

Self-evaluation

Southampton Children & Learning Service

April 2022



Introduction from Executive Director

Since our last self-evaluation a lot has happened in Southampton.

We have unashamedly prioritised laying firm foundations to create a sustainable service. For us this is about changing the Southampton culture, establishing a thriving permanent children's workforce with a genuine 'Southampton family' feel, and ensuring that we are using our resources well today, to benefit tomorrow's children.

We have:

- Implemented the Destination 22 service transformation programme, supported by over £2 million council investment. The whole service has been redesigned with a strong localities focus. We have created a brand-new Young People's Service, now fully staffed. Our Early Help service now includes social work leaders and social work practitioners in every locality.
- Established a team of six experienced, permanent Heads of Service. These leaders are at the forefront of the change programme across the whole service. Our leadership and management team of 55 (Deputy Director to Practice Managers) is now 95% permanent. We have invested in the Firstline management development programme and all our leaders and managers will receive leadership training in systemic practice.
- Run a hugely successful recruitment campaign using social media platforms. Since 1 January 2022 we have made over 100 permanent appointments, including 55 social workers. Not all are in post yet, and NQSWs will not register until the Autumn.
- Created a new senior social worker role as a career progression opportunity, and injected new resource and focus into induction and ASYE support arrangements. We continue to invest in Step Up, Frontline and our SCC apprenticeship scheme.
- Focused hearts and minds on promoting family strength and family life, including finding alternative family placements for children who are living in children's homes.
- Launched our Children and Young People's Strategy, alongside eight underpinning strategic plans.
- Continued to strengthen our Improvement Board, building on a partnership approach. We have refined and streamlined our Improvement Plan.
- Engaged with Hampshire, our Partner in Practice, focusing on embedding quality assurance. We are working closely with our DfE sponsored advisor on performance/compliance activity and a review of our plans in response to serious case reviews and child safeguarding practice reviews.
- Launched our '*Making the Difference*' systemic practice framework and workforce academy, with an investment of over £400k in professional development and training, including a comprehensive systemic practice offer.
- Held high profile events to build partnerships across the city, including (in March and April this year) the launch of SCC's neglect strategy and threshold document, and a contextual safeguarding conference to celebrate our new Young People's Service.
- Held monthly assurance clinics across the service (chaired by our Deputy Director) to drill down into team and individual performance.
- Launched Care Director, our new case management system (January 2022).

In response to the May 2021 Ofsted Focused visit we:

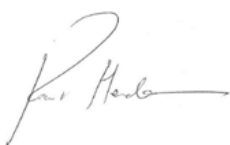
- Reviewed all children in unregistered placements to provide assurance about the safety and appropriateness of these arrangements. The use of unregistered placements is now rare.

- Created a new fortnightly panel to scrutinise and track arrangements for children in 'exceptional arrangements' such as unregistered placements, placements with parents and emergency connected carers arrangements.
- Improved oversight of face-to-face contact with looked after children; supported by our new performance manager and an audit of over 100 cases, involving managers and IROs.
- Created an initial priority action plan with short-term measures to address the weaknesses highlighted.
- Through D22, increased 'frontline' capacity in our children looked after and care leavers service and eliminated the age 14 transfer point, promoting stability of social work relationships. Almost all posts have been recruited to, although not all are in post.
- Successfully re-launched our Children in Care Council and ran a successful week-long celebration of our looked after children 'Love our Children' in September 2021. We launched our Corporate Parenting Strategic Plan in March 2022, and we are revising our local offer for care leavers.
- Have worked with our Partner in Practice to improve our oversight of our child in need interventions via a comprehensive case audit.
- Improved our EHE team's links with the rest of the service and developed an EHE audit tool to check on quality.

We believe that we know where we are in our improvement journey. We know where to focus our attention and where we need to direct our praise and affirmation. We are hugely proud of our practitioners and managers who continue to believe in us and what we are collectively trying to achieve, despite the challenging local and national context.

We are assured in the foundations we have laid, and we are hearing positive feedback from a range of sources about increased management grip, stability, and care. But we know that we have a long way to go. We remain an outlier in a range of KPIs and demand is too high.

Some caseloads are still too high for practitioners to practice at their best. We are increasingly confident, but we are also impatient for accelerated change on behalf of children.




Robert Henderson,
Executive Director of Children and Learning
Southampton City Council

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Leadership and management

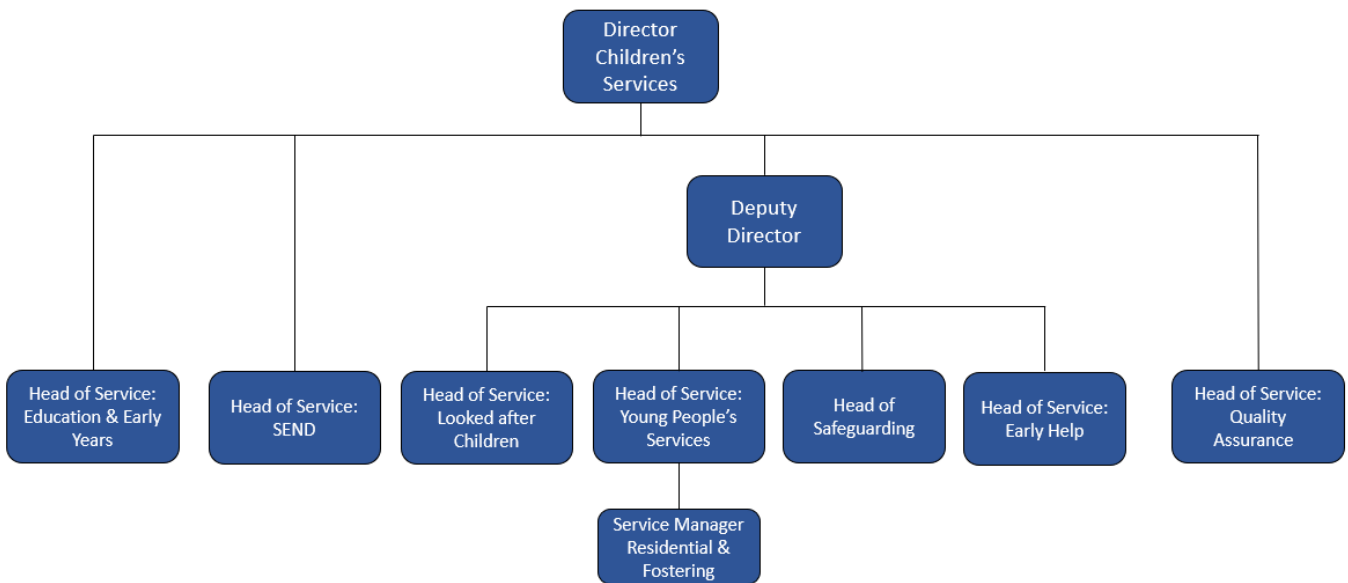
Overview

A permanent, senior leadership team was established in 2021. All twelve Service Leads are in post and permanent. Almost all Practice managers are permanent appointees. We are investing in the Firstline programme to build the leadership skills of operational managers.

Despite the changing political landscape, we continue to experience a high level of corporate support and scrutiny.

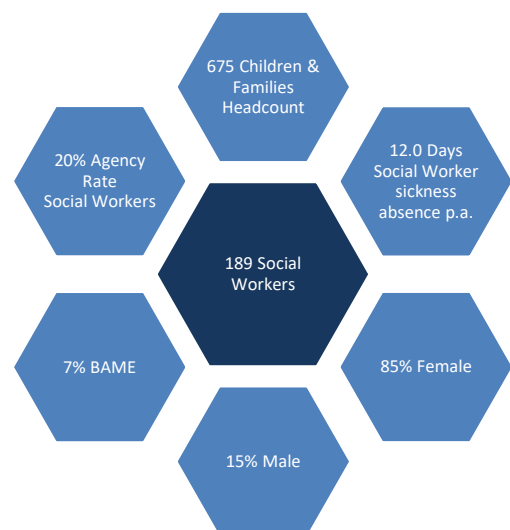
Our self-evaluation is that although many aspects of leadership across the service are now good, it is early days in terms of practice change across the whole service. In terms of the impact of our leadership we are still on a journey to being good.

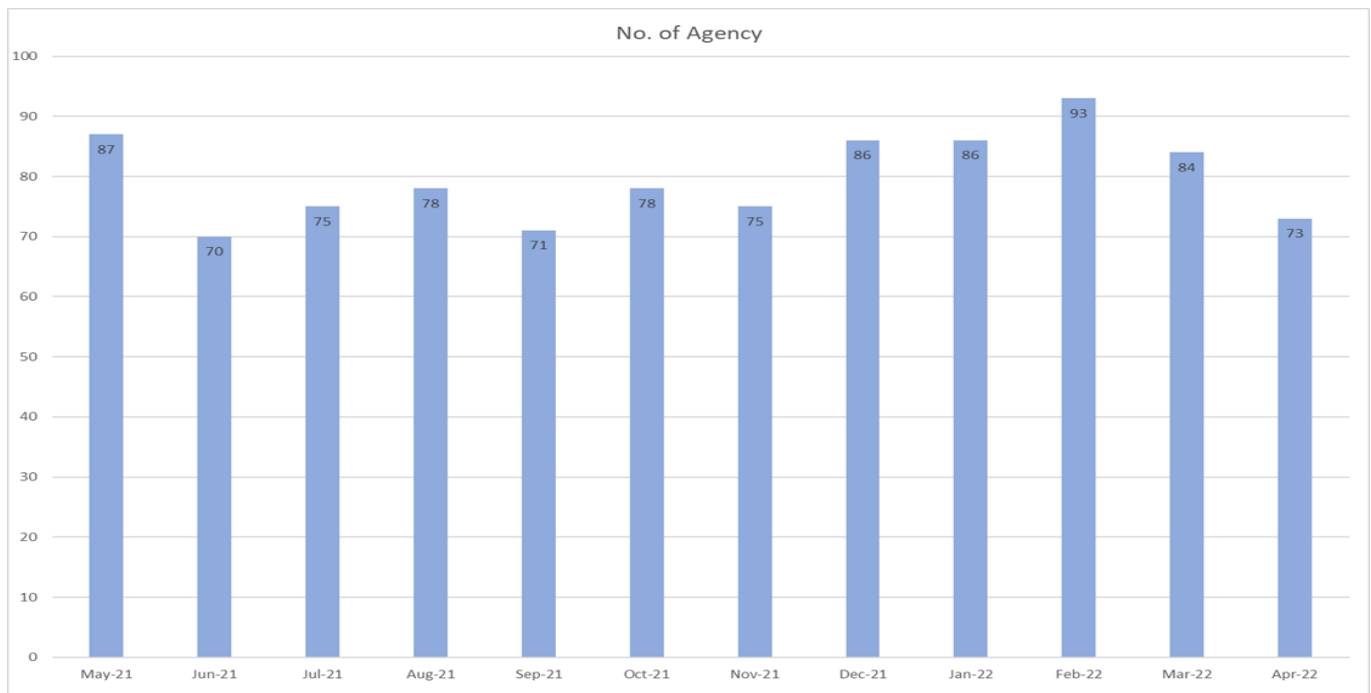
Our senior leadership team:



Data

	Target	Baseline	April 2022
Average length of service (years)	9.4	10.4	10.3
% of Staff with over 5 years' service (Social workers)	43%	51%	53%
% of Staff with over 5 years' service (overall)	64%	65%	64%
Staff turnover rate (Social workers)	15%	10%	22%
Staff turnover rate (overall)	8%	9%	12%
Agency Rate (Social workers)	16%	34%	20%
Agency Rate (overall)	7%	15%	8%





- Our caseloads need to reduce in core areas. The average caseload across the service in November 2019 was 18, but with significant variation across the service. In April 2022, the average in BIT (previously the assessment service) was 19, SWwF (CP, CIN and court work) caseload was 19 and the Children Looked After (CLA) caseload was 18. However, a small number of social workers have caseloads of over 30. Over the past year SWwF caseloads have been unacceptably high at times and this remains an absolute priority.
- Our use of agency staff is high, with 19% of social worker posts within establishment filled by agency staff with high agency turnover in some parts of the service. Almost all social work posts have now been filled by permanent recruits, but we do not expect to feel the full impact of this until late Autumn. We are seeing a steady decline in the use of agency staff, and forecast a substantial reduction once NQSWs are registered in Autumn 2022.

What is going well

- We have secured significant investment in children's services including >£2m additional funding for staffing and >£400k to support our workforce academy and practice framework.
- Our service re-design, Destination 22, is live. The main pillars of this change programme are:
 - Locality focus
 - Early Help redesign, with a social work spine
 - A brand-new young people's service
 - Opening our own children's homes
 - Transforming the way we deliver services to children with disabilities and SEND
 - Creating Brief Intervention teams to promote purposeful support alongside, and after, assessment
 - Creating a 'front door' that promotes conversation and helping families to get the right support first time

- Our Children and Families First Service (previously Early Help), Children’s Resource Service and Brief Intervention Service (previously MASH and Assessment), Family Social Work Teams, Young People’s Service, and Pathways Through Care Service (for looked after children and care leavers) were launched in April 2022. Our new locality model will launch in September 2022 and we are developing a ‘team around the school’ with three schools across the city.
- Southampton has been accepted onto the UNICEF Child Friendly accreditation programme; having been able to evidence strong partnership buy in.
- We have adapted our engagement with Hampshire Children’s Services, our Partner in Practice, to promote service insight and improvement for our looked after children and care leavers, 16/17 year-old homeless young people, our contextual safeguarding pathway, SMART planning, and our Family Safeguarding business case.
- We have engaged a Local Government Association Peer Review to scrutinise our improvement journey and finance, and an independent review of our Improvement Board.
- We have launched Care Director, our new case management system, and are moving onto the next phase of system development with the support of a project team.
- Our Lead Member and other councillors are actively engaged with the service and have scrutiny of improvement and line-of-sight activities.
- We have maintained an interface with the Family Courts and quarterly meetings with CAFCASS. The quality and timeliness of our court work has been inconsistent but is slowly improving, with a permanent safeguarding leadership team in place and a fixed term court specialist joining the service to improve oversight and tracking of the Public Law outline.
- Our Looked After Children’s service and IROs are progressing a ‘Language that Cares’ approach in case recording and records of reviews.
- We are tackling the underlying causes of the 2020 whistleblowing incident by promoting an open and transparent organisational culture, visible leadership, ‘open door’ and a genuine commitment to learning. Staff feedback is increasingly positive. The most recent LGA health check survey showed substantial improvements.
- We have revitalised our Children in Care Council and commissioned a nationally recognised consultant to support our care leavers to deliver Total Respect training for staff and corporate parenting. Leaders and managers attend Children in Care council meetings and events, and regularly cook for care leavers at our weekly ‘supper club’ for care leavers.
- In 2021, our Principal Social Worker launched our Children and Learning Workforce Academy and the ‘Making the Difference’ practice framework. We have commenced the Frontline and Firstline programmes.

