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Sefton Council



MEETING: OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

DATE: Monday, 6th March 2023

TIME: 6.30 p.m.

VENUE: Birkdale Room - Southport Town Hall, Lord Street, Southport, PR8 1DA

Member

Councillor
Cllr. June Burns (Chair)
Cllr. Paula Spencer (Vice-Chair)
Cllr. Danny Burns
Cllr. Natasha Carlin
Cllr. Judy Hardman
Cllr. Gareth Lloyd-Johnson
Cllr. Daniel McKee
Cllr. Paula Murphy
Cllr. Mike Prendergast
Cllr. Andrew Wilson
Maurice Byrne, Healthwatch
Karen Christie, Healthwatch
Mrs Sandra Cain, Independent
Advisory Member
Stuart Harrison, Diocese
Joan McCarthy, Archdiocese
Cheryl Swainbank, PGR

Substitute

Councillor
Cllr. Christine Howard
Cllr. Paul Tweed
Cllr. Greg Myers
Cllr. John Kelly
Cllr. Dave Robinson
Cllr. Leo Evans
Cllr. Jennifer Corcoran
Cllr. Steve McGinnity
Cllr. Tony Brough
LMAL Vacancy

COMMITTEE OFFICER: Debbie Campbell, Senior Democratic Services Officer

Telephone: 0151 934 2254
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If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

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A G E N D A

1. Apologies for Absence

2. Declarations of Interest

Members are requested at a meeting where a disclosable pecuniary interest or personal interest arises, which is not already included in their Register of Members' Interests, to declare any interests that relate to an item on the agenda.

Where a Member discloses a Disclosable Pecuniary Interest, he/she must withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest, except where he/she is permitted to remain as a result of a grant of a dispensation.

Where a Member discloses a personal interest he/she must seek advice from the Monitoring Officer or staff member representing the Monitoring Officer to determine whether the Member should withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest or whether the Member can remain in the meeting or remain in the meeting and vote on the relevant decision.

3. Minutes of the Previous Meeting (Pages 5 - 12)

Minutes of the meeting held on 31 January 2023

4. Children and Young People Commissioned Health Services Update (Pages 13 - 20)

Report and presentation of the Cheshire and Merseyside Integrated Care Board, Sefton Place

5. Sefton Safeguarding Children Partnership (SSCP) Annual Report 2021-2022 (Pages 21 - 44)

Report of the Assistant Director of Children's Services (Quality Assurance and Safeguarding)

6. Children's Services Improvement Programme (Pages 45 - 114)

Report of the Executive Director of Children's Social Care and Education

7. Education Scorecard (Pages 115 - 126)

Report of the Executive Director of Children's Social Care and Education

8. Education, Health and Care Plans

The Assistant Director of Children's Services (Education) to report verbally on the above.

9. Ofsted Inspection Reports

(Pages 127 -
134)

Report of the Assistant Director of Children's Services (Education)

10. LGA Training Proposals

(Pages 135 -
142)

Report of the Assistant Director of Corporate Resources and Customer Services (Strategic Support)

11. Cabinet Member Reports

(Pages 143 -
154)

Report of the Chief Legal and Democratic Officer

12. Work Programme Key Decision Forward Plan

(Pages 155 -
172)

Report of the Chief Legal and Democratic Officer

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OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 31ST JANUARY, 2023

PRESENT: Councillor June Burns (in the Chair)
Councillor Spencer (Vice-Chair)
Councillors Danny Burns, Carlin, Hardman, Lloyd-Johnson, McKee, Murphy and Prendergast

ALSO PRESENT: Mr. M. Byrne, Healthwatch Representative
Mrs. S. Cain, Independent Advisory Member
Ms. C. Swainbank, Parent Governor Representative
Councillor Doyle – Cabinet Member – Children's Social Care
Councillor Roscoe, Cabinet Member – Education
Councillor Lynne Thompson
10 members of the public

38. APOLOGIES FOR ABSENCE

An apology for absence was received from Ms. Joan McCarthy, Archdiocese Representative.

39. DECLARATIONS OF INTEREST

No declarations of any disclosable pecuniary interests or personal interests were received.

40. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 20 December 2022, be confirmed as a correct record.

41. ATTENDANCE OF PAUL BOYCE, IMPROVEMENT BOARD CHAIR

Further to Minute No. 34 (3) of 20 December 2022, Paul Boyce, the independent Improvement Board Chair, attended the meeting and outlined his experience in the Children's Services field; interventions taken by the Department for Education for delivering improvements, following the Inadequate inspection grading by Ofsted, and possible future interventions in the event that improvements were not sufficient; the appointment of the Children's Services Commissioner for Sefton; the role and responsibilities of the Improvement Board Chair; the reporting mechanisms and timescales undertaken by him to report to the Secretary of State for Education on Sefton's performance in Children's Services; the role of the

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Improvement Board in Sefton; oversight of the Children's Services Improvement Programme; and issues perceived regarding the requirement of the Committee for transparency and good quality information from Council Officers.

Members of the Committee asked questions/raised matters on the following issues:

- The re-structuring of the Improvement Board.
- Access by Members of the Committee to the Minutes of the Improvement Board and comparable information.
- Reasons why the Minutes of the Improvement Board were not made available to the Committee.
- Assurances were sought that comparable information was provided to both the Improvement Board and the Committee.
- Options and advice as to next steps to be taken.
- The possibility of the Committee receiving feedback from the Improvement Board.
- The timescale and process for interventions following the Inadequate grading.
- Whether the Improvement Plan provided sufficient assurances for the Committee.
- The importance of a healthy culture to drive improvement.

Mr. Boyce stressed the importance of safeguarding children in Sefton; that his responsibility was to the Secretary of State for Education; the role of the Committee in exhibiting political leadership; and that assurances on the quality of social work practice and the role of partners could be sought.

RESOLVED:

That the information provided be noted.

42. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) ANNUAL UPDATE

The Committee considered the report of the Executive Director of Children's Social Care and Education that updated the Committee on the progress made in relation to Special Educational Needs and Disabilities (SEND) within the Education Portfolio and with reference to the SEND Continuous Improvement Plan. The report set out the background to the matter; issues regarding the SEND Team and Education, Health and Care Plans (EHC Plans), together with actions taken to address those issues; Sefton's High Needs Funding/Budget position 2022/23; delivering the Better Values Programme; the new Ofsted Local Area SEND Inspection Framework; and monitoring and review of the SEND Improvement Plan.

Members of the Committee asked questions/raised matters on the following issues:

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- Difficulties faced by schools in terms of producing effective EHC Plans and the impact on parents/carers.
- Support provided to mainstream schools and their levels of inclusivity.
- Resources provided to mainstream schools to assist in accommodating pupils with SEND.
- Concerns regarding the difficulties associated with compliance of statutory timescales to complete an EHC assessment and produce a final EHC Plan, due to increasing levels of demand and capacity issues affecting the SEND Team.
- Reasons for increasing levels of demand.
- Costs associated with home-school transport arrangements.
- Issues associated with parental preference of particular schools and sufficient resources required by those schools.
- The appeals process where parental preference was unable to be met. Figures could be obtained.
- The length of time currently associated with completion of EHC assessments and the production of a final EHC Plan.
- Issues associated with EHC assessments and the production of EHC Plans had been on-going for some considerable time.
- Funding, support and training provided to mainstream schools in relation to SEND.
- Measuring outcomes of children with SEND who attended mainstream schools and comparisons with other local authorities.
- An update report on progress regarding compliance with statutory timescales to complete an EHC assessment and produce a final EHC Plan was requested for the next meeting.

RESOLVED: That

- (1) it be noted that the SEND Continuous Improvement Board will continue to provide robust governance of further developments in this area with oversight provided by the Health and Wellbeing Board;
- (2) the current position in relation to the SEND Team and the linkages with the Education, Health and Care Needs Assessments and compliance, be noted;
- (3) the fact that the Council will be engaging with the Delivering Better Value Programme delivered with the support of the Department for Education and financial advisors in order to address the long-term financial sustainability of the High Needs Funding Budget, be noted; and
- (4) the Assistant Director Education be requested to submit an update report to the next meeting of the Committee on 6 March 2023, on progress regarding compliance with statutory timescales to complete Education, Health and Care (EHC) assessments and to

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produce a final EHC Plan, to include figures for the appeals process where parental preferences were unable to be met.

43. SEFTON CORPORATE PARENTING BOARD – ANNUAL REPORT 2022

Further to Minute No. 20 of 28 September 2021, the Committee considered the report of the Cabinet Member – Children's Social Care presenting the Annual Report of the Sefton Corporate Parenting Board for 2022. The Sefton Corporate Parenting Board - Annual Report 2022 was attached to the report and set out information on the following:

- Purpose of the Sefton Corporate Parenting Board
- Roles and Responsibilities of the Board
- Review and Restructure 2021
- Sefton Corporate Parenting Strategy
- Five Key Priority Areas
- Ofsted Inspection of Sefton Children's Services 21 February to 4 March 2022
- Children and Young People's Participation
- Achievements
- Sefton Corporate Parenting Board – Terms of Reference

The Committee was requested to comment on the Annual Report and to note it.

RESOLVED:

That the report be noted.

44. CHILDREN'S SERVICES IMPROVEMENT PROGRAMME PHASE 2

Further to Minute No. 34 (2) of 20 December 2022, the Committee considered the report of the Executive Director of Children's Social Care and Education that presented the draft of the Improvement Plan for Phase 2. The Draft Improvement Plan Phase 2 was attached to the report and would continue to be comprised of the four themes of improvement, namely:

- Quality - Ensuring the right staff are in the right place at the right time to deliver a consistent standard of good quality safeguarding services to children and families.
- Improving Implementation of Learning - Using what we know and learn to continuously improve and enhance the services we deliver for children and families.
- Improving Tools - Ensuring we have the right tools to enable the workforce to deliver good quality services for children and families.

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- Improving Strategic Partnerships - Effective partnership working to enable the delivery of common goals and a high-quality multi-agency response for children and families.

The report indicated that the draft Improvement Plan also now identified four key areas that would be strengthened through the actions included, namely:

- Corporate Leadership
- Governance and Partnerships
- Practice
- Enablers and Resources

The report also indicated that the draft Improvement Plan now included milestones and measures for the four themes that would be monitored and reported on; that the Improvement Plan was a live document that would be updated on a regular basis; and requested Committee Members to consider and comment on the draft Improvement Plan.

Members of the Committee asked questions/raised matters on the following issues:

- Recruitment and retention of staff.
- Feedback on the draft Improvement Plan and future reporting on Quality Assurance and Practice Performance. Quality Assurance was regularly reported to the Improvement Board and could be submitted to the next meeting of the Committee.
- Assurances were sought regarding oversight of Council activities and Practice Performance. This had not yet been submitted to the Improvement Board and could be submitted to the next meeting of the Committee.
- The use of milestones, measures and Key Performance Indicators. It was considered useful for the Committee to receive actual figures for comparisons with "before and after". Milestones and measures were already included within the draft Improvement Plan, for the four themes.
- The quality of information provided to Members and adequate training. It was anticipated that bespoke training would be provided to Committee Members.
- Members' enquiries could be raised with the Executive Director of Children's Social Care and Education and responses shared with all Committee Members.
- Disappointment was expressed regarding the lack of an adequate response to Member's previous requests for receipt of the Minutes of the Improvement Board, together with a request for more transparency in the future.

