a closure assessment	Jane White	Catherine Parkin	20.8%	15.6%	21.9%	19.9%	26.2%	23.7%	20.1%	20.7%	19.7%	23.1%	20.2%	14.6%	16.7%	19.8%	22.0%	↑ 11%	⇒ 0%	▼	20.5%	26.2%	23.9%	23.5%	23.5%	There has been a slight increase this month, however this remains lower than the 12 month average and the SN, National & regional figures.
M6-QL (val)	Number of referrals which are re-referrals within one year of a closure assessment	Jane White	Catherine Parkin	72	51	67	53	85	79	75	62	82	74	42	29	45	57	63	↑ 11%	⇒ -6%	▼	62	85	Local	Local	Local	There has been a slight increase this month.
M8-QL	Percentage of referrals dealt with by MASH where time from referral received / recorded to completion by MASH was 24 hours / 1 working day or less	Jane White	Catherine Parkin	72.0%	71.4%	80.2%	78.9%	73.0%	79.1%	75.0%	79.0%	76.0%	81.0%	91.0%	90.0%	88.0%	87.0%	84.0%	⇒ -3%	⇒ 5%	▲	81.8%	91.0%	Local	Local	Local	There has been a slight decrease this month. This will have been impacted by the increase in contacts as a result of 'front door' changes and embedding the High Risk Domestic Abuse process within the MASH.

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Glossary

A

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.

C

Care Order

A Care Order can be made in Care Proceedings brought under section 31 of the Children Act 1989 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.

Child in Need / CiN

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

Child Protection / CP

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

Initial Child Protection Conference / ICPC

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

Review Child Protection Conference

Child Protection Review Conferences 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.

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.

D

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.

E

Early Help / EH

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.

Also: Early Help social work teams.

H

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.

L

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.

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 parents, 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.

P

PACT

Protection and Court social work teams.

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.

Personal Education Plan / PEP

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.

R

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 or that a child may be suffering, or is likely to suffer, Significant Harm. The referral should be made in accordance with the agreed LSCB procedures.

S

Section 17 / S17

Under Section 17(1) of the Children Act 1989, local authorities have a general duty to safeguard and promote the welfare of children within their area who are In Need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

For this reason, the term "Section 17" is often used as a shorthand way of describing the statutory authority for providing services to Children in Need who are not Looked After.

Section 20 / S20

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 / S47

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.

Special Guardianship Order / SGO

Special Guardianship is a new Order under 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.

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).

U

Universal Services

Universal services are those services (sometimes also referred to as mainstream services) that are provided to, or are routinely available to, all children and their families. Universal services are designed to meet the sorts of needs that all children have; they include early years provision, mainstream schools and Connexions, for example, as well as health services provided by GPs, midwives, and health visitors.

W

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.

The most recent guidance was published in March 2015.

Sources:

Tri.x live online glossary: <http://trixresources.proceduresonline.com/> - a free resource which provides up to date keyword definitions and details about national agencies and organisations. Tri.x is a provider of policies, procedures and associated solutions in the Children's and Adult's Sectors.

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

DECISION-MAKER:		CHILDREN AND FAMILIES SCRUTINY PANEL	
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS	
DATE OF DECISION:		11 MAY 2017	
REPORT OF:		SERVICE DIRECTOR - LEGAL AND GOVERNANCE	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Mark Pirnie	Tel: 023 8083 3886
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Director	Name:	Richard Ivory	Tel: 023 8083 2794
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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 summaries of any action taken in response to the recommendations.		
4.	The progress status for each recommendation is indicated and if the Children and Families Scrutiny Panel confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the Children and Families Scrutiny Panel.		
RESOURCE IMPLICATIONS			
<u>Capital/Revenue</u>			
5.	None.		
<u>Property/Other</u>			
6.	None.		

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.	
Other Legal Implications:		
8.	None	
POLICY FRAMEWORK IMPLICATIONS		
9.	None	
KEY DECISION		No
WARDS/COMMUNITIES AFFECTED:		None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Monitoring Scrutiny Recommendations – 11 May 2017	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents		
Equality Impact Assessment and Other Background documents available for inspection at:		
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

Children and Families Scrutiny Panel – Monitoring report

Scrutiny Monitoring – 11th May 2017

Date	Title	Recommendation	Action Taken	Progress Status
09/03/17	Post 16 Education and Training	1) That consideration be given to additional steps that can be taken to link colleges and students to the major developments in Southampton.	Update to be provided at the meeting	
		2) That the Cabinet Member for Education and Skills corresponds with the MPs representing Southampton to lobby Government to introduce sanctions for non-attendance by students at post 16 education, bringing it into line with pre 16 education.	Update to be provided at the meeting	
		3) That the Panel are provided with an update on Apprenticeship success rates in Southampton and the percentage of students that complete their apprenticeship.	Update to be provided at the meeting	
		4) That, to incentivise post 16 students to choose to study at a Southampton college or school, consideration is given to the support that can be offered to make travel to colleges in the city easier and more affordable.	Update to be provided at the meeting	
		5) That a conference/event is held in Southampton to promote progression to higher education by Southampton residents.	Update to be provided at the meeting	
		6) That the Panel are provided with destination data identifying where students go post 18.	Update to be provided at the meeting	
		7) That, when developing the Local Plan, the Council recognises the importance of key worker housing to support the recruitment of teachers.	Update to be provided at the meeting	

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