What we still need to improve.	What are we doing about it?
<p>While we await our new recruits and for NQSWs to be registered, we have not yet achieved sufficient staffing capacity in core areas. Our Social Work with Families Service is under pressure which affects the quality of social work</p>	<p>A project team provided additional capacity for 6m.</p> <p>Our YP service is now supporting 80 young people, most have transferred from Social Work with Families.</p> <p>Safeguarding service transformation is well underway, relaunched April 22. Smaller teams, an aspiration for lower caseloads, focus on good first line management and strong leadership.</p> <p>Weekly scrutiny of caseloads (including ASYE) and management reports. Monthly reports are sent to Improvement Board.</p> <p>The leadership team works closely with HR, scrutinising absence and overseeing staff performance.</p> <p>Strong support from our HR and Communications teams for recruitment activity.</p> <p>Major recruitment and retention campaign successfully launched January 2022. Over 100 permanent new recruits, over half of whom are social workers.</p> <p>Close oversight of practice via audit, management information and assurance clinics.</p> <p>Planning a PA for Social Workers pilot to free up Social Workers to practice.</p> <p>We have committed to the Frontline programme, alongside 'Grow Your Own'; remaining involved in Step Up and social work apprenticeships.</p> <p>Close oversight of supervision frequency through regular management information and scrutiny at assurance clinics. Quality of supervision analysed through case audits.</p>
<p>We have not yet embedded consistently high-quality supervision across the service.</p> <p>Our group supervision opportunities are also not fully embedded.</p>	<p>Case supervision and management oversight is included in case auditing.</p> <p>We launched our Workforce Academy in May 2021 to support our social workers in first class learning and development.</p> <p>We have launched a programme of audit and reflective teams training sessions. Our systemic practice training (Institute of Family Therapy) launched in April 2022.</p> <p>Our practice standards will be launched in June 2022.</p> <p>Developed virtual learning; commissioning the development of e-learning for business-critical courses and launching virtual practice weeks and bulletins focused on improving the quality of assessment, direct work, and supervision.</p>

What we still need to improve.	What are we doing about it?
<p>Historical lack of strong challenge & consistent performance management and compliance focus across the service.</p>	<p>Monthly assurance clinics for each part of the service, to engage HOS and operational managers in scrutinising performance. We are beginning to see better performance emerging in the areas of regularity of direct contact with children and management oversight/case supervision.</p> <p>Investment in training and support for managers. Well-attended monthly Managers' Learning and Improvement Forum includes 'these children' performance data and 'this child' focus on practice.</p> <p>Robust challenge and support of underperforming managers and practitioners.</p> <p>All practice managers will receive core skills training, including managing performance.</p>
<p>Challenges to performance reporting after the switch over to Care Director in January 2022.</p>	<p>The transition to a more accessible and intelligence-led suite of reporting is in train. We have invested in additional IT project support to get our data reporting right and are focusing on staff training and support to ensure staff and managers are confident.</p> <p>A new dashboard of 170+ KPI's has been developed that follows the journey of the child from Early Help support, right through to adoption. Where applicable, these are benchmarked against statistical and regional neighbours and England average activity. We are moving to the use of Power BI dashboards, including a full KPI dashboard, service area workload dashboards and an Annex A dashboard.</p>
<p>Staff have needed support to return to 'business as usual', coming out of the pandemic.</p>	<p>We have been clear in our expectations that direct contact with families is 'the norm'. Our performance reporting only 'counts' face-to-face visits.</p> <p>The Quality Assurance Unit has ensured ongoing auditing and learning reviews across the service.</p> <p>CP chair and IRO capacity is stretched due to increased demand; a business case for additional capacity is currently being considered.</p>
<p>We have more work to do to reduce the number of complaints about the service.</p>	<p>We have analysed complaints and have taken action to improve practice.</p> <p>All Practice Managers are receiving training on responding to complaints as part of the core skills training in our new management induction programme.</p>
<p>We have work todo to embed the practice framework throughout the Directorate and partnership.</p>	<p>Our practice model, 'Making the Difference' is systemic practice with four core components: restorative practice; a trauma informed approach; motivational interviewing; Strengthening Families child protection conferences.</p> <p>Our June 2022 practice week will focus on practice standards and meaningful contact with families.</p> <p>The Safeguarding Children's Partnership supports our plan for a common practice framework.</p>

What we still need to improve.	What are we doing about it?
<p>Our safeguarding practice work with partners tells us that we still have more to do to support professional awareness and confidence in assessing and tackling neglect, adolescent mental health needs, child sexual abuse in the family environment.</p>	<p>The Safeguarding Children's Partnership has maintained focus on core practice themes, including neglect, adolescent mental health, and child sexual abuse in the family environment (CSAFE).</p> <p>Multi-agency relaunch of neglect strategy and toolkit March 2022.</p> <p>CAMHS services has grant funding to support adolescent mental health training using the I: Thrive model.</p> <p>We have secured budget to run CSAFE case consultations to support better practice and we have launched revitalised CSAFE training.</p>
<p>Strategic oversight and challenge to improve outcomes for children needs to be better coordinated and more effective.</p>	<p>In June 2022, aligned with the launch of the new service design, we will replace the Multi Agency Children's Board with a new Strategic Partnership Board.</p> <p>Good partnership engagement has been maintained in a variety of different strategic forums including the CRS (formerly MASH) strategic Group; Multi Agency Children's Board, Youth Justice Management Board and SEND partnership.</p> <p>The format of our Corporate Parenting Committee will be reviewed in 2022. Our Fostering and Adoption strategies and associated reports were signed off in 2021 as part of the refreshed Corporate Parenting schedule and they will also be reviewed in 2022.</p>
<p>The partnership response to families affected by parental substance and alcohol misuse, mental ill-health and/or domestic abuse.</p>	<p>We are liaising with Hertfordshire Children's Services to explore the viability of implementing a family safeguarding model.</p>
<p>Our improved understanding of our diverse communities needs to translate into better outcomes for families from black and minority ethnic communities (BAME) and a more diverse workforce.</p>	<p>This was the focus of our December 2021 practice week. Our Principal Social Worker and the Practice Development Team are leading practice development work within the service. We are working to become more data intelligent to target help and resources to local communities (as part of our locality model). We have built in the analysis of the experiences of families from BAME communities into our multiagency Safeguarding Practice Improvement Group self-evaluation process.</p> <p>We are developing a recruitment diversity strategy, to coincide with our next recruitment drive. This will focus on the remaining vacant posts within the service.</p>
<p>We need to improve access to mental health and wellbeing services for children.</p>	<p>The CAMHS strategic plan was refreshed in 2021. We are working with CAMHS and providing mental health support to schools. A review of our multi-agency (social care and health) Building Resilience and Strengths (BRS) service has been commissioned.</p>

What we still need to improve.	What are we doing about it?
<p>We know we need to improve partner confidence in some areas:</p> <ul style="list-style-type: none"> Some schools experienced communication challenges with Children’s Social Care over the pandemic. Complaints from Family Court Judges regarding the quality of our Court work. 	<p>Engagement with schools through Head’s forums; strategic groups and operational meetings (Designated Safeguarding Lead (DSL) network, CRS audit group.</p> <p>Regular liaison meetings with the Family Court.</p> <p>A court specialist joined the PACT service on a fixed term basis in Jan 22 to review and improve our pre-proceedings and proceedings. A comprehensive tracker is now in place.</p>
<p>Our participation activity with children and young people needs to be better coordinated.</p> <p>We lost some ground in our participation work due to a significant absence.</p>	<p>Participation with Children in Care is improving, with regular virtual CiC council meetings and Saturday activities. Senior leaders are increasingly visible, join evening and weekend events, and are responding proactively to children’s questions and concerns.</p> <p>Participation strategy launched April 2022 with a coordinated plan, including Children in Care Council. The Practice Development Team (PDT) has developed a series of e-consultation forms which we piloted with children and families in 2022. We are working to embed these resources into Care Director for social workers to use in practice; alongside bi-annual surveys coordinated by the PDT and involving our social work students.</p>

What we know about the quality of practice

Case audit is our main method to analyse the quality of practice. We completed 469 audits in 2021; a combination of case audits completed by managers and/or auditors in the QA Unit and thematic audits (which include audits with partners). We recognise that managers and services need to be more engaged with our audit programme. We undertook management training with Hampshire and developed service audit tools with managers. A new audit programme and reflective teams training was launched in March 2022. Dip sampling by the Quality Assurance Unit and senior managers provides insights into the quality of auditing.

Team	Thematic / Individual Audits	Managers Audits	Learning Reviews	Total	Analysis
Children's Resource Service (formerly MASH)	186	0	0	186	Single agency and partnership audits identified that some referrals did not meet threshold. Overall, management oversight and decision making were found to be consistently effective.
Children and Families First (formerly Early Help)	9	7	0	16	The standard of case work was judged to be good in >50% of cases; requires improvement in 40% of cases and inadequate in 10%.
Social Work with Families (formerly PACT)	23	10	12	45	The standard of case work was judged to be good in 40% of cases; requires improvement in 30% of cases and inadequate in 30% of cases.
Behavioural Resource Service (SAT/FDAC) Now ICAT	10	0	0	10	The standard of work in the Behavioural Resource Service (now ICAT) was assessed to be consistently good.
Fostering	18	0	0	18	The standard of work was assessed to be good in 11% of cases, requires improvement in 66% of cases and inadequate in 22% of cases.
Children with Disabilities (formerly Jigsaw)	20	2	1	23	The standard of work was assessed to be good in 60% of cases; requires improvement in 32% of cases and inadequate in 8% of cases.
Pathways through Care (CLA & Care Leavers)	153	6	1	160	The standard of work was assessed to be outstanding in 2% of cases, good in 52% of cases; requires improvement in 46% of cases and inadequate in 4% of cases.
Brief Intervention Teams (Formerly Assessment)	11	0	0	11	The standard of work was assessed to be outstanding in 9% of cases, good in 52% of cases; requires improvement in 35% of cases and inadequate in 4% of cases.
TOTAL	430	25	14	469	

The headline findings from our audit activity are detailed below:

Service	What is going well	Areas for improvement
Children and Families First (formerly Early Help)	<ul style="list-style-type: none"> • Effective multi-agency work undertaken. TAFs include appropriate services. • Good engagement and trusting relationships between practitioners and families; this supports the progression of plans. • Good identification of needs; families supported well and provided with meaningful/practical help that promotes their day-to-day lives. • Some cases from thematic/Individual audits, when moderated up to 12m later, remained closed with no new issues arising. • Child-centred approach, with attempts made to include the views of children/YP in the planning. 	<ul style="list-style-type: none"> • More concerted effort needs to be made to involve children consistently in TAFs, to capture their views during visits and to explore their lived experiences. • Joint visits with SW at point of handover should be embedded in practice to provide families with a smooth transition between teams. • There should be prompt escalation of cases to CSC where family engagement remains poor and where there is no evidence of meaningful change, but safety concerns linger for children. • Sometimes delay in escalation is due to resistance from statutory teams or CRS. • Issues should be escalated to senior managers.
Children's Resource Service (formerly MASH)	<ul style="list-style-type: none"> • Thresholds are being accurately applied in the majority of cases within MASH / CRS. • MASH / CRS Contact/Referrals are clear with regards to risks and protective factors. • Appropriate consideration for historical context, including success or failure of previous interventions. • Good analysis is provided to support recommendations made. • Timely response to referrals and timely progression to other teams when required. • Information is sought from partner agencies to inform decision making and there is inclusion of appropriate partners in strategy discussions. • Initial analysis by MASH / CRS is considered with subsequent workplans developed by other teams. 	<ul style="list-style-type: none"> • Occasionally, CSC records are not checked thoroughly enough, especially with regards to the history of parents/significant adults. This has, in some cases, led to risk indicators being missed. • Referrers are not routinely involved in verbal Strategy Discussions, but instead written information is sought from them (e.g., from schools). There is lost opportunity here to gain greater understanding of the concerns as well as the context surrounding it. There is also lost opportunity to involve such agencies in the planning of the S.47 (including how best to engage the child/YP).

Service	What is going well	Areas of improvement
Brief Intervention Team (Formerly Assessment)	<ul style="list-style-type: none"> Male perpetrators are routinely engaged in DA assessments. S.47 Inquiries are supporting good decision making on cases by appropriately identifying where ongoing risk is present and where ongoing support is required. The Service identifies some examples where casework is 'good' or better. The main areas of good practice are analysis of risk, identification of needs/strengths, consideration for the child's whole journey, incorporation of family's views/voice of the child, consideration for family history and context. Managers are providing good Q&A of assessments prior to authorisation. 	<ul style="list-style-type: none"> More consistent use/incorporation of Risk Assessment tools is required within Single Assessments and S.47 Inquiries to support more robust analysis (i.e., CERAF, DASH, Brooke Traffic Light Tool). Cases are at times closed prematurely or stepped down to EH where the risk threshold is still relatively high. There are still some issues around consistency with regards to the quality assessments although there have been significant improvements overall.
Social Worker with Families (Formerly Protection and Court)	<ul style="list-style-type: none"> Within court casework there were some effective/meaningful interventions undertaken to mitigate risk to children whilst their permanency plans were being determined. Some evidence of purposeful visits, good co-ordination of work between SAT/FDAC and the SW teams, child centred practice, good understanding of the child's lived experiences and the initial placement arrangements for children met their needs. Within thematic and individual audits, cases that were rated as good provided evidence of effective, relationship-based social work practice with timely planning, and intervention, and effective management oversight. Where cases were rated as good there was evidence of timely supervision, good interagency working, home visits linked to plans, reviews were held within appropriate timescales, concerted effort to engage children, workers demonstrated good knowledge of families' functioning and children were safe/happy. 	<ul style="list-style-type: none"> Case records do not accurately capture the extensive work that practitioners undertake with families. On a macro scale, this hinders the Service's understanding of how interventions are impacting children and families. There is lack of consistent and robust management oversight of high-risk cases. This has in part been caused by high management turnover within the PACT service. Within the more stable teams, more evidence of reflective and systemic analysis of risk is required. Children have experienced delays including visits and core group meetings. In many cases such issues have hindered the progression of CP/CIN plans. The quality of direct work with children varies considerably across the service as does the quality of direct work/reflective discussion with parents. More training is required for practitioners in this area to build their confidence and skills.