RESOLVED: That

- (1) the report and draft Improvement Plan be noted; and

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- (2) the Executive Director of Children's Social Care and Education be requested to submit reports on Quality Assurance and Practice Performance to the next meeting of the Committee on 6 March 2023.

45. RECRUITMENT AND SUPPORT FOR NEWLY QUALIFIED SOCIAL WORKERS

Further to Minute No. 8 (2) of 5 July 2022, the Committee considered the report of the Executive Director of Children's Social Care and Education that set out Sefton's response to the recruitment and support for newly qualified social workers (NQSW's). The report detailed the difficulties that existed on a national and local level and the impact on the local authority, the newly qualified social worker and most importantly, the families that the Council worked with.

The report detailed Sefton's response, outlined progress of the new Social Work Academy and set out the Academy working model and the impact it was hoped would be achieved, together with some of the early signs of impact. The report concluded that the Academy could continue to support Sefton's Children Services and the wider Council.

Members of the Committee asked questions/raised matters on the following issues:

- How the Academy could support social workers from overseas as part of the induction process; different methods of support and a dedicated member of staff for cultural transitions.
- Other methods used to identify additional support, such as the annual staff survey and regular dialogue.
- The anticipated timescale for agency workers to remain in place.
- Difficulties associated with the retention of social workers, which was an issue for every local authority.
- The anticipated timescale for the Academy to remain in place, funding and the number of social workers expected to pass through the process.
- Work undertaken to ensure safe and secure accommodation for social workers from overseas.

RESOLVED:

That the report be noted.

46. CABINET MEMBER REPORTS

The Committee considered the report of the Chief Legal and Democratic Officer submitting the most recent update reports from the Cabinet Member – Children's Social Care, and the Cabinet Member – Education, whose portfolios fell within the remit of the Committee.

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The Cabinet Member update report – Children's Social Care, attached to the report at Appendix A, outlined information on the following:

- Children's Services
- Youth Justice Services

The Cabinet Member update report – Education, attached to the report at Appendix B, outlined information on the following:

- Inclusion Workshop
- Exclusions
- Attendance
- Special Educational Needs and Disabilities (SEND)
- School Improvement
- Early Years
- Virtual School
- Academisation

Councillors Roscoe and Doyle attended the meeting to present their reports and to respond to any questions or issues raised by Members of the Committee.

RESOLVED:

That the update reports from the Cabinet Member – Children's Social Care and the Cabinet Member – Education, be noted.

47. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Chief Legal and Democratic Officer seeking to:

- review the Committee's Work Programme for the remainder of the Municipal Year 2022/23;
- give consideration to any further informal briefing sessions that Members would wish to be arranged during 2022/23;
- note that there were no items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan; and
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

Since the agenda for the meeting was published, a further Key Decision Forward Plan had been produced and the Committee was invited to identify any items for pre-scrutiny, as set out at Appendix B.

RESOLVED: That

- (1) the Work Programme for 2022/23, as set out at Appendix A to the report, be noted, along with any additional items to be included and agreed;

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- (2) further to Minutes numbered 42 (4) and 44 (2) above, the following items be added to the Committee's Work Programme for 2022/23:
 - (a) the Assistant Director Education be requested to submit an update report to the next meeting of the Committee on 6 March 2023, on progress regarding compliance with statutory timescales to complete Education, Health and Care (EHC) assessments and to produce a final EHC Plan, to include figures for the appeals process where parental preferences were unable to be met; and
 - (b) the Executive Director of Children's Social Care and Education be requested to submit reports on Quality Assurance and Practice Performance to the next meeting of the Committee on 6 March 2023;
- (3) the informal briefing sessions held to date be noted;
- (4) the Key Decision Forward Plan for the period 1 March – 30 June 2023, be noted; and
- (5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted.

| | | | |
|---|--|------------------------|--------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting | 6 March 2023 |
| Subject: | Children & Young People Commissioned Health Services Update | | |
| Report of: | Cheshire and Merseyside Integrated Care Board, Sefton Place | Wards Affected: | All Wards |
| This Report Contains Exempt / Confidential Information | No | | |
| Contact Officer: | Peter Wong, Children and Young People Commissioning Lead | | |
| Tel: | | | |
| Email: | Peter.wong@southseftonccg.nhs.uk | | |

Purpose / Summary of Report:

To provide an overview of the performance of children and young people commissioned health services delivered by Alder Hey Children's Hospital NHS Foundation Trust, including:

- ASD and ADHD assessment and diagnostic service
- Children and Adolescent Mental Health Service (CAMHS)
- Speech and Language Therapy (SALT)
- Other therapy services: Continence, Dietetics, Occupational Therapy and Physiotherapy

Please note that a detailed CAMHS/mental health and ASD/ADHD service update is scheduled at the next Children's OSC meeting on 6 June 2023.

Recommendation(s)

To note and accept the children and young people commissioned health services performance update.

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Cheshire and Merseyside

Children & Young People Commissioned Health Services Update

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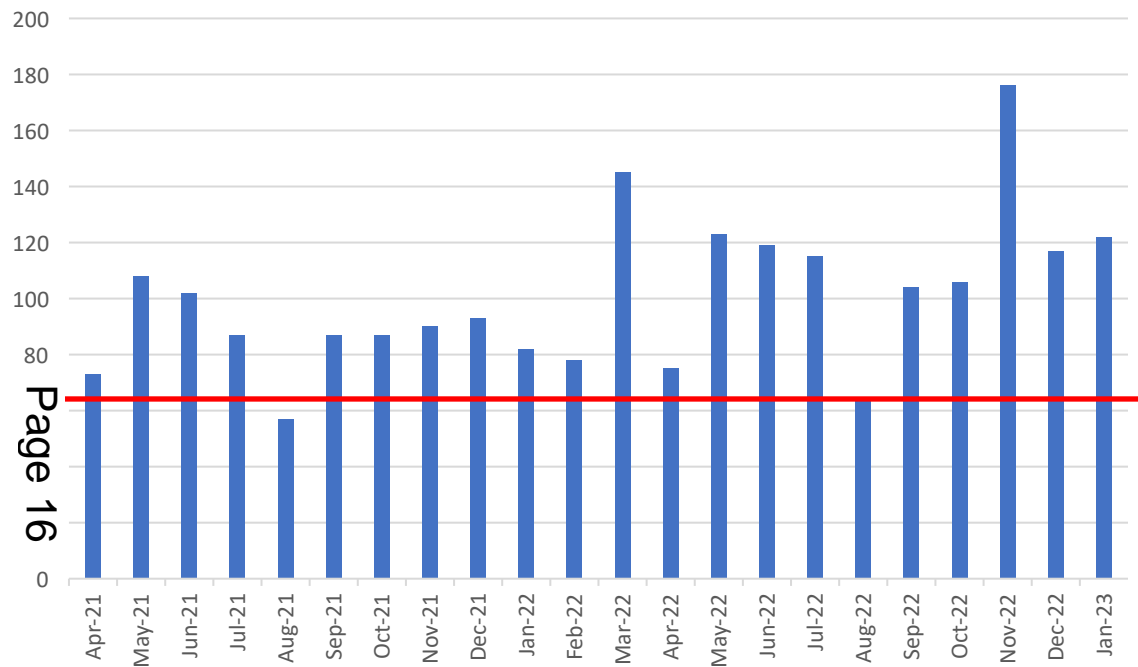
Overview and Scrutiny Committee (Children's Services and Safeguarding)

6th March 2023

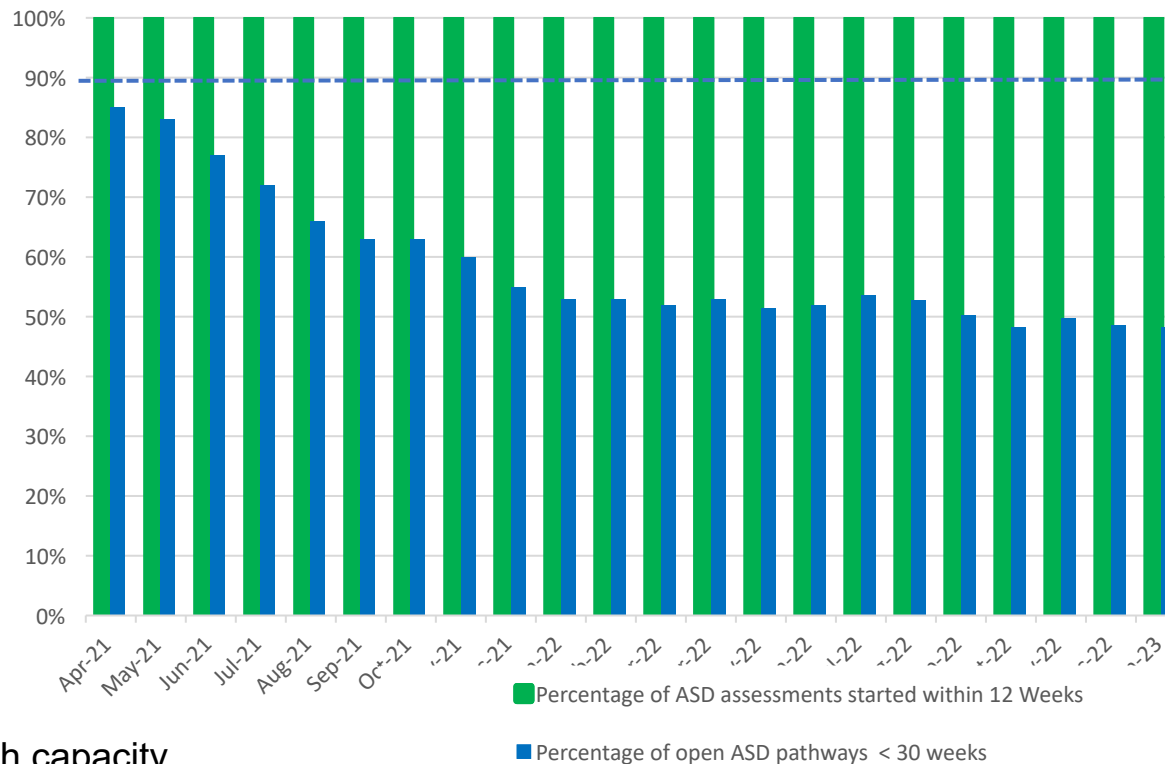


Children & Young People: Autistic Spectrum Disorders (ASD)

New ASD Assessment Referrals (Commissioned level 77)