- More frequent and timely use of Family Group Conferences would be beneficial to many families, not just those in care proceedings. There should be greater consideration of FGCs (or informal family meetings) as part of case closure processes to ensure that families have a concrete/sustainable plan to maintain change.
- Given that DA features in a significant number of cases within this service, greater focus is required in this area. Men are routinely involved in assessments but there is less success at gaining their continued meaningful engagement throughout the intervention phase. Greater use of, and better links with, the IDVA service is needed.
- Learning reviews have identified a lack of robust/consistent management oversight, delay in decision making, insufficient SW monitoring, non-completion of statutory tasks within appropriate timescales and insufficient reviews were common traits that led to unfavourable outcomes for children/families.
- Cases graded as 'Inadequate' in the Thematic/individual audits included untimely responses to information suggesting that children were at risk. Practitioners needed a better understanding of children's lived experiences. CGMs/Supervision/Visits not consistent enough.
- Disguised compliance/superficial engagement is not effectively recognised or challenged in a number of cases; this results in lack of meaningful change for children. Also, 'capacity for change' is not consistently and effectively assessed and considered within decision making.
- Lack of sophisticated assessment and response to intrafamilial sexual abuse, especially where this involves multiple family members.

Service	What is going well	Areas of improvement
Behavioural Resource Service (now ICAT)	<ul style="list-style-type: none"> Without exception, all the SAT/FDAC assessments audited were completed to very good standards. Recommendations made by the assessors were evidenced well with reference to a range of sources; there was good use of research in analysis and robust address of the areas of concern. Assessments were child focused and there was good exploration of the parents' capacity to change. Additionally, there was evidence that recommendations from the assessments inform Care Planning decisions on cases. Where SAT/FDAC have been involved in Rehabilitation/Reunifications Plans, their input has generally been helpful. The information collated during this work, support teams' understanding of parents'/carers' capacity for change. Visits are focused and purposeful; appropriate management of difficult situations, appropriate escalation of concerns and good reflective work with parents/carers. EoC has not been audited as a specific service area in the last year. However positive points have been noted with regards to their contribution to cases and their intensive support to families. It does seem however that they are engaged in cases at too late a stage in the intervention. More in-depth and focused audit is required in this area to understand how far the intervention assists in mitigating the risk of children coming into LA care and family breakdown. 	<ul style="list-style-type: none"> Assessments would benefit from consistently exploring whether a parent could provide appropriate care to their children "with support"; especially where assessments conclude with negative outcome. Parents' support network should be routinely contacted during the course of assessments to assess how far they can compensate for the deficits in parent's capacity, and to determine how sustainable support would be long term. Closer working relationship and communication is needed between SAT/FDAC and Care teams where a rehabilitation plan is agreed, to ensure better co-ordination of work. This has been inconsistent in a number of cases.
Pathways through Care (Looked after Children & Care Leavers)	<p>A significant proportion of children/YP experienced a change in their visits during the first Covid lockdown of 2020, but most engaged well with virtual visits. In a few cases, the quality of the YP's interaction was reduced, with less dialogue. Visit records often too brief: thus, not providing a good outline of the YP's functioning.</p>	<p>44% of children/YP in the 1st and 2nd CLA/Care Leavers Audit Cohort had a visit frequency that was outside of DfE minimum standard. In most cases, the frequency was agreed at the CLA Review meeting with IRO oversight and approval. However, it was not explicit that the frequency was regularly reviewed as a separate agenda item in subsequent reviews.</p>

Service)	What is going well	Areas of improvement
...Cont Pathways through Care	<ul style="list-style-type: none"> When full audits were undertaken, it was evident overall that practitioners had good knowledge of their children/young people. Evidence of good 'relationship based' practice and the Care/Pathway Plans developed were informed by Children/YP's views and wishes. There was also evidence of reparative work being completed to enable children to rebuild their relationships with their parents and further evidence that children are being supported to maintain contact with their birth families throughout their care journey. In the majority of cases, it was identified that the quality and frequency of visits were meeting children/YP's needs. Children/YP did not express this explicitly, however inference was drawn from the lack of issues in placement, child/YP being settled etc. The children/YP who expressed specific opinions about their social worker's visits were often those who did not wish to have frequent contact or those who were resistant to being CLA. Their views were thereafter reflected in lower frequency visits. In most cases, there has been good IRO oversight and addressing of drift and delay in cases. CLA Reviews have been child focused and conversations around young people's transition into independence are happening at appropriate stages in their care journey. CLA visits are written to and for the child. They are analytical and provide a clear picture of children/YP's current life experiences and views. Within the Individual/Thematic audits completed over the course of last year, the best performing areas were 'REVIEWS' where children's progress had been followed through the year; most cases were graded as Good in this area. With regards to: 'Planning', 60% were graded as Good; to 'Intervention (which includes visits), 56% were graded as Good; to Supervision and management oversight, 52% were graded as Good. 	<ul style="list-style-type: none"> Delays in the progression and completion of Life Story Work for many children. A small number of children were found to be on six monthly visit frequency during the CLA/Care Leavers programme. This is a long period of time in a child's life; hence it has been recommended that the Service should hold a discussion with regards to whether the maximum visit frequency should be set at three months. It has also been recommended that where visits deviate from the DfE minimum requirement of 6-weekly, 'visit frequency' should be a standard agenda item in the YP's CLA Review to ensure that it remains appropriate for their needs. Also, the view of the YP should be explicitly recorded in respect of the frequency and the IRO should clearly address whether the frequency is continuing to meet the child's needs. This is not common practice at the moment. Children/YP's views on visit frequency should also be recorded within the Care Plan and visit records; these should outline clearly whether the frequency is in the YP's best interest. Team managers and IROs should participate in work to enable them to accurately benchmark the quality of practice, in order to help raise standards in light of the outcome of moderated audits. There are a group of children for whom placement stability is an issue. Audit analysis is currently underway to derive learning from these children's journeys with a view to mitigating repeat patterns in the coming years.

Service	What is going well	Areas of improvement
...Cont Pathways through Care		<ul style="list-style-type: none"> • Timeliness/consistency/quality of Supervision was identified as an area for improvement in recent audits. The recent high turnover in management within the CLA Service has had some impact on this. • Consistency in the update of Assessments and Plans also needs to improve. • Case records need to better capture the hard work that is being completed by practitioners. • Statutory visits are a crucial area that requires focus in the coming year, specifically improvement in the timeliness and consistency of this. For instance, within the CLA/Care Leavers audit programme, it was identified that 44% of 123 children within the 1st and 2nd audit cohorts were not seen within the agreed timescale.
Fostering	<ul style="list-style-type: none"> • Some excellent examples of provision, communication, and professional working with foster carers. High level of joined up thinking, clarity on plans and progression of interventions. • Supervising Social Workers have good relationships with foster carers, this is evident in the case note recordings. This does not always translate into the relationship with adult birth children who live in the home and are not referenced in the supervision and/or safer caring discussions. • Excellent outcomes in the recruitment and approval process. Checks and assessments are timely and good quality. • Post approval and cases have clear safer caring plans, training pathways and supervision agreements. 	<ul style="list-style-type: none"> • The process of Agency Decision Maker ratification to be reviewed in order to determine that it is as robust as possible. • Unannounced Home Visit requirements to be revisited and clarified with staff. Achievement of timely visits and recording to be encouraged and celebrated. Practice improvement in this area to be monitored. • Birth children to be included in safer caring discussion and minimum of every third supervision, more frequently if they are an adult birth child living in family home. Practice improvement in this area to be monitored. • Winter/Covid Contingency plan to be in place for training such as First Aid if this cannot be delivered face to face. • Update the Standards of Care and Allegation policy and implement training. • Staff induction for the Fostering Service to cover the Fostering Service Regulations and Standards as set out in NMS and individual SCC policies relevant to the Fostering Service. • Training to be available for all staff on connected carers, overcoming cultural and language barriers children missing from care and placement stability.

Service	What is going well	Areas of improvement
		<ul style="list-style-type: none"> • The Fostering Team to consider the importance of recording information on carers within just one system. Attention to be given to case recordings being held on only one foster carer's record when they are approved as a couple. • Chronologies and unannounced home visits to be reviewed in every Supervision. • Team Manager to ensure supervisors are familiar with SCC Supervision Policy. SSWs to complete case summaries before supervision to reduce recording time. Creative thinking re efficient uploading of supervisions records. • Training and upskilling of individual practitioners to provide training and support to less experienced members of staff. • Meeting between IRO Service and Fostering Service regarding monitoring of practice improvement in relation to the area of reviewing respite arrangements, the completion of review paperwork by the Child's Social Worker and the reasons given for the cancellation of Household Review meetings. • Practice improvement to be monitored re management responses to the alerts process.
Adoption	<ul style="list-style-type: none"> • Workers are liaising with all parties involved with assessments; birth families are being updated on the progress of plans for adoption and matching paperwork reflects the needs of children and the children's identity is evident within this. 	<ul style="list-style-type: none"> • Life Story Books and life story work, needs to be completed in a timely way. • Adoption to be included in wider audit programme in the coming year.
Children with Disabilities (JIGSAW)	<ul style="list-style-type: none"> • Some CIN reviews are timely and informative with progression and developments clearly recorded. • Clear multi agency discussion and decision making on cases. • Planning corresponds well to the child's needs, they are completed in a timely way, are inclusive of parents and outline SMART actions. • Visits are recorded with attention to detail. 	<ul style="list-style-type: none"> • Children's voices are sometimes limited with focus being more on parents. • Annual assessments are not always initiated or completed within appropriate timescales. • Improvement needed in the timeliness of CIN reviews/visits. • Improvement needed in the timeliness and robustness of supervision.

Service	What is going well	Areas of improvement
	<ul style="list-style-type: none"> • Children benefit from having a consistent case worker. • Consideration is given to the impact of SEND on children. • There is excellent use of all available resources within the team and city. • Social Workers have acted as good advocates for children and their families. • There has been a high level of management oversight for cases subject to care proceedings. • The quality of Single Assessments is Good or Outstanding; they provide a good outline of children's needs and how their disability impacts their day-to-day lived experiences, as well as those of their household. They also recognise strengths and where support can further enhance this. • There has been good co-ordination of work between agencies. • There has been a high level of support provided to families by the service. 	

What we know about the quality of practice: Serious Case Reviews and Partnership learning activity

We had two serious case reviews published in 2020: Freddie and Clare. In 2021, we published a Child Safeguarding Practice Review (Liam) and two serious case reviews (Family B and Non-Accidental Injury thematic).

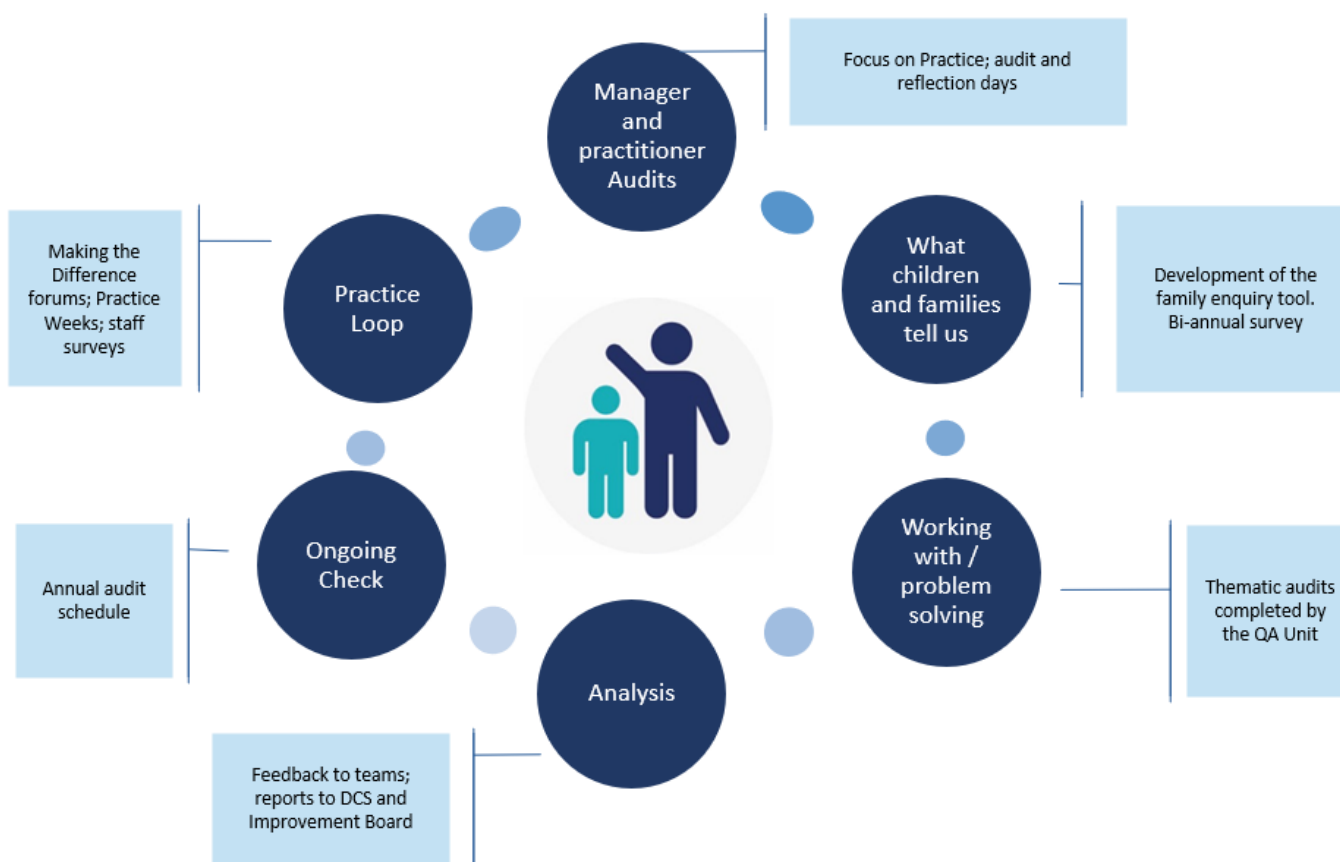
Key learning themes from the serious case reviews include:

- *Decision making in the Multi Agency Safeguarding Hub*: these have been addressed through regular service audits and partnership engagement, strategically and in the development of multi-agency audits in 2021.
- *Quality, timeliness, and effectiveness of child protection planning*: this is being addressed through performance data scrutiny, service audits, reports to the Safeguarding Children Partnership and the re-focusing on Strengthening Families within our practice model.
- *Impact of legal advice and public law outline*: this is being addressed with updated guidance, dedicated business support and an additional manager support overseeing pre-court and court work.
- *Professional understanding of child sexual abuse in the family environment and trauma informed approaches*: this is being addressed through the development of our strategic framework and training alongside the development of a new post and funding consultancy for practitioners.
- *Impact of resistant parents and other adults in the family home*: this is being addressed through the commissioning of training.
- *Effectiveness of supervision and management oversight*: which we are responding to with revised supervision guidance, commissioning of reflective supervision training for managers and service audits.
- *Use of escalation processes*: which is being addressed by engaging partners through a range of professional forums (schools forums, Designated Health Leads meeting, CRS strategic group).
- *Contextual safeguarding and criminal exploitation*: which we are addressing through the launch of our new young people's service.
- *Non-accidental Injuries in babies*: which resulted in a review of independent living provision and an action plan regarding working with young parents within the child protection system.