ASD Assessments

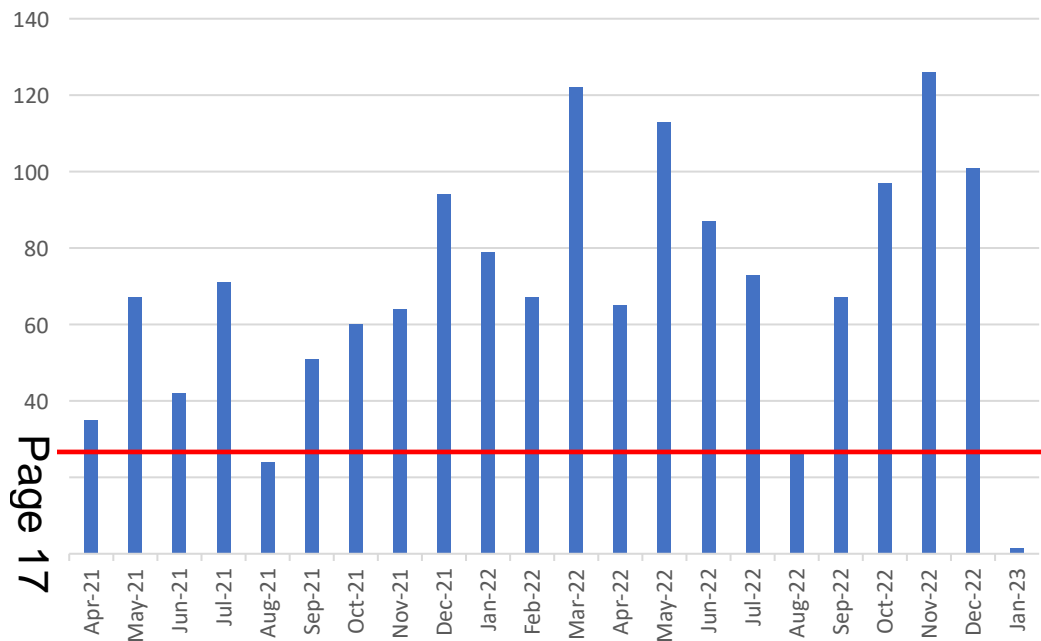


Actions/Assurance

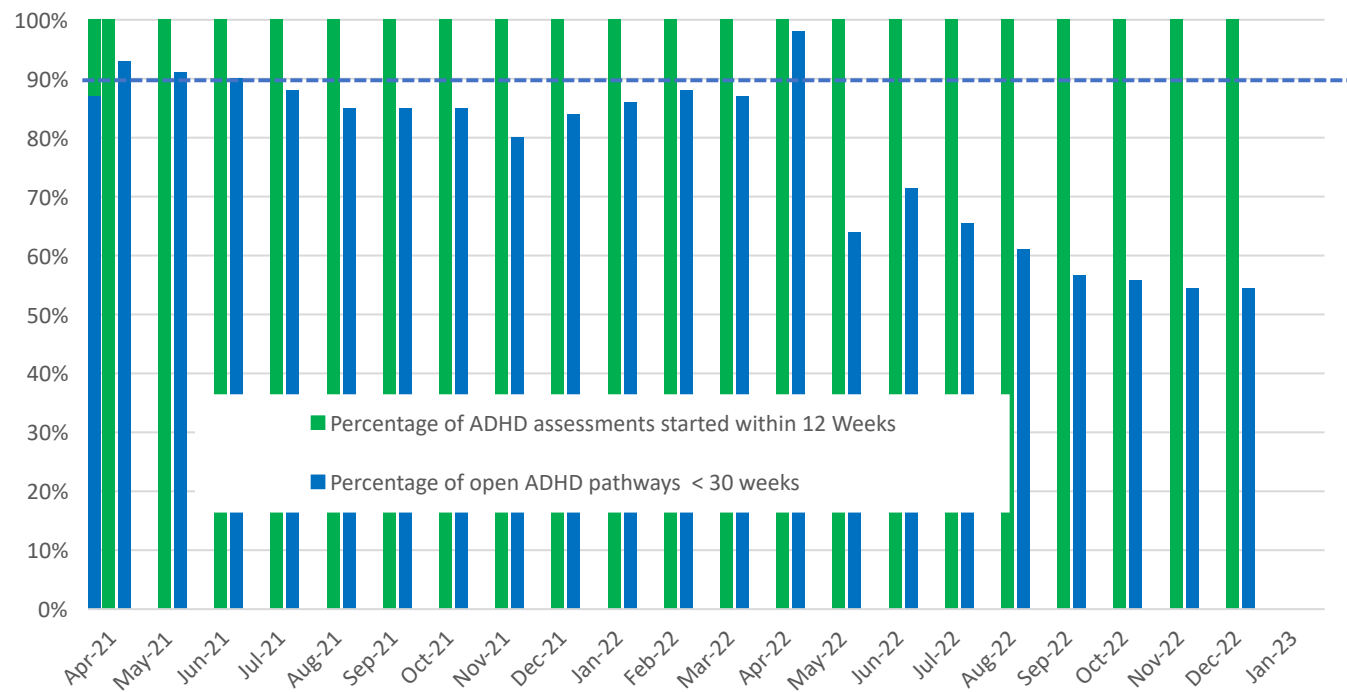
- Utilising alternative roles, such as assistant psychologists, to support with capacity.
- The service has prioritised all assessments required for the longest waiters in February and March 2023 to conclude all children waiting greater than 2 years. Following review of referral patterns, a proposed new approach to the referral process has been agreed which supports the collection of more detailed and appropriate information, provision of early help when needed and additional support and training to education through Mental Health Support Teams (MHSTs) and community mental health teams.
- The Trust has launched a new ASD/ADHD digital referral platform which is being piloted with education.
- Sefton Place and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to this demand to achieve the commissioned KPIs, including the development of a system wide ASD/ADHD pathway.
- In line with national COVID recovery targets performance are planned to fully recover by September 2024.

Children & Young People: Attention Deficit Hyperactivity Disorder (ADHD)

New ADHD Assessment Referrals (Commissioned level 38)

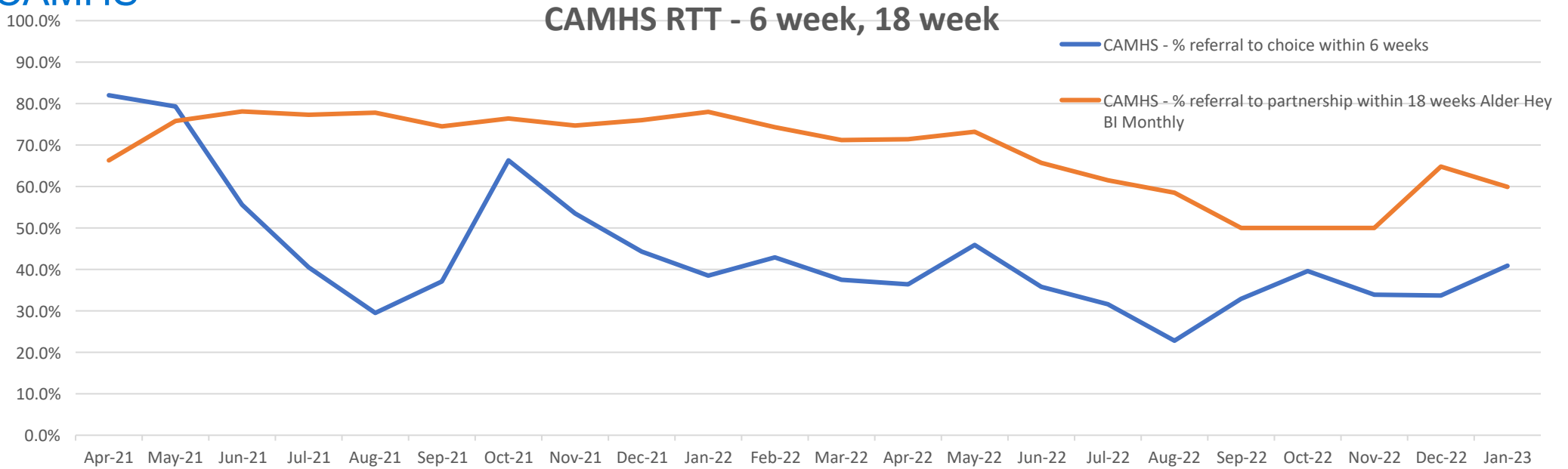


ADHD Assessments



Actions/Assurance

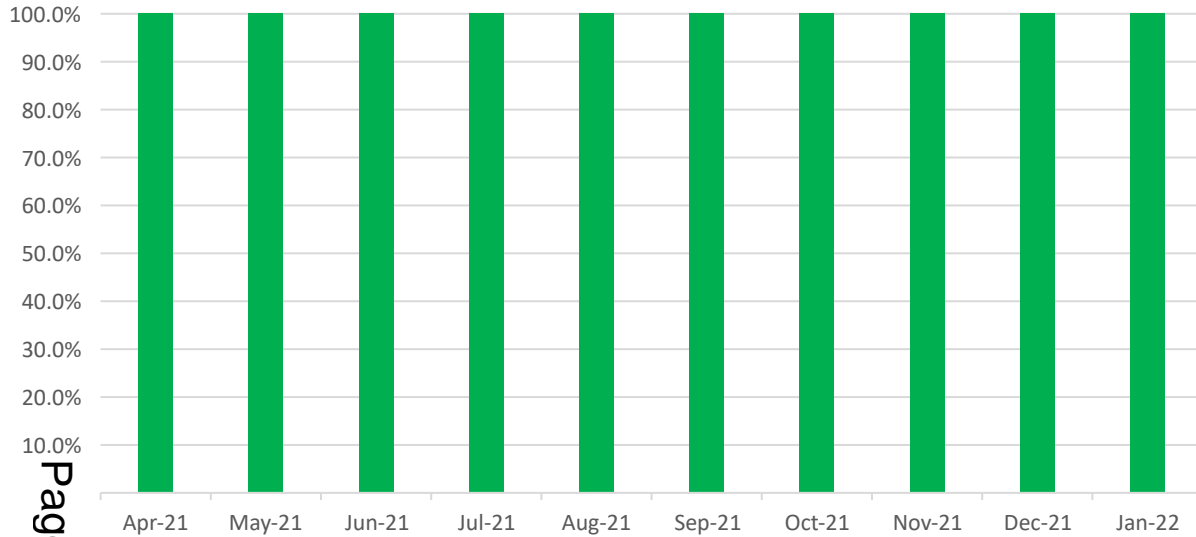
- The service has struggled with capacity particularly due to vacancies in the nursing team which will impact on appointment availability over the next couple of months, however the services has recently recruited eight new nurses into the team which will improve waiting times on their commencement in post.
- Discussions remain ongoing with wider partners to identify actions to support the education and health sectors in providing the required information. Clinics have now been set up in special schools.
- The Trust has launched a new ASD/ADHD digital referral platform which is being piloted with education.
- Sefton Place and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to this demand to achieve the commissioned KPIs, including the development of a system wide ASD/ADHD pathway.
- In line with national COVID recovery targets performance are planned to fully recover by September 2024.



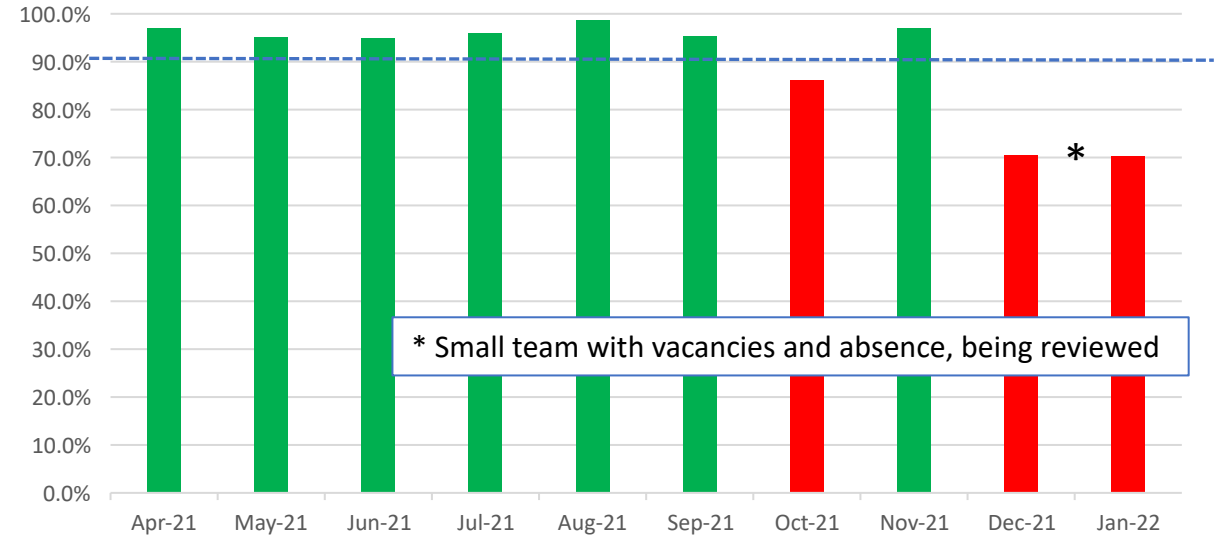
Assurance

- Workforce capacity continues to be challenged (including movement), recruitment is ongoing for the service with 10.7 WTE new appointments made in recent months. The service has appointed a number of qualified CYWPs to continue a low intensity offer with a further three trainees commencing in January.
- Additional choice appointments through overtime continues to take place to support reduction of the backlog.
- There is an offer provided to children and young people whilst they are on the waiting list, including a number of group interventions and check in calls made by practitioners in the service. Some young people also receive support from a psychiatrist prior to receiving their partnership appointment.
- There continues to be an increase in the number of urgent cases referred to the service and capacity continues to be flexed to meet requirement for urgent assessment and/or treatment, which is increasing routine waiting times – a higher number of urgent appointments were required in December.
- The service continues to monitor urgent and routine referral rates and aims to use capacity flexibly as needed to provide first assessments as soon as possible.
- All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated.
- The service will be piloting a WNB predictor tool to help identify those CYP who may need additional support to attend appointments.
- Across the Sefton Emotional Health Partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of two Mental Health Support Teams in 40 schools across Sefton and the phased implementation of the third team from January 2023.

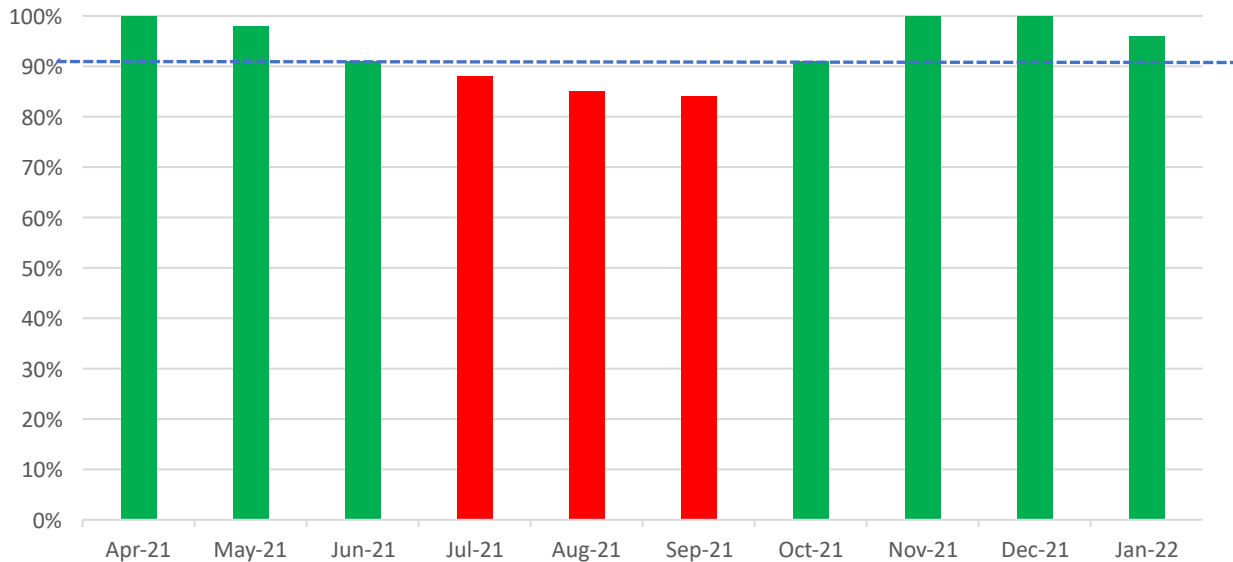
Continance: RTT Open pathways % waiting 18 wks



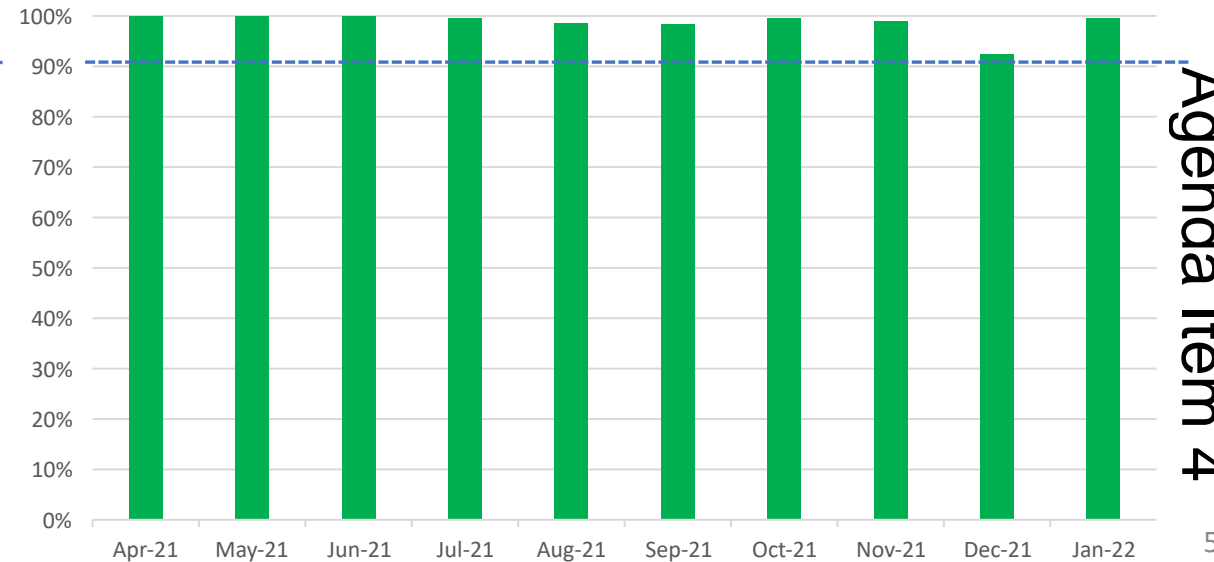
Dietetics RTT Open pathways % waiting within 18 wks



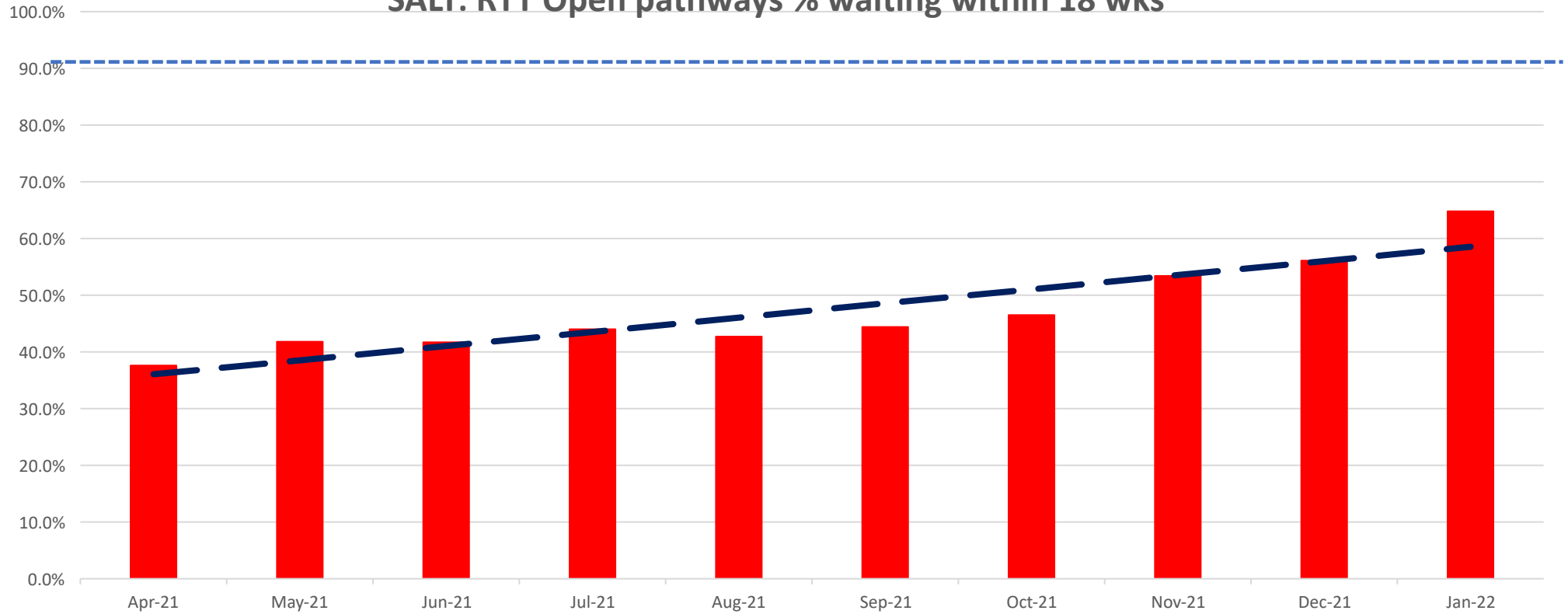
Physiotherapy: RTT Open pathways % waiting within 18 wks



Occupational Therapy: RTT Open pathways % waiting within 18 wks



SALT: RTT Open pathways % waiting within 18 wks



Actions/Assurance

- SALT is implementing a service improvement plan which anticipates achieving the 18 week waiting time target by end of September 2023. SALT performance continues to improve with a reduction in the longest waiters and average waiting time from referral to 1st contact.
- A workforce review to increase the number of assistant SLTs and recruitment to speech and language therapy vacancies is also continuing.
- In the meantime, the position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need. Families sent information on how to access resources including those on the service web page whilst waiting to be seen.
- Work continues with the early years services to support early intervention and reduce need for specialist SALT support. Reinforcing the need for a whole system response.