We have worked with our DfE Advisor to review the service action plan in response to reviews and we have identified the activity which we think will most impact better practice. Our areas of focus for 2022 include:

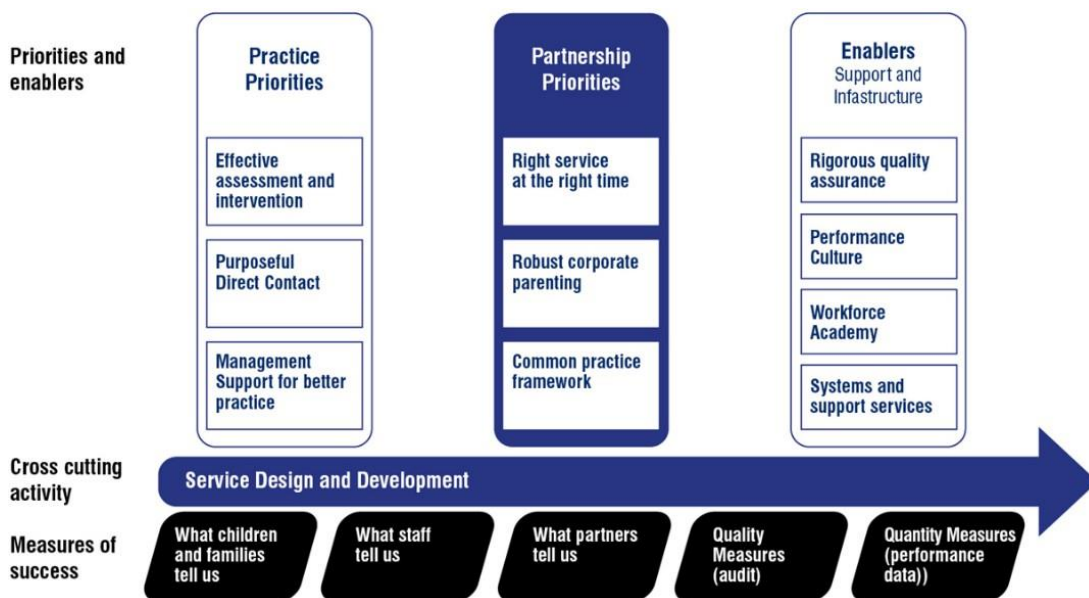
- Conducting a staff survey to understand the impact of training upon practice.
- Using our PiP activity to focus on effective case progression (**this is already a PiP area of focus).
- Reporting to the SSCP on progress against achieving more effective planning / core groups and also on early help performance and improvements.
- Undertaking a review of the Placements Team as part of a restructure of the Fostering Service within the Destination 22 programme.
- Ensuring that our Principal Social Worker focuses on disseminating practice learning through the practice development team workplan (GP registration, safe sleep, IMR learning).
- Engaging with partners so that the launch of the Children’s Resource Service and new thresholds document was robust.

How we know about the quality of practice: our Quality Assurance Framework



What we are doing to improve the quality of practice: our priorities

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



Progress achieved and challenges since our last inspection

Standard Inspection recommendations (2019)

Social workers need to build longer term, uninterrupted relationships with children so that their plans are progressed.

- We have implemented a very successful recruitment campaign, with over 100 appointments in 2022, including 55 social workers. We continue to invest in apprenticeships, Step Up and Frontline. We have robustly reviewed our induction programme, developed a senior social worker role and launched our workforce academy and systemic practice framework. However, we know it will take time for all these new staff to commence, be inducted and, for some, to be registered. Therefore we do not expect to see a meaningful impact on stability of social work relationships until towards the end of the year.

Better management advice for social workers on how to undertake direct work with children and regular, reflective discussions on their progress.

- We have created practice manager roles to ensure better oversight of case work and we have a rigorous focus on performance through our assurance clinics. We are launching our new management training / induction in June 2022 and have commissioned training for managers using Research in Practice and Firstline. We are re-launching our supervision framework and our Principal Social Worker has started reflective teams sessions across the service.

The quality of assessments and plans to ensure that all children get the right help quickly and that its impact is clearly measured.

- Assurance clinics and performance dashboards have increased the focus on timeliness across the service; however the quality of assessments and plans remains inconsistent. Partners in Practice work and the launch of the 'Making the Difference' practice framework will support ongoing improvement.

Decision-making in the MASH consistently adheres to local threshold guidance and children do not experience unnecessary statutory assessments.

- We increased our single-agency audit activity in MASH in response to the pandemic and in 2021 we successfully launched a multi-agency audit schedule. Our new Children's Resource Service and pathways (threshold) document were launched in April 2022.

The use of bed and breakfast arrangements for care leavers aged 18 years and above and children aged 16 and 17 years is discontinued.

- Bed and breakfast accommodation is only used where all other options have been exhausted and always with the oversight of the Deputy Director. The service is contributing to the review and recommissioning of young people's housing related support services, which started in September 2020 and will conclude in 2022. We are undertaking a wholesale review of all our care leavers and their accommodation to inform our strategic commissioning of placements. We have created a new 16- and 17-year-old homelessness protocol. We have reviewed our 16/17 yr old children in need living away from their families; as a result a number of young people have been made S20.

The widespread and inappropriate use of child safety agreements with parents, in circumstances when children's exposure to domestic abuse is a primary safeguarding concern.

- After the 2019 inspection, we reviewed our risk assessment guidance with managers across assessment and protection and court services; revising it so there was greater clarity about the use of child safety agreements. Audits have shown that we still need to improve consistency of practice, so we have recently launched consultation sessions with our Independent Domestic Violence Advisor (IDVA) service, and they co-facilitated a domestic abuse-themed virtual practiceweek. We have also commissioned Safe and Together training for staff which is being rolled out in 2022.

Focused Visit areas for Priority Action and Recommendations (2021)

Effective and rigorous senior management oversight of children in care who are placed in unregistered settings, are at home with their parents or are with connected carers in emergency circumstances.

- Fortnightly panels to ensure senior management oversight of children living in such arrangements. We launched an 'alternatives to care panel' in March 2022. This panel mobilises resources to help keep families together and ensures that plans for children coming into care (outside of proceedings) have the right level of management oversight.

Effective management oversight of services to care leavers.

- The service has been through a turbulent time since the focused visit, with changes in the management team, sickness absence and high staff turnover. The management team in the Care Leavers and In Care Service (Pathways Through Care) is now permanent, with a HOS, two Service Leads and five practice managers. Almost all social worker and PA posts have now been appointed to, including additional PA posts to add capacity to the service. We are adopting a joint approach with education colleagues regarding NEET outcomes, including the 'EET MEET' to consider individual young people who are NEET or who are at risk of being NEET. In May 2022, we will test out the effectiveness of our services for children in care and care leavers through an independent peer review.

The quality of supervision and management oversight of children on child protection and child-in-need plans.

- See above, response to ILACS Standard Inspection (2019) recommendation.

Visits to vulnerable children who are electively home educated (EHE).

- We have broadened the focus of our monthly Managers' Learning and Improvement Forum, inviting the Service Manager for Inclusion to provide updates on vulnerable children who are EHE. We have convened a focused session on EHE and there is a business case to enhance the service. We have worked with the service manager and his team to develop a bespoke audit tool so that we can focus on quality information as well as performance data.

The experiences and progress of children who need help and protection

Children and Families First (Early Help)

Overview

Our Early Help service is an integrated offer with Solent NHS partners, who, via the ECHO Programme, currently take the lead in 0-5 early help provision through an enhanced health visiting model. Our offer is generally locality based, delivered via Sure Start Centre Family Hubs. Offers include Come and Play activities, health clinics, parenting courses and money management. As part of Destination 22, six qualified social worker posts have been created and appointed to, alongside a family partnerships team and a co-ordinator post, which have responsibility for embedding good quality, evidence-based interventions with families and managing our Family Group Conference offer, which has been brought in-house.

Referrals to Early Help are made via the CRS (previously MASH), or, where there has been a period of social care involvement, via a stepdown panel.

Our assessment of current practice is that the standard of early help work is not yet good enough. We have extensive, integrated early help provision in Southampton, but we know that it needs to be more accessible, that families need to benefit from intervention earlier and that risk needs to be managed more confidently so that families do not escalate unnecessarily through the system. We also need to better utilise the wide range of voluntary sector support that is available for families in the city.

Data

- Numbers of Early Help assessments have shown an increasing trend since the pandemic. In November 2020, 1491 assessments were completed in the previous year. In 21/22, 2473 assessments were completed.
- Our CHAT data shows that in November 2019, 29% of Early Help cases also appeared on the referral list. In 2020 the figure was 22% and in March 2022 this figure remained at 22% of Early Help cases appearing on the referral list for the previous 6 months. Further analysis of step up/step down activity is underway.
- Our data and intelligence in relation to Early Help is not robust enough and we are continuing to develop our reporting, insight, and intelligence in this area.

What is going well?

- The Early Help Hub offered a good-quality, rapid response to some families to support a triage of their needs to ensure that they receive the right help. Our new Children's Resource Service will build on this model.
- We have revised, simplified and re-launched our Early Help Assessment and our practice standards.
- We have created a video-based NVR parenting course due to the impact of COVID-19, developing a blended approach of online and face to face interventions. This involves delivering a range of shorter-term interventions, including 1-2-1 family support and group work evidence-based parenting courses via digital platforms.
- We are now using Family Group Conferences in Children and Families First. Feedback from service users and outcomes are positive.
- The Echo Programme continues to be offered by our Health Visitors which Southampton University are evaluating.
- Through the Section 75 arrangement we are working collaboratively as SCC and Solent NHS to keep children's centres open and to use these bases more creatively.

What we still need to improve.	What are we doing about it?
We need to manage escalating need better at an Early Help level to prevent 'handoffs' for families. In addition, there can be a delay in allocation within the localities for some families, and we need to reduce this delay.	We have increased staffing expertise and capacity in Early Help. This includes the recruitment of social workers, experienced family engagement workers and family group conference facilitators.
There is a need for greater integration with our health partners around the 0-5 offer to ensure that there is increased capacity for early intervention for this cohort.	We are reviewing governance across the children's partnership and reviewing the S75 partnership agreement as part of the next phase of the Destination 22 programme.
The Early Years peer review undertaken in 2021 highlighted the need for an overarching Early Years Strategy.	We launched a refreshed Children and Young People's strategy and associated Early Help and Early Years Plans in April 2022.
Increased referrals regarding the emotional and lower-level psychological health of children, young people and adults.	We will enhance our early intervention multi-agency offer to young people and adults around emotional and mental health needs; using the CAMHS i:Thrive workshop findings to inform our response. We are recruiting three specialist children's mental health workers to work alongside our locality teams.
Ongoing challenge in the Solent Health Visiting side of the service due to staff capacity and the impact of the pandemic.	We are maintaining our health visiting offer: some bank Health Visiting staff have been drafted to support visiting where there have been staffing issues.
Not having a robust enough preventative offer in the city to respond to some of those early at-risk-of-offending signs impact upon our first-time entrants and offending rates which are high compared to statistical neighbours.	<p>New Young People's Service launched.</p> <p>We have established a pre triage assessment pre JDMP - ensuring a more robust and evidence-based decision-making process, including 'voice of the child' to ensure we make the best decision for the young person, the victim and the community.</p> <p>We will build upon our Out of Court offer by developing our diversionary offer for young people who have been brought to the attention of the police and who have offended.</p>

Children's Resource Service (formerly Multi-Agency Safeguarding Hub (MASH))

Overview

In April 2022, we launched our new, integrated Children's Resource Service and Pathways (Thresholds) document. The aim is to create a needs-led rather than a threshold-led service offer, with a focus on conversations with professionals to ensure that families get the right help first time.

EDT responds to emergency concerns from professionals and members of the public if the situation cannot wait until the next working day. We are in the process of reviewing EDT alongside Adult Services colleagues.

Our assessment of current practice is that the multi-agency safeguarding response has improved and is firmly on a journey to being good: our single agency and partnership quality assurance activity shows consistent decision making and management oversight. However, contacts remain high and partnership understanding of threshold needs to improve. This means that some families get a higher tier response than necessary and additional pressure is put on the safeguarding system. We are still embedding our new 'one door' pathway to Children and Families First.

Data

- The number of contacts has increased by 25% in 21/22 compared with 20/21 activity
- Between 12-15% of contacts in any one month convert to referral
- All contacts are dealt with within timeframes

What is going well

- We are recruiting additional social worker and manager capacity to the CRS. This is one of the few parts of the service where we have a relatively high proportion of vacancies. Management oversight and quality assurance is well-established, with management and partnership audits used to test out the quality of referral and decision making.
- CRS strategic meetings, drop-in sessions, and meetings with partner agencies for learning and delivery of training to key partners are undertaken as routine.
- We are Working Together compliant for strategy discussions in CRS, with the inclusion of schools where appropriate.
- We have successfully appointed a data analyst and consequently we are becoming better at using data reports for operational activity and for wider understanding of needs.
- We are developing champions in key areas such as Female Genital Mutilation (FGM), CAMHS liaison, Prevent, MAPPA/MARAC, Designated Safeguarding Lead (DSL) Training, Domestic Abuse & HRDA.
- We routinely attend Multi Agency Public Protection Arrangements (MAPPA) and Channel Panel for unallocated cases.
- Our audits show our consistent use of management oversight templates.
- Management oversight has identified an improvement in EDT recording.
- We last undertook our bi-annual LADO audit in 2021 and we have a comprehensive improvement plan in place. We have secured extra resources to create a standalone LADO post.

What we still need to improve.	What are we doing about it?
Increasing numbers of contacts/referrals, suggesting needs are not always met at an early stage. Police reports continue to increase with the conversion rate remaining low.	The level of contacts from the police remains very high. A meeting has taken place with HIPS and police colleagues, with a plan for the four LAs to maintain close oversight of the appropriateness of police contacts.
We have high numbers of cases that progress to statutory case work rather than targeted early help.	We have developed a Performance and Data Analyst role to provide an understanding of the needs within the city. We are working to improve the quality of our performance data in Power BI so that the analyst can begin to dig deeper into the performance and practice trends.
We have high numbers of s47 enquiries in comparison with statistical neighbours.	We undertake regular joint audits with police and health around strategy discussion outcomes. There is a pilot with CRS and Police focused on our response to physical abuse and the use of section 47s. We are planning a focused audit on strategy discussions.
Partners need to understand the new pathways document and Children's Resource Service.	The MASH / CRS Strategic Group has led on the review of the pathways document.
The consistency of response to contextual safeguarding concerns needs to improve evidenced by audits.	We are still exploring best practice in contextual safeguarding. We are increasing the presence of the Young People's Service in the CRS to enhance knowledge around contextual safeguarding.