Agenda Item 5

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|--------------------------------------|--|----------------------------------|---------------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | Monday 6 March 2023 |
| Subject: | Sefton Safeguarding Children Partnership (SSCP) Annual Report 2021-2022 | | |
| Report of: | Assistant Director of Children's Services (Quality Assurance and Safeguarding) | Wards Affected: | (All Wards); |
| Portfolio: | Cabinet Member – Children Social Care | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

Detailed within the Sefton SCP annual report 2021-22 is the work undertaken by the Sefton Safeguarding Children Partnership, whose purpose is to safeguard children and work together with a collective aim to better improve the outcomes for our children and young people.

Recommendation(s):

Members note the report.

Reasons for the Recommendation(s):

As outlined above.

Alternative Options Considered and Rejected: (including any Risk Implications)

N/A

What will it cost and how will it be financed?

(A) Revenue Costs

There are no direct revenue costs associated with the recommendations in this report.

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For context, Sefton Council's financial contribution to Sefton SCP is £72,800 in 2022-23

(B) Capital Costs

There are no direct capital costs associated with the recommendations in this report.

Implications of the Proposals:

| | |
|--|-----|
| Resource Implications (Financial, IT, Staffing and Assets): | |
| N/A | |
| Legal Implications: | |
| Working Together to Safeguard Children (2018) Children and Social Work Act 2017 | |
| Equality Implications: | |
| There are no equality implications. | |
| Climate Emergency Implications: | |
| The recommendations within this report will | |
| Have a positive impact | Yes |
| Have a neutral impact | No |
| Have a negative impact | No |
| The Author has undertaken the Climate Emergency training for report authors | Yes |

Contribution to the Council's Core Purpose:

| |
|---|
| Protect the most vulnerable: The safeguarding children's partnership arrangements are intended to enhance the collective contribution to continue to safeguard children in Sefton. |
| Facilitate confident and resilient communities: : the intention of the arrangements for safeguarding children is to enhance children's resilience and support families to protect children and their families. The legislation outlines how the 3 statutory partners: the Local Authority, Integrated Care Board and Police should work together to protect children. |
| Commission, broker and provide core services: N/A |
| Place – leadership and influencer: N/A |

| |
|---|
| Drivers of change and reform: N/A |
| Facilitate sustainable economic prosperity: N/A |
| Greater income for social investment: N/A |
| Cleaner Greener; N/A |

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7162/23.....) and the Chief Legal and Democratic Officer (LD.5362/23....) have been consulted and any comments have been incorporated into the report. Designated partners of the local authority are part of the Sefton SCP and have sight of the annual report.

(B) External Consultations

None

| | |
|-------------------------|--------------------------|
| Contact Officer: | Joe Banham |
| Telephone Number: | |
| Email Address: | joe.banham@sefton.gov.uk |

Appendices:

The following appendices are attached to this report:

Sefton SCP Annual Report 1 April 2021-31 March 22

Background Papers:

There are no background papers available for inspection

1. Introduction/Background

Reporting requirements for our safeguarding partnership arrangements are set out in Working Together to Safeguard Children (2018) on pages 82-83 as follows:

“In order to bring transparency for children, families and all practitioners about the activity undertaken, the safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

In addition, the report should also include:

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- Evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from early help to looked after children and care leavers.
- An analysis of any areas where there has been little or no evidence of progress on agreed priorities
- A record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements.
- Ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision.



Sefton Safeguarding Children Partnership (SSCP) Overview of Activity 2021/22 (Annual Report)

Contents

1. Introduction
2. COVID 19
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4. Child Death Overview Panel (CDOP)
5. Local Child Safeguarding Practice Reviews (LCSPRs)
6. Multi-Agency Quality Assurance and Audit Activities
7. Multi-Agency Training and Development
8. Local Authority Designated Officer (LADO)
9. Conclusion

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Section 1: Introduction

This annual report covers the period April 2021-March 2022. During this period there has been significant challenges that the partnership has faced not least of which has been the challenges faced as a direct result of COVID impact, the departure of the Director of Children Services, and the introduction of a CSC Interim Strategic Leadership Team as well as the departure of the Independent Chair and a reduction in the SSCP business unit staffing establishment from 3.8 FTE to 2.8 FTE. These significant events have inevitably affected the timeliness of the achievements as planned for the safeguarding partnership (which was laid out in the previous annual report), and suffice to say that mid-year, the agenda moving forward took on a different set of approaches and priorities.

Most notably, the safeguarding partnership arrangements were significantly revised in September 2021 alongside the re-setting of the partnership priorities (which were not ratified until early 2022). The revised priorities changed to:

1. Neglect
2. Contextual safeguarding
3. The remodelling of Sefton's 'Front Door' arrangements

As a result of the significant changes outlined, practically, a considerable amount of attention for the remainder of the annual reporting period was spent on:

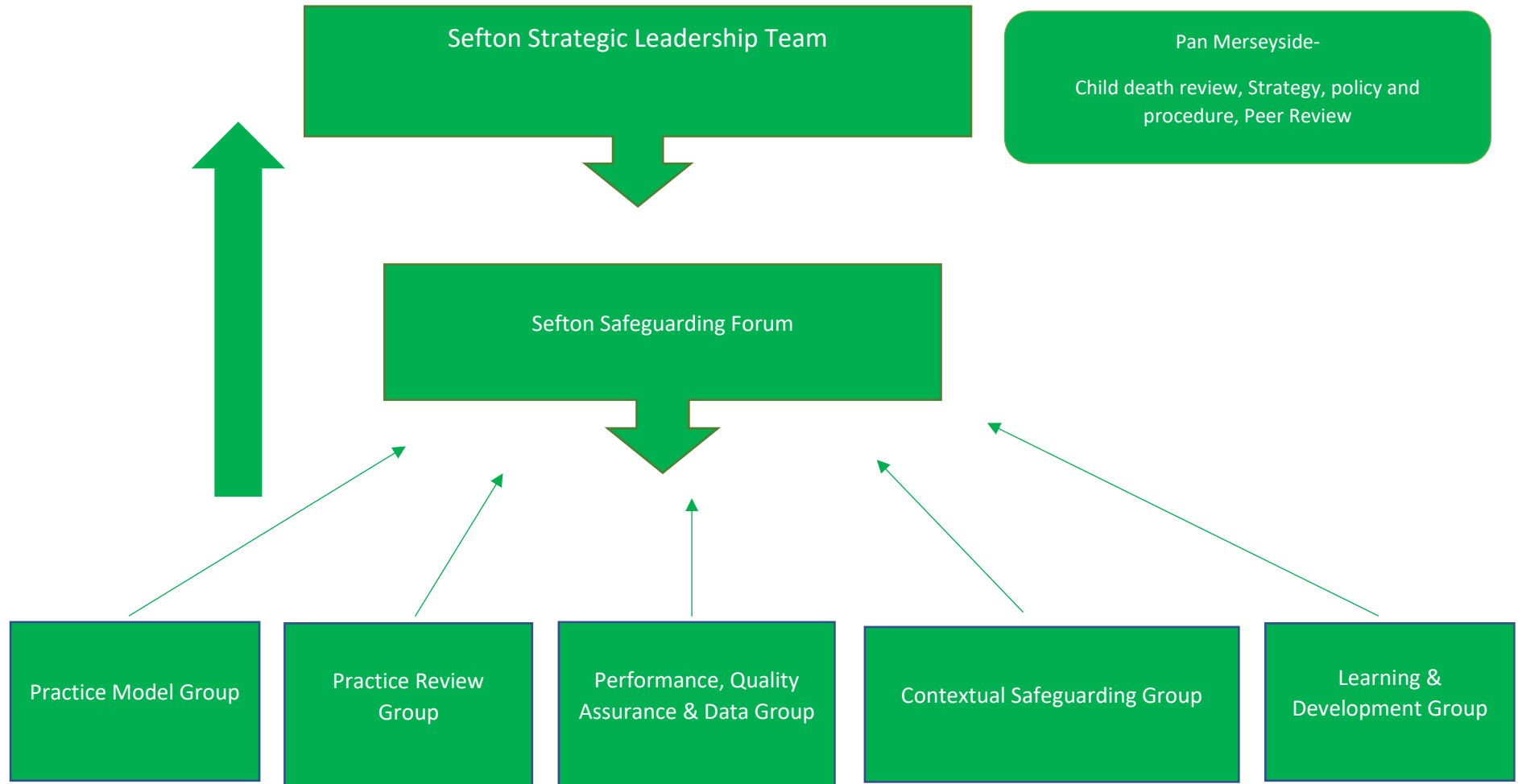
- The disestablishment of the current arrangements
- The introduction and embedment of the revised arrangements
- The introduction and action planning for the new safeguarding priorities
- The appointment of an Independent Scrutineer and;
- Increased communications on the changes made which included a whole host of briefings across the partnership

Consequently, these significant changes have had an impact on the progress of the work of the partnership. Work plans around the new priorities that have recently been agreed will now be required at pace.

Alongside all of this is a further priority piece of work which is to revise the Level of Need threshold document which was, through the Children Social Care Interim Strategic Leadership Team diagnostics, found to be in need of an uplift.

To achieve all of this, Sefton's Safeguarding Children Partnership is supported by a full time Safeguarding Partnership Manager, full time Business and Communication Officer and a part time Learning and Development Officer. It is led by senior leaders from across Sefton Council, Merseyside Police and Sefton Clinical Commissioning Groups (CCG's) working with other key agencies involved with children, young people and families who need support.

Sefton Safeguarding Children Partnership (SSCP) Structure 2021-22



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The new arrangements will be further reviewed by the Independent Scrutineer as to their effectiveness in 2022/23.

Section 2: Covid-19

In March 2020, the United Kingdom was facing the impact of a pandemic following a worldwide outbreak of the Covid-19 virus. Since that time, there have been different levels of “lockdown” and other restrictions, both legal and social, to contain the crisis. The public measures put in place in the Sefton area during this reporting period were as follows:

- Mid-March 2020: All non-essential contact and travel was curtailed.
- End March: Lockdown measures legally came into force. People were required to stay at home, except for very limited purposes; certain businesses and venues were closed; gatherings of more than two people in public were stopped. Schools were closed to most children.
- Beginning June 2020: a phased reopening of schools in England began.
- Summer 2020: Coronavirus measures were mainly incrementally relaxed, although some areas were subject to ‘local lockdowns’. Local authorities were given additional powers to enforce social distancing.
- Mid- September 2020, restrictions were again tightened, including the introduction of ‘the rule of six’ and a return to working from home.
- Early October 2020: Restrictions were extended locally, banning social mixing between households except for limited contact out of doors.
- Mid-October 2020, a new 3-tier system of covid restrictions was introduced in England. The local area was placed in Tier 3.
- Beginning of November 2020, a second national ‘lockdown’ began. Educational establishments, however, including schools, early years settings and universities, remained open. Clinically vulnerable people were not asked to resume shielding. They were asked instead to minimise contact with others and ‘not to go out to work if they were unable to work from home’.
- At the beginning of December, national restrictions ended. The local area remained in Tier 3.
- Beginning of January 2021, England entered a third national lockdown. Restrictions in respect of leaving your home were reintroduced. All primary schools, secondary schools and colleges moved to remote learning, except for the children of key workers and vulnerable children.
- Mid-late February 2021, the government published a ‘road map’ for lifting restrictions.
- Beginning of March 2021, schools in England fully reopened. Teaching and socialising in ‘bubbles’ continued.