What we still need to improve.	What are we doing about it?
Involvement of Secondary Head representatives in MASH / CRS strategic group and audit activity needs to be more consistent.	Restorative work with Secondary Heads to promote inclusion has started through invites to MASH / CRS strategic group attendance at head teacher's forums, Drop Ins and audit working party.
We need to do more to capture feedback from children and families.	The service will launch service user surveys by Spring 2022 and use them in its ongoing evaluation of service effectiveness.
Our response to DA through HRDA needs to be reviewed.	We are reviewing the local HRDA protocol and thresholds; engaging with Stronger Communities and Hampshire Constabulary; alongside ensuring staff have the right training. We have commissioned Safe and Together training for our staff; running alongside training for partners procured by our Communities Team.

Brief Intervention Service

Overview

The Brief Intervention Service is part of the Safeguarding Service. Service leads in each locality oversee BIT teams and SWwF teams – this is assessment through to when children's permanence is decided. Three locality-based teams which take all new referrals from the CRS, including S47 enquiries and S17 single assessments (includes unaccompanied asylumseekers, age assessments and homeless 16/17-year-olds).

Since the Destination 22 service redesign, the teams offer intervention to families swiftly, for up to three months. Our Intervention and Complex Assessment Team (ICAT) works intensively with families to support them in making and sustaining positive changes. The Family Drug and Alcohol Court multi-disciplinary team works with families whose issues with substance abuse has led to the LA issuing Care Proceedings.

We think that the quality of our assessments is not yet good enough: we have focused on strengthening our performance culture across these teams and children consequently get a timely response. However, the quality and impact of assessments still needs to improve, with greater partnership ownership.

Data

- Sec.47 enquiries have reduced slightly but remain an area of focus. In 2019/20 the rate for S47s per 10k was 413 which is significantly higher than SN at 249, although our performance improved in 2020/21 to 320/10k, although again was significantly higher than SN at 260/10k and the England average of 164/10k. Our (unvalidated) performance end of year 2021/22 is 344/10k against a target of 260/10k.
- We currently have a conversion rate from S47 to ICPC of 40% against a target of 37%.
- We have reviewed assessments undertaken for CIN children compared to those already CP and CLA.
- Timeliness for Child and Family Assessments completed within 45 days has significantly improved. In 2019/20, 65% of all assessments were completed within timescales. This increased to 86% in 2020/21 and put us in line with SN performance. Our current unvalidated performance for 21/22 is 89%.
- ICPC performance improved from 55% in timescale in 2019/20 to 72% in 2020/21 against a SN average of 83%. Current performance is 59% for 21/22: we are interrogating the reasons for this as part of our action plan.
- Parental substance and alcohol misuse, mental health and domestic abuse issues feature notably in single assessments completed with families.

Assessments

		2019-20				2020-21				2021-22				2021-22 Q3			
		Number	Percentage	CP ⁴	LAC ⁵	Number	Percentage	CP ⁴	LAC ⁵	Number	Percentage	CP ⁴	LAC ⁵	Number	Percentage	CP ⁴	LAC ⁵
CSE (case note) ¹		55	1.4%	7	9	85	2.1%	2	6	56	2.0%	2	7	18	1.9%	0	3
CCE (case note) ²		58	1.4%	5	10	81	2.6%	5	7	85	3.1%	3	7	33	3.4%	1	2
CSE (factor)	11A	145	3.6%	10	5	85	2.8%	1	7	63	2.3%	1	10	15	1.5%	0	2
CCE (factor) ³	24A	0	0.0%	0	0	26	0.8%	0	0	98	3.6%	1	13	30	3.1%	1	2
FGM (factor)	22A	8	0.2%	1	0	5	0.2%	0	0	0	0.0%	0	0	0	0.0%	0	0
Parental Alcohol Misuse (factor)	1B	737	18.2%	40	6	607	19.7%	24	18	322	11.7%	11	4	129	13.3%	6	1
Parental Substance Misuse (factor)	2B	732	18.1%	38	15	545	17.7%	33	23	366	13.3%	20	17	129	13.3%	15	6
Parental Domestic Violence (factor)	3B	1,448	35.8%	79	10	1166	37.9%	39	25	850	30.9%	30	19	301	31.0%	16	5
Parental Mental Health (factor)	4B	1,604	39.6%	66	34	1216	39.5%	45	45	933	33.9%	38	32	344	35.4%	17	16

¹CSE (case note): Child Sexual Exploitation, SERAF CSE case note prior to the date the assessment was completed

²CCE (case note): Child Criminal Exploitation, SERAF CCE case note prior to the date the assessment was completed

³CCE (factor): assessment factor new for 2021-22

⁴CP: Child Protection, on the date the assessment was completed

⁵LAC: Looked After Child, on the date the assessment was completed

What is going well

- There is a focus on performance across this area of the service with both managers and frontline practitioners sighted on individual and team trends. This supports good assessment timeliness.
- Additional social worker and practice manager posts were secured via D22.
- Managers have engaged in practice improvement work with our Principal Social Worker and audit training with our Head of Service for Quality Assurance.

What do we still need to improve.	What are we doing about it?
The service is experiencing a high level of referrals, which has impacted upon case load figures, and we are monitoring this closely. This means that families can escalate in the system as work is not completed at an early stage. The D22 model (with short term work being completed by BIT team with ongoing assessment) is leading to higher caseloads.	As part of the Destination 22 programme, more social work and management resource is being embedded into the service, along with the launch of our Brief Intervention Teams.
We still need to achieve the levels of staff stability and capacity which will create the environment for consistently good social work.	The assessment service is a key area of focus for our Recruitment and Retention workstream.
Assessments are not always timely or of good quality and analysis is still of a variable standard; this aligns with inconsistency of management oversight.	The Quality Assurance Unit are launching audit and reflective teams' workshops from February 2022; designed to embed a better service understanding of good practice, using our systemic practice model.
We are an outlier in terms of core safeguarding performance. There is a risk that some families receive a higher level of intervention than they need.	We are engaging with partners through strategic forums to build relationships and confidence in the service and the partnership response to children and families. We are launching Strengthening Families training for partners from summer 2022; alongside a focus on family group conferencing within the service.

Social Work with Families Service and the Young People's Service

Overview

Since the Ofsted inspections and visits of 2019 and 2021, challenges in recruitment and retention, and higher than average caseloads, led to too many staffing changes in the Protection and Court Teams (now Social Work with Families). Some children had had too many changes of social worker, leading to inconsistent support for families.

Senior leaders in the council, and members, recognised the need to redesign the core social worker function and permanently bolster the service with additional posts. Through D22, surplus agency positions have been converted into substantive posts, increasing the number of permanent workers in the service. Almost all posts have been filled, supported by a very successful recruitment campaign in early 2022.

The service now has a permanent leadership team and almost all practice managers are permanent. Our strengthened Early Help service will increasingly be equipped to support families who no longer need statutory intervention. Brief Intervention Teams offer short term support alongside, and for a period after, assessment. Additional staffing has been agreed for our Children with Disabilities team so that children with a lower level of need will receive support from that service, rather than from Social Work with Families.

We need our Social Work with Families Teams to focus on delivering higher quality intervention. The new teams are now also in locality teams, aligned with their counterparts in Early Help.

Our new Young People's Service (which includes the Specialist Assessment, Youth Offending and Missing, Exploited and Trafficked Teams), comprises of social workers and youth workers who provide intensive outreach and support to young people and their families where risk and need is linked to harm outside of the family. This support includes evenings and weekends.

The early signs are that the YPS is providing meaningful help to reduce harm and keep families together.

Our assessment of current practice within the SWwF service is that there is a high level of inconsistency regarding the quality and impact of support provided. Through our own quality assurance, we have identified individual examples of child-focused, meaningful social work that brings about positive change. But there is still too much instability within the service and our practice framework has not yet had a significant impact. There is much more work for us to do to achieve consistently good outcomes for children and families.

Data

- Caseloads are steadily reducing and are currently at an average of 18 per worker in the Looked after Children service and 19 in SwWf (April 2022).
- Numbers of children subject to Child Protection Planning remain high. In November 2019, 464 children were subject to CP Planning and in November 2021 there were 413: increasing to 483 in March 2022. Southampton is higher than SNs at 31 March 2021 with 60/10k against SN with 66/10k at 93/10k.
- Delays are evident in CIN and CPP interventions. For our children in need, in November 2021, 42% compared with 46% of plans had been open for >12 months in Nov 20 (34% in 2019) and 27% had been open for >24 months (22% in 2019). For child protection plans, 0% had been open for >2 years currently compared to 5% in Nov 20 (2% in 2019).
- As at the end of March 22, 31% of our CPP had been open 6 months –1 year and 14% open 1-2 years, 23% of CIN cases had been open 2+ years.
- CAFcass performance data shows that care duration has increased overall across the country since the pandemic. Pre-Covid, family court area performance was 25-26 weeks. Our family court area's performance is 31 weeks; however, the geographical area is the second best performing nationally.
- Southampton's performance in terms of care duration is two weeks higher than the area as a whole, at 32 weeks: an improvement of one week since the end of 2021.

- We continue to participate in local Prevent arrangements. Between April and December 2021, there were six children referred to Channel Panel.
- There were 594 crimes in Southampton during 2020/21 that involved the use of a bladed implement; an 8% decline from the previous year. Southampton has the highest rate of crimes involving a bladed implement across Hampshire. The Southampton rate is significantly higher than all other areas except Portsmouth. Southampton accounted for 25% of crimes involving a bladed implement across Hampshire Constabulary in 2020/21. The profile of offenders for crimes involving a bladed implement continues to be skewed towards males and younger age groups, highlighting the importance of early intervention and work of the Violence Reduction Unit.

What is going well

- There is a core complement of dedicated and hardworking managers and staff who want the service to improve. The majority of staff in the service are highly committed to the children they work with and have continued to visit and support the most vulnerable children in the city during the pandemic and go above and beyond their contracted hours to support children and families.
- The Social Work with Families service has secured additional social worker and manager posts through the Destination 22 programme. This has meant that some colleagues who were resistant to change have left the service.
- We have introduced additional Practice Managers to enable a closer focus on management oversight.
- There have been ongoing meetings with CAF/CASS to focus on improvement.
- We are using senior social workers to support less experienced workers to manage more challenging casework.
- Caseloads have started to gradually reduce, although this is not to a level that supports excellent practice to flourish.

What do we still need to improve.	What are we doing about it?
<p>The duration of Child Protection Plans and Child in Need Plans is often too long and needs to reduce through more targeted intervention.</p> <p>Some children remain in Child Protection Planning for too long prior to escalation into the pre-proceedings phase of the Public Law Outline.</p>	<p>Service leads are monitoring planning timeliness as a priority area. The introduction of the Brief Intervention Teams has meant earlier, intensive intervention for families to de-escalate risk and prevent children coming into care unnecessarily.</p> <p>The service is implementing a plan to understand and respond to CPP performance trends; with the support of our DfE advisor. Case progression training for staff will be offered as part of the PiP work programme.</p>
<p>Assessment and intervention within the pre-proceedings phase of the Public Law outline is too long for some children.</p>	<p>Our Legal Planning Meeting has been revised; with increased oversight by two Heads of Service.</p>
<p>The service can be too reactive; this culture needs to change as caseloads and staff churn reduces. A stronger culture to support the wellbeing of staff and is needed.</p>	<p>We are introducing reflective sessions from March 2022 as part of team meetings and managers meetings.</p> <p>We are bringing our Family Group Conferencing service in house and embedding it as a core component of our offer to families.</p> <p>We have convened a series of workshops with service leads to improve service culture.</p> <p>Leadership culture focus – workshops with managers planned for May 22.</p>
<p>Staff in this area of the service have felt too stretched at times to engage in CPD or had time to reflect on their practice.</p>	<p>We have added management capacity through permanent Practice Manager roles, reducing the size of each team to six or seven. This enables greater support and management oversight.</p> <p>As part of our workforce academy development, we have introduced a mandatory five days' training for all child-facing Children and Learning staff, with a core focus on the importance of protecting time for reflection and continuous professional development.</p>
<p>Recruitment and retention challenges have created disruption for children and families. Caseloads need to reduce across the service.</p>	<p>The service has recruited 29 South African social workers; alongside increasing the number of Step Up, Frontline and apprenticeship roles across the service. A new senior social worker post has been created to support career progression, with no quota.</p>
<p>Lack of capacity and turnover means that some children's records have delays in recording and lack full chronologies which is not acceptable in terms of tracking a child's journey effectively.</p>	<p>Our <i>Making the Difference</i> Practice Framework which spans children's services has been co-produced with practitioners to focus on systemic practice and restorative behaviours.</p> <p>Our Practice Standards will support better practice in the core areas of service delivery and will promote CPD.</p>

What do we still need to improve.	What are we doing about it?
<p>There needs to be further improvement in the quality of evidence that is produced for Court. We need to reduce delay in some cases that are in pre-proceedings.</p> <p>When children enter care, they need more help to make sense of what is happening to them.</p>	<p>We have deployed a manager specifically to oversee court work and have launched Alternatives to Care and Exceptional Arrangements Panels to support children at risk of entering care, reunification with families and placement with parents.</p> <p>We continue to refine our PLO tracker to ensure these cases are on track.</p>
<p>Work with children who are in need by virtue of lower-level disability issues needs to improve.</p>	<p>Additional capacity and training on neuro diversity in our Early Help Service will improve the support for children with lower level needs linked to their disability. The interface between Early Help and the Children with Disabilities service is being strengthened.</p>
<p>There is a need for safeguarding practice to collectively improve direct safeguarding practice that achieves better outcomes for children.</p>	<p>We have begun to work more closely with our IDVA service, delivering a domestic abuse themed practice week and launching joint consultation sessions.</p> <p>The safeguarding service is moving to a locality-based model in order to enhance relationships with key stakeholders and communities.</p> <p>We launched our revised Neglect Strategy and Tool Kit in our March 2022 practice week. We are following this up with neglect workshops, coordinated by our SSCP team and a partnership survey at the end of 2022 to test out knowledge and impact.</p> <p>We have developed a Family Safeguarding business case and are in the final stages of discussion with Hertfordshire Children's Services about implementing their model.</p>
<p>Partner in Practice audit activity shows that our work with Children in Need needs to improve.</p>	<p>We have shared the findings with managers through our Learning and Improvement Forum.</p> <p>We are reviewing our supervision templates and launching revised Practice Standards in June 2022.</p> <p>We will ensure the learning feeds into the development of our Family Safeguarding Model of practice.</p>
<p>Very high numbers of women have children removed from their care in Southampton (190 in the last two years as evidenced by PARIS data reports).</p> <p>We were concerned that not enough children have been supported to get their views at Child Protection Conferences.</p>	<p>We have established a joint-funded PAUSE project, anticipating a 58% (14 women) reduction in pregnancies amongst the more vulnerable. Forty-nine women have been engaged to date. The Southampton FDAC offer shows 40%+ children re-unified with birth parents.</p> <p>We brought extra staffing resource into the Child Protection Conference Team, Protection Champions with a full time, permanent posts.</p>

Children with Disabilities and Children and Adolescents with Mental Health Needs Overview

The needs of children with disabilities and children and adolescents with mental health needs have been considered robustly in the review of the local Special Educational Needs and Disabilities and Emotional and Mental Health Wellbeing Strategic Plans, which concluded in April 2022.

Local CAMHS priorities are:

- Supporting professionals working with children and young people to have a shared understanding of positive emotional wellbeing and mental health in their work.
- Ensuring children and young people have access to a range of early interventions to support their emotional wellbeing and mental health needs which will prevent difficulties escalating and requiring specialist mental health services.
- Ensuring a clear needs-led model of support for children and young people which will provide access to the right help at the right time, through all stages of their emotional and mental health development.
- Improve equalities in access, experience and outcomes for groups faring worse than others or more at risk of poor mental health by more targeted interventions.

The Children with Disabilities Team (Jigsaw) is a specialist integrated service for children with complex disabilities commissioned by SCC and Southampton City Clinical Commissioning Group. It is located within the SEND service. Historically, the service worked with children with Moderate, Severe and Profound Learning Disabilities and a complex health condition (which may be Autism and behaviour that indicates distress), children with complex health conditions that require packages of care under children's continuing care arrangements and children with dual sensory impairments. Its remit has recently been expanded, and additional resources allocated, to meet lower-level disability needs.

Our assessment of current practice is that service access is not yet good; there is a significant focus within our improvement plans on children's mental health outcomes and the service offer for children with disabilities.

Data

CAMHS Activity: 2020/21

- 2,540 (62%) individual children and young people aged 0-18 received treatment by Solent NHS Trust (or CAMHS Specialist Provider) from M1-11: this was above the 35% national target.
- 2,463 CAMHS referrals to Single Point of Access received from M1-11, compared to 1,414 the same period the previous year: an 86% increase. However, it should be noted that referral numbers were very low during the start of COVID and during the closure of schools and in 21/22 CAMHS have been getting an increasing number of referrals to our new Mental Health in Schools Teams.
- 127 Eating Disorder cases compared with 74 the previous year: a 72% increase.
- 331 Southampton children and young people seen via the CAMHS Community Crisis Care/Psychiatric Liaison pathway – this is an 87% increase compared to 177 in 20/21.

Children with Disabilities – Snapshot Data April 2022

- 13% (268 children) completed assessment children had a disability.
- 9% (77 children) completed S47's children had a disability.
- 19% (432 children) open as DfE definition of CIN (assessment/CIN/CP/CLA) have a disability.
- 7% (35 children) open CPP have a disability.
- 16% (88 children) open as CLA have a disability.

- 2% (1 young person) open as care leavers have a disability.
- There are no under 18's currently with a DOLS

What is going well

- Regarding mental health treatment, Southampton had the highest access out of the eight former HIOW CCCs.
- Local CAMHS have secured funding to support service development, using the I: Thrive Model.
- We have invested in our CWD service, as we move to a needs-led rather than a threshold led service.
- The CWD service is multi-disciplinary and has a proven record of good partnership working, last achieving praise in the National Review of Social Care.
- There is a strong and well-established SEND Partnership Board.
- Co-production is at the heart of the service, with well-established children and parent participation networks.

What do we still need to improve.	What are we doing about it?
CAMHS waiting times have increased.	Senior leaders are focused on children and adolescent mental health as a strategic priority. We are using the I: Thrive model to look at improvements in mental health responses across the system.
Our assessment is that access to services for children with special educational needs and disabilities still needs to improve.	We are strengthening the relationship between early help and SEND through the Destination 22 programme.
We need to increase staff awareness of DOLS requirements and prepare for LPS.	A task and finish group are working to respond to the service policy, process and training needs.
We are concerned about Children with Disability (CWD) transitions to adulthood so that the families are appropriately supported by the right adult services.	We are developing a clear transition pathway and procedures plus Transitions Workshops with relevant stakeholders established to improve processes, resources and outcomes.

The experiences and progress of children in care and care leavers

Care Leavers and in Care Service

Overview

Through D22 the Pathways Through Care Service has realigned services for longer term looked after children and care leavers into a 'through care' service under a head of service, with two service leads and six practice managers. All are now permanent and in post. We have removed the previous transfer point at age 14. The team has undergone a time of turbulence with turnover, vacancies and agency rates. This has affected the progress of plans to improve, but performance is steadily improving under the permanent leadership and management team.

The service is a mixed team of Social Workers and Personal Advisors, supporting care leavers up to age 25. The team plans for both permanence within care, returning to family (where safe to do so) or through supporting special guardianships with significant people where appropriate. Where permanence remains in care the service aims to support both staying put and independence.

Our assessment of current practice is that there is a high level of practice inconsistency. Through quality assurance we have identified examples of thoughtful, caring practice that supports timely permanence arrangements and some good practical help and assistance for our care leavers. However, there continues to be a high level of practice inconsistency. We are clear that overall, our standards of practice need to improve significantly to match our ambition and our action plans clearly reflect this.

Data

- Numbers of looked after children have increased to 563 in March 22, from 510 in November 2019 and 503 in November 2020. Consequently, the looked after child rate per 10,000 has increased to 107/10k (SN average is 100).
- In March 22 we had 226 care leavers (an increase from 190 in November 2019).
- In 2021 / 22, 177 alerts were raised by Independent Reviewing Officers, in comparison to 163 in 2019 / 20. IROs are now maintaining a collection of examples of alerts and their impact.
- There is a reducing trend of CLA missing: 8% CLA in March 22 from 13% in November 2019, 10% in November 2020 (SN 12%).
- There has been an increase in timeliness of review health assessments. Year-end data 21/22 is 86% in timescale in Nov 21 (81% completion in the past 12m, Nov 20) and dental checks dropped significantly during the pandemic, currently we have 37% in timescale March 22 (73% completion in the past 12m Nov 20). Southampton continues to perform at a lower rate than statistical neighbours.
- Based on November 2021 data, there has not been significant change in the regularity of CLA reviews (95% completed in the past six months).
- 74% of care leavers 17-18 were in touch compared to 100% of 19–21-year-olds with 69% of 18–19-year-olds in suitable accommodation compared with 88% of 19–21-year-olds in March 22 (an increase from 81% in November 2019).
- EET performance has improved for the 19 – 21 years cohort since last inspection (52%; SN average 45%) but has declined by 4% for the 17 – 18 years cohort (50% March 22; SN average not available).
- 79% (19 children) of 16-17 UASC are recorded as being EET.
- 58% (19 Young People) aged 19-21 year olds who were former UASC are recorded as EET.
- We have one child placed in unregistered provision. We have no under 16's in unregulated provision (we have seen an increase in IFA usage over past year). We have eighteen, 16 – 17 year olds in unregulated placements.

What is going well

- A clear strategic direction has been set through the new Children and Young People Strategy and Corporate Parenting Strategic Plan. There is solid cross-party understanding of corporate parenting responsibilities and a shared desire to discharge them effectively.
- The profile of looked after children is high; championed through our 'Love our Children Week'. There are clear corporate commitments to our children.
- The service has invested in participation activity, bringing additional staffing resources into the service to coordinate and develop the involvement of our looked after children and care leavers in the design of our service, aligned with wider service and corporate participation objectives. The service improvement activity considers feedback from our Children in Care Council, Southampton Voices Unite.
- The service recruited a fixed term, care-experienced sector leader to support the development of our local offer to care leavers and to provide us with greater insights into how we can offer practical support to care leavers, responding to areas of risk and vulnerability.
- There is a clear understanding of service performance and levels of compliance, overseen through assurance clinics. Panels, chaired by Heads of Service, focus attention on alternatives to care, return to parents where this is a safe plan, and connected carers are considered as part of these processes.
- Additional staffing has been secured for the team, including practice managers, social workers, personal advisors, and a mental health worker. Our Intervention and Complex Assessment (formerly Edge of Care) service has been retained within the Destination 22 service redesign and more effectively aligned with our Brief Intervention Offer. We have launched Alternatives to Care Panel to support better oversight of families at risk of breakdown.
- The Deputy Director is leading a project group from across the service, to deliver on a Placement Action

Plan, which has three high level objectives: 1. Prevention of care and return home from care; 2. Substantially reduce the number of children in residential provision, by improving the sufficiency of in-house placements and increasing our access to IFA placements; and 3. Promote stability and better outcomes for children by reducing placement moves and placement breakdowns. This work is complex and timeconsuming, but necessary, to ensure the right permanence plan for each child and to ensure that the service is financially sustainable.

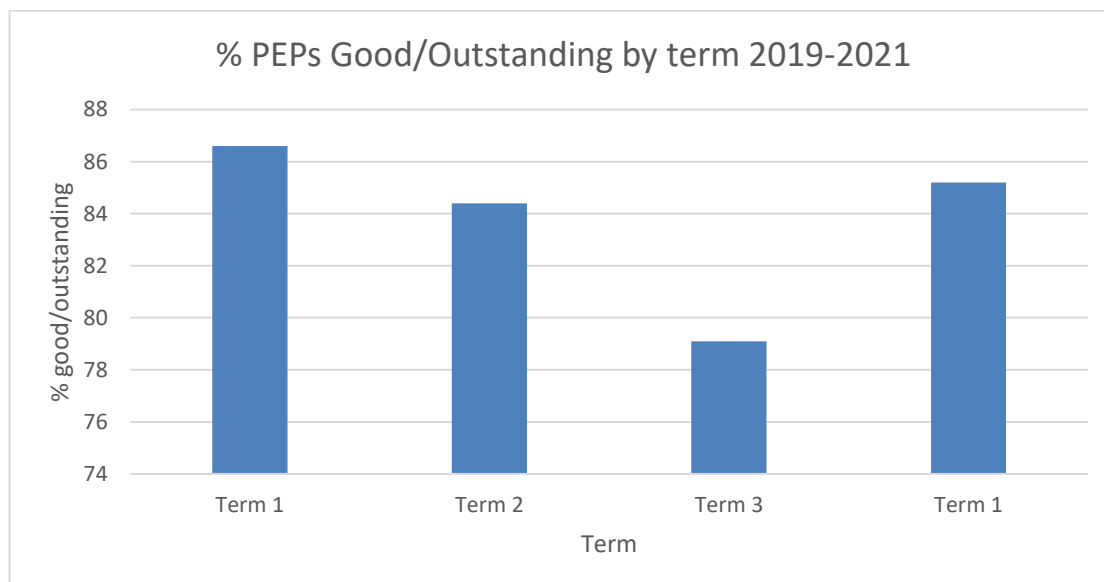
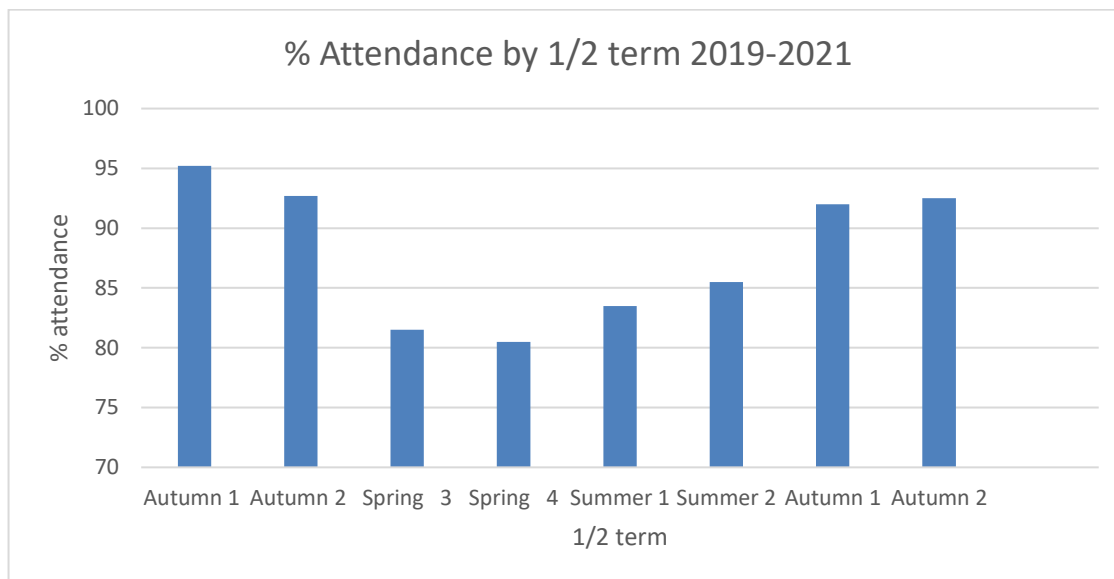
- Strengths-based writing to/for the child is well established and gets positive feedback from a range of sources.
- We dedicate time to show our looked after children and care leavers that we love and care for them: through education celebrations, 'Love our Children' week, our Christmas Day event, supper club, and our football club.
- Looked after Children reviews are held in a timely way (91% held on time in 2020/21 and 95% on time in Q3 2021/22) and children are updated in child friendly language.
- We have increased our investment in advocacy and independent visiting services.

What we still need to improve.	What are we doing about it?
We need to improve the timeliness of our Initial Health Assessments so that children who become looked after have their needs assessed in a timely way and any interventions to improve their health needs can be actioned.	We have completed a process review with health colleagues to ensure we understand this issue fully. We are now working on cross partnership solutions to improve our joint performance in this area.
We need to stabilise our staffing arrangements.	Staffing requirements have been submitted and agreed as part of an overall service business case. We have thus far appointed 4 newly qualified social workers and 2 overseas social workers who are due to start in this service over the coming months
The evidence of levels and quality of direct contact with looked after children and care leavers needs to improve.	We have direct contact and visiting timeliness as assurance clinic priorities. The quality of practice in respect of children in unregulated placements is an area of focus for the Pathways Through Care Management Team We have strengthened our challenge of performance and attendance management in the service.
Social work and personal advisor supervision needs to improve	This is a feature of our performance clinics and where required there have been strong challenges around compliance and performance.
Too many of our children are accommodated in residential provision, out of area.	We are implementing our Local Childrens Home Plan; purchasing three residential homes in Southampton to bring more children closer to home. We are reviewing the care plans of children in residential placements to look at their longer-term needs and appropriate foster care and reunification planning. Our step across from residential to foster care programme has identified a cohort of children and is providing focus on considering readiness to foster and supporting transition planning.
Caseloads remain too high which limits opportunities for SW to do core pieces of work; including life story work.	Additional SW and management capacity in the service have been created and four personal advisor vacancies have recently been recruited to. We are mindful of the importance of stability for our children looked after and have been assertively recruiting to social work vacancies.