Throughout this period the safeguarding partnership prioritised supporting organisations and sharing key safeguarding messages. Mechanisms specific to COVID impact on agencies were put in place for the safeguarding partnership to receive updates and assurances that priority to safeguarding children remained high and efforts to identify those children most at risk and in need of agency attention was acted upon. Consistent communication through the safeguarding partnership website was key to ensuring professionals and residents were able to receive up to date advice and guidance on this specific safeguarding concern with bold reminders of how to make a referral should there be any safeguarding concerns for a child. In addition, multi-agency

safeguarding training remained active with the delivery of virtual sessions as well as an uplift of associated resources for professionals to support their knowledge and practice.

Whilst it is recognised that there are time cost benefits to now attending professional meetings virtually, the strategic safeguarding leaders are committed to ensuring that any meetings that involve the participation of children and family members will respectfully revert to face-to-face arrangements in line with good practice. As well as being monitored moving forward, where there is evidence of agencies being unable to meet this request in most circumstances this will be addressed through the Safeguarding Strategic Leadership team.

Section 3: Independent Chair and Scrutineer

The Independent Chair/Scrutineer was in post until September 2021. During this reporting period and in the 6 months of appointment, the chair continued to lead the main board and executive group as well as undertake scrutiny work.

Assurance activities included:

- Attendance at Community Rehabilitation Company and the National Probation Service Safeguarding Children Operational meeting
- Attendance at local hospital Safeguarding Case Review meeting
- Termly meetings with Designated Safeguarding Leads
- Observation of Multi-Agency Criminal Exploitation (MACE) meeting

Scrutiny activities included:

- Annual attendance at all subgroup meetings which included the scrutiny of minutes of previous meetings and feedback to the Chairs of the subgroups to share observations of business management and performance
- Meeting with Child Protection Chairs that resulted in an agreed proposal for an audit into the drift and delay in the progress of Child Protection Plans

Recommendations have included:

- The Practice Review Subgroup Chair elicits clarity on the rationale for the decision made set against the criteria and the view from each member of the review group and their rationale is recorded. The statutory partners to address how the partnership can have appropriately trained people to undertake the practice reviews.
- Criteria for 'Complex Child in Need' process with expected outcome measures is provided and how this sits in current decision making and planning, with dissemination across the partnership and referenced in ongoing training.
- The 3 key statutory partners review the strategic response to high-risk adolescents due to increasing contextual risks evidenced through scrutiny work and frontline practitioner conversations.
- Presentation and 7-minute briefing to support a greater awareness of the Public Law Outline and Pre-Proceedings process to the wider partnership to be arranged.

Planned work

- An agreed area of scrutiny is to review the arrangements for children held in custody and whether the Home Office Concordat is being applied appropriately and how 'child friendly' the arrangements are, including the use of Appropriate Adult services.

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- It has been agreed that a further area of scrutiny will be to revisit the learning from Serious Case Reviews and seek evidence of the improvements in practice by talking directly with multi agency practitioners.

This work will now be progressed following the successful appointment of an independent scrutineer.

Section 4: Child Death Overview Panel (CDOP)

The Child Death Overview Panel (CDOP) works across the five local authorities in Merseyside and the Isle of Man. The Panel reviews information on all child deaths, looking for possible learning and patterns with the aim of making improvements in services, policy, procedures, and communications to prevent future deaths. Merseyside/Isle of Man CDOP:

- provides oversight and assurance of the new Child Death Review processes and ensure that it meets the required statutory standards.
- reviews all infant and child deaths under 18 years of age. This includes neonates where a death certificate has been issued, irrespective of gestational age.
- identifies and highlight any modifiable factors, and bring these to the attention of strategic partners, including Health and Wellbeing Boards, Local Children’s Safeguarding Partnerships and Community Safety Partnerships where necessary

During the reporting period 1 April 2021 to 31 March 2022, 104 child deaths were notified to CDOP across the five Local Authority areas. This is an 18% increase on the previous year. Of the 104 child deaths, 19 were related to Sefton Local Authority area as follows:

- 61.5% of deaths reviewed during 2021-22 were completed within 12 months [70%]
- 68% of deaths were expected [100%]
- 53.8% of deaths were children under 1 year of age [65%]
- 38.5% of deaths had modifiable factors identified [35%]

Most prevalent modifiable factors included: Maternal BMI; smoking/smoking in pregnancy; unsafe Sleeping

CDOP meetings have been conducted through a virtual platform due to pandemic restrictions. Their annual report for 2021/22 has yet to be finalised.

Section 5: Local Child Safeguarding Practice Reviews (LCSPR’s)

At the end of this reporting period, the safeguarding partnership has concluded one Local Child Safeguarding Practice Review (LCSPR) and has a further LCSPR underway. For the completed LCSPR, the partnership has formulated an action plan in response to the recommendations made through the Independent Author. This action plan will now be monitored and supported through the Practice Review subgroup until completion. It is recognised by the strategic safeguarding leaders that learning from all the reviews undertaken by the partnership over the last several years have evidenced that there are recurrent themes in the safeguarding and promotion of the welfare of children in Sefton. These themes include:

- information sharing
- professional curiosity
- professional challenge/escalation

- effective supervision
- assessing risk
- disguised compliance
- multi-agency communication
- silo working
- transition from primary to secondary school

These issues are systemic and long standing. Alongside the work of the partnership to address all of the recommendations from all case reviews, the planned scrutiny work identified by the Independent Chair will further support the partnership to progress safeguarding practice through those concluding findings. The learning from all reviews has been systematically shared with strategic leaders and frontline staff to raise awareness of the key findings from the cases. There has been a significant investment in the design of training to embed the learning from reviews across the partnership.

Section 6: Multi Agency Quality Assurance and Audit Activities

Throughout the reporting period the safeguarding partnership has, despite the impact of the pandemic, managed to complete an arrange of quality assurance and auditing activity which included:

Partnership Use of, and Reporting of, Escalations Audit - Key Findings:

To better understand why agencies were not actively using the escalation policy to resolve professional disputes the partnership the partnership systematically collated monthly returns from agencies in relation to their use of the escalation/dispute resolution policy. The partnership then undertook an audit and staff survey 12 months later which highlighted the continued lack of escalation activity across the partnership. This resulted in a request that the staff commentary relating to working cultures is addressed. It was agreed that there will be no further monthly returns as this exercise was not producing the qualitative information to inform the partnership about the use of escalations and the outcome. A request will be made in 12 months' time for an assurance report from each agency to provide evidence of resolution and escalation activity. Where there is little or none at all, a rationale will be expected, and details of agency actions being taken. This will then be raised with the Strategic Leadership Team for awareness and any further action should it be required.

Child Exploitation Audit - Key Findings:

- Evidence of agencies/professionals not being advised as to the outcome of referrals or assessments or being involved or invited to subsequent meetings.
- The role of School Nurse does not appear to be securely embedded in multi-agency processes.
- Drift and delay was a feature in a number of the cases audited but challenge to ensure good safeguarding practice or timely progression was limited.
- A number of agencies were not able to advise a view on the effectiveness of the intervention, because of not being sufficiently involved in multi-agency processes.
- 'Case Closure' without consultation with partners, despite concerns remaining, was a feature.
- Changes of social worker impacted upon the progression of case work.

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Public Law Outline Audit - Key Findings:

- The audit shows that the contribution by multi agencies to managing risks, through their attendance at Child Protection Review Conferences and / or Core Group Meetings is limited.
- Multi-agency attendance at Child Protection Review Conferences and/or Core Group Meetings was low.
- Agencies attending understood what required of them and received a copy of the Child Protection plan. Drift and delay were not found to be a feature in the cases audited.
- Wider agencies understanding of pre proceedings was not able to be established from the audit
- Low reporting through audit returns from agencies that attended Child Protection Review Conferences and/or Core Group Meetings that the schedule of expectations was reviewed.

Child in Need Audit - Key Findings:

- Partnership challenge to drift and delay is extremely limited.
- Minutes and plans are not routinely made available to partners.
- Systems issues resulted in dual recording and impacted on the timely transfer of information.
- 'Step up' procedures not being followed have led to examples of dual recording and poor information sharing.
- Although case activity is evidenced as having taken place, this is not always readily noted in agency records.
- Safeguarding practice issues were identified in multiple cases

Children Subject to Child Protection Plan Audit - Key Findings:

- Accounting for the views of children and young people in child protection planning is limited.
- Drift and delay is a significant feature of the audit.
- Escalation and challenge is more apparent in response to drift and delay however challenge is not always made by partners, in all cases, where drift and delay is evident.
- Progression of Core Groups are inconsistent (timescales). Child Protection Plans are not consistently reviewed or updated at core groups meetings.
- Frequent and multiple changes in social worker have led to examples, in audited cases, of drift and delay and inconsistent child protection planning.

The findings and recommendations from these activities are being addressed by the safeguarding partnership and progress will be monitored throughout the coming year. Due to the period of unsettlement highlighted in the introduction, there has been a loss of focus on the follow up work associated with the audit findings and the associated action plans now need to be re-prioritised.

Children's Social Care Performance Data & Narrative

See appendix 1.

Section 7: Multi Agency Training & Development

SSCP Learning and Development offer continues to gather momentum. Pace of delivery is consistent and increased from the previous year.





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During the period between April 21-March 22 significant activity has taken place. There have been 37 courses offered with 854 professionals attending. Working Together to Safeguard Children has been delivered 13 times, with 381 professionals attending. In total 50 courses offered with 1,235 professionals benefiting from these learning opportunities to influence and impact upon their safeguarding children practice. The delivery of this offer demonstrates the commitment and effectiveness of the SSCP Training Pool who drive and support the work.

In addition, work has been progressed in relation to SSCP priorities, national learning, and local need.