What we still need to improve.	What are we doing about it?
Placement sufficiency and stability issues impact upon the quality of placement for some of our children.	A Corporate Parenting workstream is beginning to address some sufficiency issues. A major fostering campaign has been launched for fostering fortnight.
On some occasions, children are not transferred to the Pathways Through Care Service in a timely way This is at times due to capacity to ensure that children's cases are transfer ready, and also at points due to capacity challenges in the receiving teams.	We are working to reduce caseloads in the Social Work with Families Teams so that the quality of work improves. We are developing a needs-led transfer document as part of the Destination 22 service redesign, which will provide early warning to the Pathways Through Care Service and will engage them in final permanency planning.
The quality of our assessments in Court needs to improve.	We have allocated a manager with the specific responsibility for driving up the quality of court work.
There can be slow progress in formalising permanence arrangements and long-term matching for children.	There is a clear permanence policy and process in place with oversight from the Fostering Panel. The Permanence Panel has been reviewed and the intention is that monitoring and tracking becomes business as usual once Care Director is able to effectively report.
The needs of care leavers are not being well met in contracted supported housing, with increased use of 16+ provisions being commissioned as a result.	A new tendering process is underway for review of supported housing provisions where we are represented to influence outcomes. Tendering will be completed in 2022.
There is a lack of suitable pathways for 16- and 17-year-olds coming into care.	We have recently worked with Housing to review our 16/17 years homelessness protocol which has now been launched. We have provided S20 and leaving care status to a number of young people where we assessed that this should have happened earlier.
We need a better strategic response to EET to achieve real progress.	We have launched a new EET panel, chaired by the Head of Service for CLIC. We have started cross-service work to improve NEET outcomes through our Managers of Teams and Services (MOTAS) group.
We need to maintain our focus on health outcomes; including health passports for care leavers.	Our performance manager is working with Solent NHS Trust to ensure that we receive good health data. We are embedding mental health support within the Care Leaver's Service structure.
Our Children in Care Council, Southampton Voices Unite have identified a range of service improvements for the service to work on.	We report regularly to Southampton Voices Unite and to the Corporate Parenting Committee on progress. We have created two participation apprenticeships for care leavers.
We need to improve our life story work with children.	We are investing in training for staff to drive better practice in this area.

Virtual School

Attendance data



What is going well

- KS1 and KS2 attainment, although not externally validated is on an upward trajectory
- At KS4 we have seen the following increases –
 - 5% increase in 9-4 in English measure
 - 8.4% increase in 9-4 Maths measure
 - 1.0% increase in 9-5 English and Maths measure
- We continue to support and promote good attendance at school and offer support and advice for alternative provision, blended learning, transport costs.
- PEP completion and quality remains a priority as we believe that this is the key driver for support for our children in schools. We quality assure every PEP to ensure that they identify fit for purpose interventions that will raise attainment, promote high aspirations and opportunities for enrichment and provide emotional health and well-being support for our children.

- We have maintained activity that we believe provides children with additional learning experiences, including ongoing letterbox and Dolly Parton Imagination Library (DPIL) book and activity distribution. We have maintained our Music Project virtually and now participation has moved into the virtual school we have an increased capacity to provide more activity to a refreshed and reinvigorated child in care council (now known as Southampton Voices Unite). This is complemented and supported with the corporate parent consultant Jenny Molloy. 2021 saw Love Our Children Week, a residential activity for our children and Christmas Day celebrations with our care leavers.
- Virtual training continues to be a strength in our delivery model – schools, foster carers. social workers especially can tap into our training wherever they are in the country. We have not had to cancel events due to C19 restrictions. In Term 1 of 2021 we also launched our Aspiring Designated Teacher online training, with the aim of increasing understanding of the role and providing additional support to those new to the role.
- We continue to promote the national tutoring programme to support lost learning and provide enhanced financial support if needed. We have run several virtual school challenges around climate change, anti-bullying and post 16 preparation.
- Our universities are working collaboratively with us to raise aspirations and promote participation. We have a menu of activities in place from Solent University and The University of Southampton, alongside the First Star Scholars programme at the University of Winchester.
- The VSHT is now the chair of the Southeast Virtual School headteachers group

What we still need to improve.	What are we doing about it?
<p>We know that there are still too many placement and school changes for our children away from Southampton, especially those with complex needs (identified and non-identified).</p>	<p>Enhanced training and support to schools to enable a rapid return to education for our children if a placement move is unavoidable.</p> <p>The VSHT, as chair of SE region has asked the DfE to consider a review of the belongings regulations to avoid drift and delay for our children who are going through the EHC assessment route</p> <p>The VSHT sits on high-cost placement panel to advise on educational implications of any change in care placements. In addition, the placements team will signpost social workers back to VS when any change is being explored. The VSHT continues to provide corporate parent and the senior team deep dive analysis around academic outcomes and placement instability. SWs and IROs actively seek advice of VS to mitigate against school and care placement change.</p>
<p>Our post 16 young people continue to need support as they transition into adulthood.</p>	<p>Our post 16 support activity includes representation on our NEET group and high-cost placement panel. We use welfare calls to engage with the post-16 cohort, alongside Become letters, and aspiration events with universities.</p> <p>For care leavers who are 18+ an additional working group will inform deeper dive support on an individual level.</p>
<p>We know through DfE research that the pandemic gives us challenge in securing attainment and progress; raising attendance and monitoring provision to reduce the number of exclusions and we know that we need to place a big emphasis on supporting our children to settle back into fulltime learning, especially as we still have periods of home learning due to C19 restrictions.</p>	<p>We have maintained our PEP tracker; with a weekly audit of PEPs by CLA officer and VSHT to ensure firstly compliance and then quality. From this, we are providing enhanced training and support to schools.</p>

What we still need to improve.	What are we doing about it?
<p>We are focusing on supporting the emotional wellbeing of our looked after children. We are also seeing an increase in anxiety around the full return to school for all children.</p>	<p>We are providing an enhanced educational psychology offer and attachment aware interventions and emotionally based school avoidance. The virtual school has an attached educational psychologist (EP) 2.5 days per week and from this we provide fortnightly bookable consultations and bespoke whole school training using The Alex Timpson Attachment and Trauma Programme. We have also commissioned additional EP support for our enhanced remit for CIN/CP.</p>
<p>We need to focus on specific groups of children.</p> <p>Children in need and those on Child protection (CIN and CP) <i>(Since September 2021, the virtual school remit has expanded to provide an advisory service for CIN and CP)</i></p> <p>Previously Looked After</p> <p>Unaccompanied Asylum Minors (UAM)</p> <p>Early Years</p> <p>Leaving Care</p>	<p>The Virtual school employs an officer specifically to support CIN and CP cases and we have developed our enhanced offer for this cohort to include additional education welfare advice, additional educational psychology and additional education opportunities, with the aim of improving attendance and attainment, alongside reduction in exclusion for this cohort</p> <p>The Virtual school employs an officer specifically to support previously looked after children.</p> <p>The VS works alongside social worker and other LAs (Local Authorities) to ensure education is in place for UAM once they arrive in the country. We have commissioned EAL online learning and other packages of support for UAM; this will complement the support on offer to our UAM. The LA has also welcomed Afghan refugees.</p> <p>Early years PEPs are audited by the CLA officer and early years advisory teacher. Additional training is also on offer to our providers</p> <p>Our post 16 and leaving care support activity includes representation on our NEET group and high-cost placement panel. We have used welfare calls to engage with the post-16 cohort, alongside Become letters, and aspiration events with universities. We work alongside pathways and leaving care team to ensure robust pathway planning is in place.</p>
<p>We are focused on the training and professional development of staff and providers.</p>	<p>Our Virtual School Head Teacher (VSHT) is chair of the southeast VSHT forum. Multi working enables nationwide participation and access to a range of specialist support which is financially viable. This also enables us to have a national voice to shape support and inform national policy for our children and young people.</p> <p>We continue to offer a diverse menu of training to our key stakeholders – schools (DTs, DSLs, governors) social care colleagues and carers. We remain able to be adaptable and responsive to request for specific support (e.g., Foetal alcohol syndrome, emotionally based school avoidance).</p>

Fostering and Adoption

Overview

Southampton Fostering Service provides foster families for our children. At any one time we have around 180 foster carers. The team recruits and assesses people who want to be foster carers and provides support and supervision to our existing foster carers. Sometimes these will be people known to the child. The service also works with social work teams to assess whether a person known to a child can offer them a long-term home through other arrangements such as Special Guardianship. Where families arrange for private fostering arrangements, the service is responsible for assessing, supervising, and supporting these to ensure the safeguarding and well-being of the child.

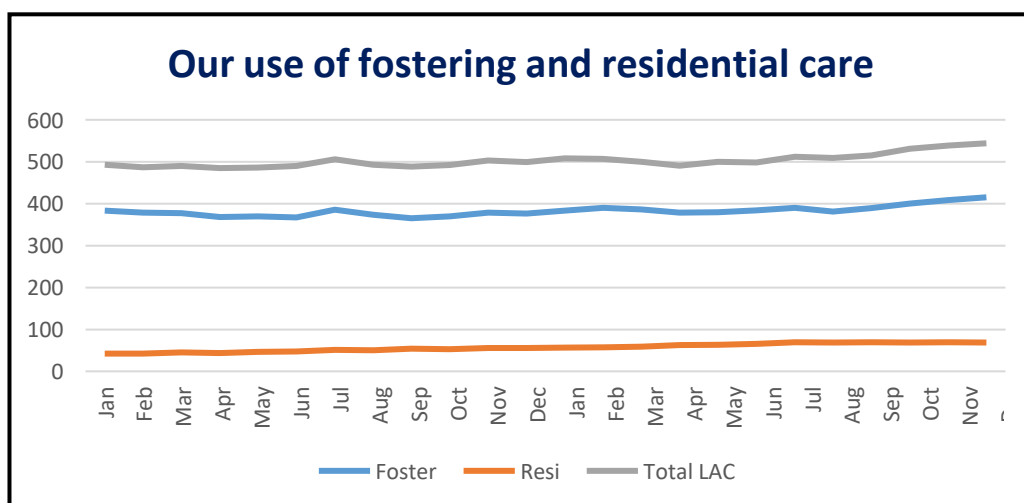
The Placement Service works with social work teams to help find children an alternative home where they are unable to live at home. This could be a foster family, a children's home, or supportive accommodation. If we cannot find one of our own foster families to look after a child, we will turn to the independent providers.

The Adoption Team is now part of the Regional Adoption Agency; Adopt South. This is made up of four Local Authorities - Southampton, Portsmouth, Hampshire, and the IOW. Adopt South are responsible for recruiting and assessing prospective adopters, family finding for Local Authority Children with permanency plans of adoption and adoption support for adoptive families. The Adoption Team co-works with the SWWF team where children have a parallel care plan of adoption. Where a child's proposed permanence plan is adoption the Adoption Team are responsible for presenting a case to the agency decision maker. The Adoption Team are responsible for identifying and matching a child to an adoptive family should their plan of adoption be endorsed by the courts.

Our assessment of current practice is that the standard of social work is still not consistently good. We can evidence consistently good adoption performance; however, the quality of our fostering social work practice is still not consistent and has required focus through our Destination 22 improvement programme.

Data

- As of 31/3/22 54% of our foster placements were with in-house carers. Research undertaken by the South East Sector Led Improvement Programme (SESLIP) identified that the majority of LAs place between 50-60% in-house.



- From August 2021 onwards, there is an upward trend in our looked after population this is matched by an upward trend in our use of external provision; namely IFAs.
- As of 31/12/21 one child was placed in an unregistered children's home, with senior management oversight.

- In terms of location, as of 31/12/21 at least 45% of placements were within the city boundaries. This is below the national average of 55% (as of 31/3/20). The geography of the city does impact on the availability of local placements, being a small waterfront city. However, 69% were within 20 miles of the city boundaries which is consistent with the national average.
- We are projecting 8-10 new fostering households by the end of March 2022, which is a decrease in the 14 approved last year.
- As of December 2021, 28 children were adopted in the previous 12 months; 44 were waiting to be adopted and four had had the decision to adopt reversed. The time period between entering care and being adopted shows an improving trend (532 days, compared with 604 days (2018 data)).

What is going well

- Most children living outside of their Family and Friends network are placed with registered providers or suitable post 16 supportive accommodation.
- 202 fostering enquiries had been received at end March 2022: a 7% increase compared to this time last year. Six new fostering households have been approved; eight households in the assessment pipeline.
- Following rebranding, we are building our social media presence and developing digital marketing strategies to support more effective recruitment.
- We recruited 5 fostering ambassadors to support our recruitment activities and boarding of prospective adopters.
- We have celebrated becoming a 'Fostering Friendly' employer and from this developed a 'fostering friendly' initiative with local businesses and organisations. Our plan is to target and offer to mentor five organisations during 2022/23.
- We have an ambition to launch a Mockingbird constellation in 2022/23 and are currently working with the Fostering Network on implementation.
- Foster carer feedback from the annual survey was generally positive, with 95% of foster carers reporting the service they receive from their SSW as excellent or good and 92% of foster carers reporting the training available to them as being either excellent or good.
- Our Placements Team quality check referrals to ensure they are detailed with Children's needs and for clear outcomes to be achieved; carefully match children to appropriate placements and continue to review all high-cost placements leading to a reduction in costs on some placement/packages.
- We have transferred our learning and expertise from our step across programme to support children in residential care to step across to family settings.
- Looked after Children notifications are effectively managed by the nominated officer.
- The South East Central placement commissioning framework is working well and bringing more residential and post 16 providers on board, increasing placement choice.
- An increasing number of children are living with their long-term carers. The fostering panel remit has been expanded to include consideration of matching to provide an additional layer of oversight and scrutiny.
- Staff, teams, and services have transitioned into Adopt South as planned, with the inclusion of additional adoption support functions.
- Local adoptive families have been found for our children, including those with complex needs, older children, and sibling groups – with less reliance on interagency placements.