Impact of SSCP Training

Multi-agency training delivered by the safeguarding partnership requires professionals to complete an evaluation form at the end of the training session. A specific question posed in the evaluation form is about how the training will impact their practice moving forward. Whilst this approach provides the partnership with an indication of how practice will improve as a direct consequence of the training received, there remains a challenge to secure evidence on how training improves the outcomes for children. For example, Evidence of impact following extensive training from CSA and contextual safeguarding commissioned training indicates it has been well received from across the partnership. However, this does not correlate with Child protection figures for children identified under the category of sexual abuse. Until the mechanism to do this has been realised, the partnership has started to capture professionals' attention from SWAY statistical data (illustrated below) which demonstrates longevity in professionals in accessing the resources made available to them. We will also continue to capture professional on practice issues feedback through survey monkey.

| | | | | | |
|---|--|--------------------|-------------------------|-----------------------|--|
|  | 24/02/2022 Bullying - Sefton Safeguarding | 158 Total views | 3 min Avg time spent | 65% Avg completion | 027 glanced 031 read quickly 100 read in depth |
|  | 11/02/2022 Harmful Sexual Behaviour (HSB) | 237 Total views | 3 min Avg time spent | 58% Avg completion | 095 glanced 134 read quickly 008 read in depth |
|  | 10/02/2022 Sexting Sefton Safeguarding | 304 Total views | 3 min Avg time spent | 62% Avg completion | 064 glanced 054 read quickly 186 read in depth |
|  | 03/02/2022 Peer on Peer Abuse Sefton | 630 Total views | 3 min Avg time spent | 59% Avg completion | 110 glanced 224 read quickly 296 read in depth |

Next Steps

- Design and deliver an enhanced training programme specific to the partnership safeguarding priorities
- Launch the revised Level of Need Guidance across the partnership
- Provide training offers in response to audit activity across the system

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- Deliver briefings for the partnership on national reviews and safeguarding research
- Hold sessions on the revised Working Together Guidance if available
- Be responsive to training needs that are highlighted in Ofsted Inspections

Section 8: Local Authority Designated Officer (LADO)

| | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|-----------------------|---------|---------|---------|---------|
| Referrals | 153 | 170 | 118 | 184 |
| Contacts | 29 | 22 | 44 | 46 |
| Total Activity | 182 | 192 | 162 | 230 |

2021-22 saw an increase in LADO activity compared with previous years. If we look at this in the context of previous years, it appears that this is as a result of an increase in cases closed as contacts. It may be that this is due to a more consistent way of reporting LADO activity in that cases which were previously recorded as advice are now recorded as contacts. In addition, this reflects the introduction of Low-Level Concerns in Keeping Children Safe in Education (2021) which has resulted in some schools in Sefton contacting the LADO to check that they can deal with a situation under those procedures where LADO threshold has not been met. The LADO welcomes schools making contact to discuss cases which they may consider to be a Low-Level Concern as it ensures that any member of the children’s education workforce with multiple Low-Level Concerns raised can be considered under the LADO threshold. This also allows for discussion which improves the understanding of education settings as to what might be a Low-Level Concern or how what appears to be a Low-Level Concern might meet LADO threshold.

Primary Category of Allegation

| Category of Allegation | Number of Allegations | Percentage of Allegations |
|------------------------|-----------------------|---------------------------|
| Physical | 67 | 36% |
| Neglect | 42 | 23% |
| Sexual | 23 | 13% |
| Emotional | 19 | 10% |
| Other/Suitability | 33 | 18% |
| Total | 184 | |

There has been an increase this year in referrals under the category of ‘Other/Suitability’. This was expected as this was the first full year following reintroduction of the fourth threshold criteria of: *Behaved or may have behaved in a way that indicates they may not be suitable to work with children.*

Referrals by Agency

| Referring Agency | Percentage of Referrals |
|------------------|-------------------------|
| Education | 30% |
| Residential | 19% |
| Social Care | 15% |
| Fostering | 12% |
| Early Years | 8% |
| Police | 3% |

| | |
|-------------------------|----|
| Health | 3% |
| Voluntary Organisations | 2% |
| Ofsted | 2% |
| Transport | 1% |
| Other | 6% |

Referrals can be made by any agency and are not always made by the agency where the subject of the allegation is employed. This is especially true for referrals relating to the suitability criteria where the referral is usually made by Social Care or the Police. The category of 'Other' included referrals from another part of the Local Authority than Children's Services, LADOs in other areas and parents.

Employment Sector of Subject of Allegations

| Employment Sector | Percentage of Referrals |
|-------------------------|-------------------------|
| Education | 35% |
| Residential | 23% |
| Foster Carer | 18% |
| Early Years | 10% |
| Transport | 4% |
| Health | 3% |
| Sport | 3% |
| Voluntary Organisations | 2% |
| Social Care | 1% |

The majority of allegations continue to relate to staff in Education, Residential Care and Foster Carers. This is to be expected as these are settings where children spend a high proportion of their day or where adults are providing direct care to children. With the full re-opening of education settings following COVID 19 lockdown there was a higher percentage of referrals relating to staff in education settings than in residential care compared to last year.

There were no referrals in relation to Military Cadets this year compared with previous years. There were also no referrals relating to those in the Faith Sector and low percentages of referrals in relation to voluntary organisations and sports. It is a concern that given the number of children who participate in activities in these sectors across Sefton there have been such low referrals to LADO. Awareness raising of the role of LADO and an organisation's responsibilities with regards to safer recruitment and allegation management amongst these sectors will be addressed in the LADO Annual Report.

Section 9: Conclusion

Whilst Sefton's Safeguarding Children Partnership has faced additional unplanned challenges through the reporting period, the coming year will be focused on areas for safeguarding improvements across the partnership. The partnership now has a new operating partnership structure, and of great importance, is the introduction of a separate Strategic Leadership Team who now meet on a regular basis to strengthen and support the safeguarding agenda. The effectiveness of this will be reviewed by the independent scrutineer in the coming year. Specific areas of identified work will also include:

- Refresh of the Level of Need Guidance

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- Multi-agency partnership learning event to support and develop positive working relationships
- Follow on work associated with audits undertaken in the period
- Addressing action plans from local child safeguarding practice reviews
- Revise the current dataset and quality assurance approaches to better understand the safeguarding landscape and be more responsive in identifying any areas of risk or decline in practice/outcomes
- Strengthen the connectivity between the safeguarding children's partnership and other local strategic partnerships
- Address any areas for improvement identified by the Independent Scrutineer in her review of the effectiveness of the current arrangements

At the close of this reporting period Ofsted have undertaken an Inspection of the Local Authority Children's Service (ILAC). Once the outcome of the Inspection has been made available, the safeguarding partnership will need to have great focus on any areas of improvement required by the multi-agency partnership to strengthen practice and support better outcomes for our children and families.

The partnership remains steadfast in its commitment to safeguard children, to address any partnership weaknesses and to improve the lived experiences of our children and families.

Independent Scrutineer Comments:

Statutory guidance requires the three safeguarding partners (which for the period covered by this report are Local Authority Chief Executive, Chief Constable of the local Police Force and Accountable Officer, Clinical Commissioning Group, or their delegated representative) to make arrangements for independent scrutiny of the yearly report they are required to publish.

I took up the role of Independent Scrutineer in early 2022; the decision to appoint an Independent Scrutineer to complete discrete pieces of scrutiny activity was a feature of the changes made to the local safeguarding arrangements in September 2021. I was therefore only in post for the latter part of the period covered by this report and was not commissioned to undertake any pieces of scrutiny activity during that period. My lack of direct involvement in the safeguarding partnership arrangements does not however preclude me from being able to provide an objective and critical friend perspective of the content of this report against the requirements of statutory guidance

Statutory guidance requires that statutory partners address the following in their yearly report:

- what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.
- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from early help to looked-after children and care leavers
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements
- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision.


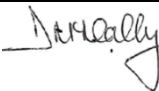

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This report details that one local child safeguarding practice review has been completed and another is underway. The statutory partners have identified thematic learning arising from the learning reviews completed and positively report that the learning from all reviews has been systematically shared with strategic leaders and frontline staff to raise awareness of the key findings. The thematic practice learning is described as “systemic and long standing” and the findings of the multi-agency quality assurance and audit activity completed during the period covered by this report would support this assertion. Feedback from practitioners who contributed their views via a staff survey conducted in respect of use of the escalation policy, indicates that there is a need to develop the culture of partnership working. The audit findings found significant gaps or barriers in the way partners work together to safeguard the most vulnerable children. Areas of concern include drift and delay, lack of professional challenge and weaknesses in the involvement of partner agencies to child protection planning and review processes.

The report does not provide information about any actions taken to address the findings/implement the recommendations of the local review that has been completed or national child safeguarding practice reviews. Similarly, there is no information about the actions taken, and the impact of those actions, to address the learning about the effectiveness of multi-agency practice with children and their families identified via the audits that have been completed. The report is transparent in reporting that this work has not progressed as required.

Linked to one of the 3 priorities agreed by the statutory partners, an Integrated Front Door was developed to address the findings about the application of statutory thresholds identified in the Ofsted monitoring visit conducted in 2021. This is evidence of the statutory partners taking action to improve the quality of service provided to vulnerable children in Sefton. The data evidences a significant increase in demand in respect of contacts made to Children’s Social Care following the introduction of the Integrated Front Door. Limitations in the data and accompanying analysis, mean the report is not able to evidence the impact of these changes on outcomes for children and young people. Furthermore, a lack of multi-agency performance data precludes an evaluation of the impact of multi-agency working on the safety of children in Sefton. Such evaluation should be regularly conducted through the safeguarding partnership arrangements and should include feedback from children and families.

The report concludes with identifying a focused set of improvement activity that will be completed during 2022-23, under the leadership of the Senior Leadership Team. Based on my scrutiny of this report, I consider the completion of these activities, underpinned by a culture of shared ownership and responsibility, will facilitate the statutory partners, along with their relevant partners, to “safeguard children, to address any partnership weaknesses and to improve the lived experiences of our children and families”.

| Name of Strategic Safeguarding Children Lead/Role | Agency | Signature |
|---|------------------------|---|
| Martin Birch, Executive Director of Children’s Services | (Sefton Council) |  |
| Dawn McNally, Superintendent | (Merseyside Police) |  |
| Deborah Butcher, Place Director (Sefton) | Integrated Care System |  |

MASH commentary against the data - (1st Apr 2021 - 31st March 2022)

During the financial year there were 9519 contacts in the MASH. The graph illustrates a significant increase in contacts from September 2021 onwards. This was due to the Introduction of the Integrated Front Door (IFD), where all referrals for Early Help and Children's Social Care came through one front door. Prior to the IFD, referrals were made for Early Help Services within family wellbeing centres across the borough of Sefton. However, the monitoring visit in 2021 highlighted that work undertaken within these settings were at the threshold for Children's Social Care.

The highest referral rate in terms of age of children and young people is between the ages of 6 and 13, with a total of 3755 referrals being received. The lowest is unborn to age 2 years which stood at 180.

In terms of gender the referrals are generally equal as there were 49.2% female and 49.7% male. 73.3% of children and young people were of White British ethnicity. 394 children had a disability which is 4.2% of all referrals and only 56 of these (0.6%) were registered disabled.

During this period 3367 referral records were closed on LCS (children's electronic records) 2235 were closed with no further action required after the child and family assessment had been completed. This is a high number of assessments completed where no further action was required so moving forward it would be helpful to request an audit of these to be undertaken by the Safeguarding Unit to explore threshold at both decision making in the IFD and at assessment outcome. 1151 ceased for any other reason, these are cases where a child in need plan has ended, or a family court order has been made. For example, a Special Guardianship Order or Child Arrangement Order.

During the financial year there were 828 repeat referrals. This figure will require further analysis as there are a high number of instances where a duplicate referral is made by several agencies. Nonetheless, the figure is relatively low given the percentage on average stands at 20% each month. This is positive as it is just below the re-referral rate of our statistical neighbours and the national average.