What we still need to improve.	What are we doing about it?
<p>Our annual fostering audit has identified that improvements are required in respect of timeliness of ADM decision making, compliance with some statutory requirements, fostering review data and staff morale.</p>	<p>The learning from the audit has fed into the service delivery plan and the next stage of the Destination 22 programme.</p>
<p>There is limited provision of same day and out of hours placements.</p>	<p>We review the out-of-hours in-house placement provision on a quarterly basis.</p> <p>A focus of our Foster Care Fortnight Campaign is to promote the need for emergency, respite and short-term care, within our own workforce.</p>
<p>Sufficiency of placements for older children and those with complex needs.</p>	<p>We intend to integrate the step across programme into mainstream fostering as the next stage of the Destination 22 programme to upskill our existing pool of foster carers.</p> <p>Regular IFA engagement sessions have been established to discuss local needs, matching and work collaboratively to ensure support around the child.</p> <p>The local children home project is being implemented with one home being purchased and further opportunities to acquire properties being pursued.</p>
<p>Recruiting in-house foster carers remains a challenge in the current 'market' because of competition from local authorities, independent agencies, and HE/language schools.</p>	<p>The recruitment strategy has regular oversight by the corporate parenting and improvement board and is now led by a recruitment and retention project stream.</p> <p>Promotional strategies have delivered an increase in enquiries. Audit of the onboarding pipeline has identified areas for improvement.</p> <p>Resources and Re-design to improve recruitment and onboarding will be implemented as part of the next stage in the Destination 22 programme; including the creation of a Head of Resources post.</p> <p>An extensive recruitment campaign 'Ask one Person' was launched on 10 May 2022.</p>
<p>A lack of local accommodation and supported housing for Post 16 years and care leavers.</p>	<p>We are contributing to the re-tender of the Post 16 supportive accommodation and the vulnerable peoples housing framework; this will be completed by 2022.</p> <p>We have made a bid to the DfE to support our Staying Close offer.</p>
<p>The placement team do not have the capacity to undertake monitoring visits for those providers not on the SE Central Framework.</p>	<p>Service structure and capacity is being reviewed in the next stage of Destination 22.</p>

What we still need to improve.	What are we doing about it?
Staff sickness, long-term absence in the fostering team and delays in recruitment have seen caseloads increase and capacity reduce at peak times during the year.	Continue to make use of agency staff to cover vacancies/absences and seek additional staff resources to meet demand. Service structure and capacity is being reviewed in the next stage of Destination 22.
We need to maintain progress made in ensuring children receive a timely life story.	We are converting the Adoption Support Worker post to a permanent part time position.
We are concerned that too many of our children experience multiple placement breakdowns.	We have commissioned a thematic stability audit to review the experiences of these children. Learning will feed into our improvement planning.
Promoting and identifying the need for early permanence planning within the service – adoption being identified earlier as a contingency or parallel plan – requires renewed focus.	Early permanence is being considered at legal planning meetings, adoption social workers now invited to the second review, adoption social worker now leading on obtaining the ‘best interests’ decision, tracking the adoption journey via the permanence panel.
Promotion of private fostering notification stalled during the pandemic.	<p>We will revisit private fostering awareness once language schools reopen – timescales dependent of pandemic.</p> <p>Private fostering will be included in a practice bulletin to increase staff awareness.</p> <p>We will undertake a private fostering audit as part of the newschedule.</p>
We need to address the number of deferrals/rescinds of plans of adoption, by ensuring that the correct permanency plan is determined earlier.	Formulating a robust permanence plan within the timescales of care proceedings (Adoption and SGO). Adoption ATM and agency advisor now attending PACT management meetings to discuss cases. ADM will provide feedback to the service on a monthly basis.

Education and Early Years

Overview

The Education and Early Years' Service comprises of Early Years and Childcare, School Improvement, School Place Planning and Post-16, Special Educational Needs and Disabilities, Language Intervention Team, Inclusion Services, Virtual School, School Admissions and Educational Psychology services. Over 2021 the Education and Early Years' service have worked closely with schools, early years and childcare settings, Early Help, Education Welfare and Social Care services to respond to the pandemic and to address learning arising from serious case review activity.

We remain focused on key areas of practice for vulnerable children and young people: notably, access to the two years early help offer, the interface between safeguarding and SEND services, NEET outcomes for vulnerable young people, children missing education and electively homed educated children.

Data

Early Years

- 68 Nursery Education Funding (NEF) audits completed to date. Audit visits were halted as a result of Covid restrictions but are scheduled to re-commence this term.
- To date, 88 Healthy Early Years Awards have been successfully completed by settings throughout Southampton; they are broken down as follows:
 - 60 Bronze Awards
 - 26 Silver Awards
 - 2 Gold Awards
- 100% of Looked After 3- and 4-year-olds not on adoption pathway are registered to attend funded early education (July 2021).
- 4,074 Children aged 0-5 attended early years and childcare in the week of 4th February 2021 (Spring Term) with 4633 attending 22nd July 2021 (Summer Term) and 3761 on 11th November 2021 (Autumn Term).
- 64% of eligible 2-year-olds are registered to attend an early-years setting (July 2021). This is above the National average of 62% and we are ranked 9th out of 11 when compared to our statistical neighbours and 13th out of 19 within our region.

Absence

- Southampton Primary Overall Absence Autumn/Spring Term 2020/21: 3.5% (National: 3.3%).
- Southampton Primary Persistent Absence Autumn/Spring Term 2020/21: 9.0% (National: 8.1%).
- Southampton Secondary Overall Absence Autumn/Spring Term 2020/21: 6.3% (National: 4.6 %).
- Southampton Secondary Persistent Absence Autumn/Spring Term 2020/21: 16.7% (National: 11.7%).
- Southampton Special Overall Absence Autumn/Spring Term 2020/21: 16% (National: 17.2%).
- Southampton Special Persistent Absence Autumn/Spring Term 2020/21: 45.6% (National: 49.4%).
- Southampton's Special OA achieved a National rank of 63rd out of 148 Local Authorities making
- Southampton's performance 1.2% below the National average.
- Southampton's Special PA achieved a National rank of 63rd out of 148 Local Authorities making Southampton's performance 3.8% below the National average.

Elective Home Education

- In January 2022, electively home educated pupils make up 1.23% of the local school population. 100% of electively home educated pupils with children in need and child protection plans have an allocated EHE officer and have had engagement within the first four weeks.

Special Educational Needs and Disabilities

- Whilst the number of children with SEND has been fairly constant over the last six years with a slight increase in 2020/21, the number of children with an EHCP has been significantly increasing each year since the SEND Reforms of 2014 and since 2016/17 has been consistently higher than the England average. In contrast the number of children on SEND support has been steadily reducing as schools become increasingly skilled at managing children's need.
- 100% of Education Health and Care Plans completed on time.

Southampton Participation, NEET and Unknown (Dec 2020 – Feb 2021)

- The combined NEET and unknown data is based on Southampton residents only in the academic year groups 12 and 13 (academic age 16 and 17).
- The cohort is approximately 4500 young people.
- The percentage of those participating in EET (Education, Employment and Training) is 90% (4050).
- The combined NEET/Unknown percentage for 2021 was 7.6% (DfE published data as an average of the months Dec, Jan, and Feb).
- NEET = 4.4% (average of 196 young people).
- Unknowns = 3.2% (average of 136 young people).
- Looked after = 44 of which 9 were NEET in Feb 2021.
- Care Leavers = 1 who was NEET in Feb 2021.
- SEND (EHCP) aged 16-17 = 158 of which 17 were NEET in Feb 21.
- 12 of the NEET young people in February 2021 were working with the Youth Offending Service at the time.

What is going well

- We have participated in a virtual Local Government Association (LGA) peer review of early years through the lens of speech, language, and communication (SLC). This has led to a new Early Years Strategic Plan.
- We have also participated in virtual LGA action learning sets and training around early years transitions.
- We have undertaken audits of Nursery Education Funding; including an overview of Early Years Pupil Premium, Inclusion Support Fund and Disability Access Fund.
- We reviewed our 'Annual Shared Conversation' to ensure it reflected recent Ofsted actions and feedback from Early Years Foundation Stage Profile. The ASC is a self-reflection tool used with early years providers to support their further development and has been delivered virtually when needed over the past year.
- We convened a virtual inclusion network and SEND surgeries, with Community Adolescent Mental Health Service (CAMHS) input, as part of our revised SEND pathway.
- Our fully recruited Home Education team has been working closely with families and stakeholders to ensure all EHE pupils who have been identified as within our vulnerable lists have an allocated EHE worker. The Head of Service for Education and Early Years is briefed regularly on elective home education and children missing education.
- We revised our Early Years continuous professional development (CPD) programme, to ensure that it was responsive to local need and national initiatives and that we were able to deliver it virtually.
- We delivered SENDCo Level 3 accreditation training, and 45 SENDCos in preschools and nurseries across the city had completed it by February 2021.

- We have continued to focus on Every Child a Talker (ECaT) and Boosting Language Auditory Skills and Training (BLAST).
- Our Early Years Panel is now well established, identifying needs of under 5s with SEND and planning appropriate interventions.
- We continue to focus on Child performance/employment to ensure arrangements are child friendly, lawful, and safe.
- We have returned to our normal attendance audit focus with maintained schools and academies have a consultation EWO to consult with so pupils' persistent absence, including vulnerable pupils, can be highlighted to assess potential contextual safeguarding risk and/or educational neglect. We have continued reassurance/re-engagement activity with children/young people/families from September 2021 as school attendance is mandatory again.
- We continue to offer DSL training and workshops/multi agency DSL drop ins throughout the pandemic and continued from September 2021.
- We have sustained a collaborative partnership approach to children's education through the Southampton Education Forum/Attendance and Inclusion Group/Attendance Officer Network Group.
- We have facilitated education representation and engagement in the Mental Health in Schools project enabling the Health based team to gain funding to develop coverage for almost 100% of city schools and colleges.
- We have ensured that education is represented across the SSCP and HIPS partnership work including developing a group of Designated Safeguarding lead representatives to support this work, so as to ensure connection between education and wider safeguarding work.
- We continue to work with primary schools regarding learning provision and assessment practices and have widened this to engage with the work of the SE LA Assessment lead group.
- We continue to support governing bodies with their processes for Headteacher recruitment and develop e-learning.
- We work with other agencies, such as the DFE and Ofsted, where we have concerns that require escalating, such as for suspected unregistered schools.
- We continue to support and challenge schools safeguarding practice through information updates, guidance, and reviews.
- We have strengthened partnerships with Principals of Post 16 colleges.
- We have moved the Post 16 team into Education to enable access for vulnerable groups (Pathways, Hospital School, Elective Home Education) to strengthened careers referral support. Some staff within these teams / settings have had additional training and specialist support.
- Our Individual Pathways Curriculum in mainstream schools is showing reduced absence, reduced PRU placement, better engagement, and increased participation.

What we still need to improve.	What are we doing about it?
<p>The number of children with Special Education Needs and Disabilities is increasing.</p> <p>Our SEND audit findings have shown us that we need to focus on improving social care understanding of statutory responsibilities in respect of children with disabilities; accessible language in EHCPs and the effectiveness of educational psychology advice.</p>	<p>We have moved our Children with Disabilities service to sit within SEND; simultaneously increasing social worker capacity.</p> <p>We have engaged with the local SEND partnership and we are reviewing our self-evaluation and action plan. Our areas of focus, with timelines, are: a review of the local offer review of the Health and Social Care offer; Autism support; transitions arrangements; Special School re-configuration; health offer to special schools; Inclusion Charter; Early Years implementation plan; review of short breaks provision; development of outreach offer.</p> <p>We are carrying out termly EHC audits. The Educational Psychology Service focused on developing EHC report writing skills in order for them to be more specific, timely and outcome focused.</p>
<p>The take up of our two-year-old offer is low and the referral rate to Early Help services for under 5s is lower than expected.</p>	<p>We are working with the communications team to promote the 2-year-old offer to parents and carers. We are promoting Early Help as a support for families with young children by raising awareness in early years and childcare providers.</p>
<p>Due to issue associated with the pandemic, the risk of inadequate information and academic data being shared between institutions could pose a safeguarding risk or lead to poor student progress.</p>	<p>Enhanced transition information and data sharing and protocols have been implemented at KS2-3 and KS4-5. This has started to address the plateauing of student's progress at transition points and ensured personal and safeguarding information is passed between institutions.</p>
<p>Concerns that the Y12 and Y13 NEET cohort will continue to rise post pandemic.</p>	<p>The local authority has benefitted from £200k to support NEET prevention initiatives.</p>
<p>We remain focused on pupil attendance and unauthorised absence, including the Pupil Referral Unit (PRU).</p> <p>Southampton's PRU OA (Autumn/Spring 2020/21) 50.7%: Gap of 17.9% compared to the National average of 32.8%.</p> <p>Southampton's PRU PA (Autumn /Spring Term 2020/21) was 73.8% 2.1% above the National average of 71.7%.</p>	<p>We are monitoring the use of reduced timetables and targeting our approach to reduce absence and improve punctuality with Pupil Premium and through the Emotionally Based School Absence Working party (December 2020).</p> <p>An evidence-based training offer/support and consultation package for settings supporting pupils with Emotionally Based School Absence (EBSA) is now being offered.</p>
<p>We are concerned about the emotional and mental health needs of pupils and school / college staff as a result of the pandemic.</p>	<p>Educational Psychologists have rolled out a supervision offer to school staff; offering coaching sessions to school leaders (including Early Years Providers); providing webinars and follow up support, focusing on anxiety and supporting mental health. EPs continue to support Children and Learning Service staff through ongoing phone line support and the group wellbeing offer.</p> <p>Our Educational Psychology Team is managing our Wellbeing Education return (WER) project which is supporting citywide projects/developments including Mental Health Workers in School and Mental Health forums.</p>

What we still need to improve.	What are we doing about it?
<p>After our Focused Visit in 2021, we are working to improve our oversight of and response to children missing from education and vulnerable electively home educated children.</p>	<p>We have broadened the focus of our monthly Learning and Improvement Panel, inviting the service manager for Inclusion to update on improvements to contact with vulnerable children who are electively home educated (EHE). We have worked with the service manager and his team to develop a bespoke audit tool so that we can focus on quality information as well as performance data.</p>

Conclusion

We are focusing on areas for improvement and promoting high quality practice across the whole service. Although there is tangible progress, particularly in laying the foundations for a strong service, we know that there is still much more to do before we are good. We are prioritising having the right capacity and capability to meet the needs of our children and families and develop the right culture of strong support and strong challenge to enable practitioners to be the best they can be.

We are changing the culture of the service, improving morale, and giving social workers the right environment to flourish and create change for families. Reducing caseloads, increasing management capacity and skill, and being an intelligence-led organisation are our key priorities; alongside reducing demand through effective early help.

We are ambitious and know what we need to do to develop a long term effective and efficient children's service. We are firmly heading in that direction with momentum starting to pick up. Child Friendly City accreditation will help to ensure the whole city partnership works collectively to put children and families at the heart of our all our thinking and activity.