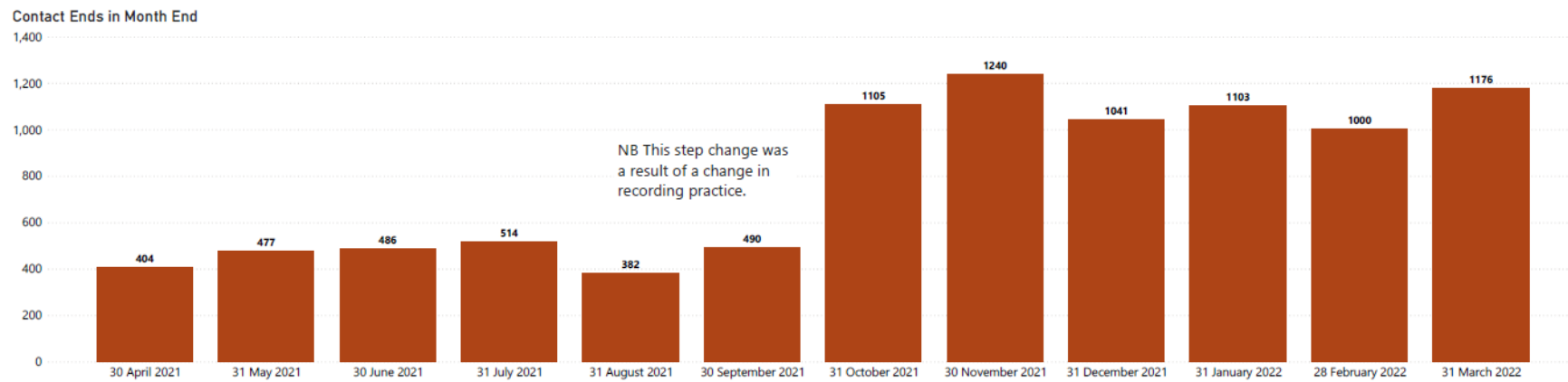
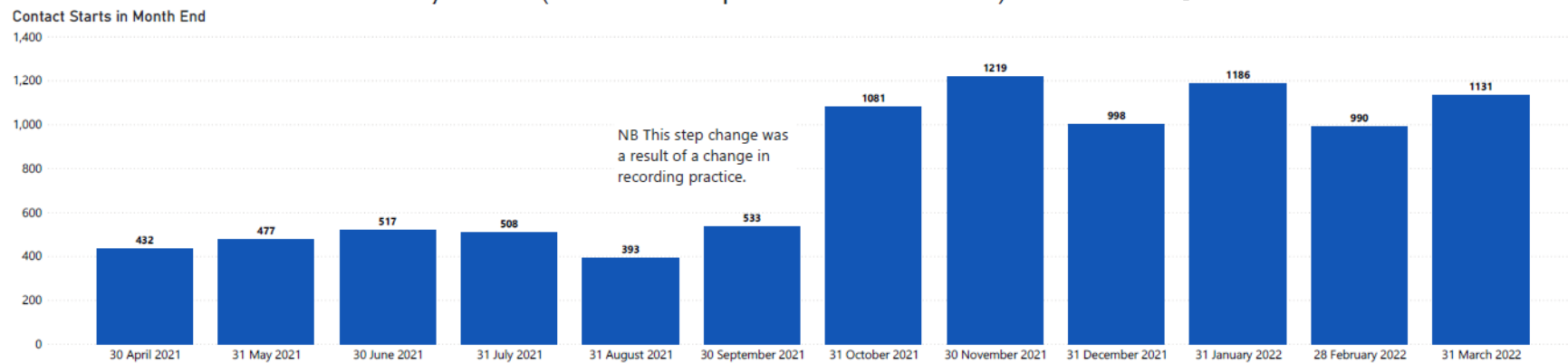
Whilst this data demonstrates an encouraging trajectory given the significant increase of contacts into MASH, this will naturally have an impact on services to meet the increased demand. Moving forward, there remains strategic consideration of how this can be sustained in relation to the management of resources, caseloads and partnership contributions.

Children's Social Care Performance

MASH Contacts

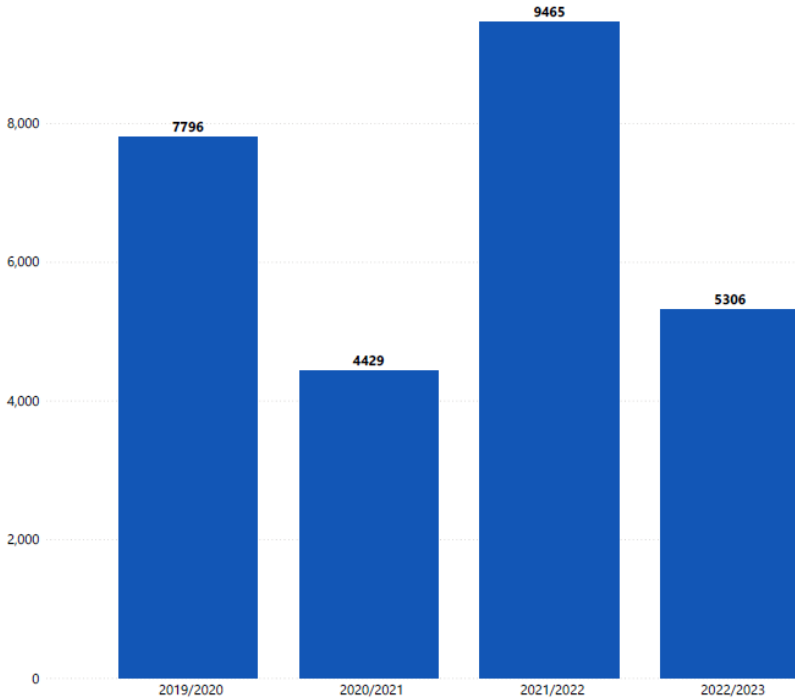
Business Intelligence | Children's Social Care Performance Sefton Council 

MASH Contacts - Starts and Ends by Month (Between 1st Apr '21 - 31st March '22)

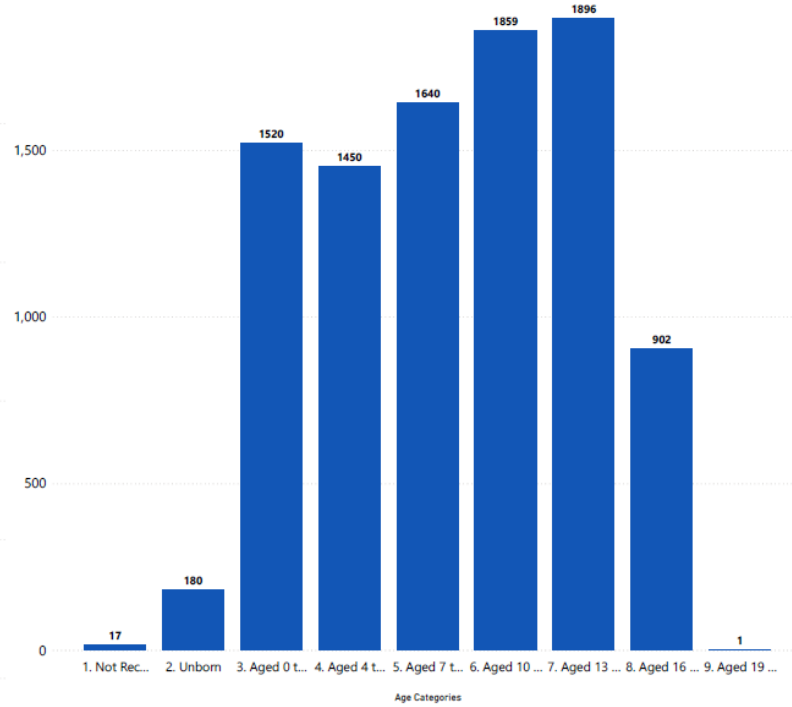


MASH Contacts Person Details Overview

Total MASH Contacts by Financial Year

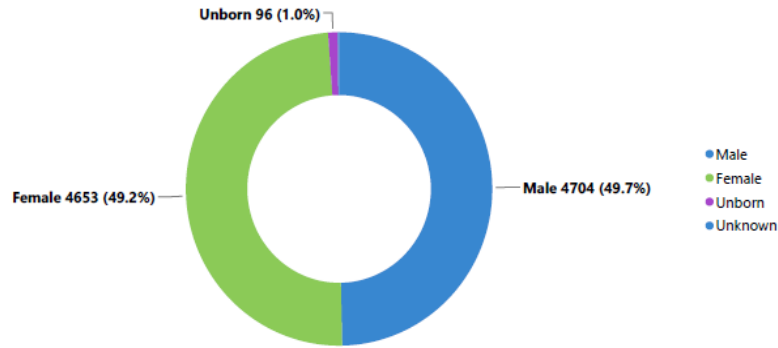


Contacts by Age (Between 1st Apr '21 - 31st March '22)

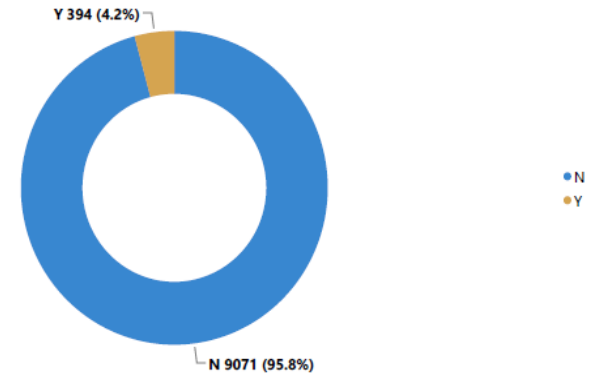


MASH Contacts Person Details Overview (Between 1st Apr '21 - 31st March '22)

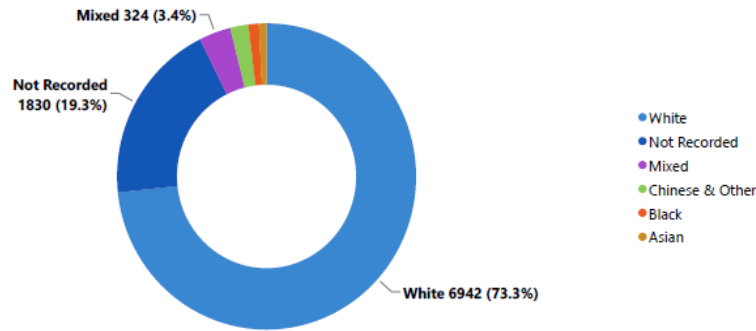
Gender



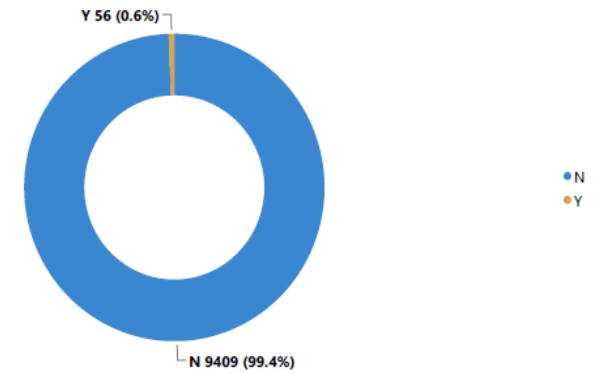
Is Disabled



Ethnicity



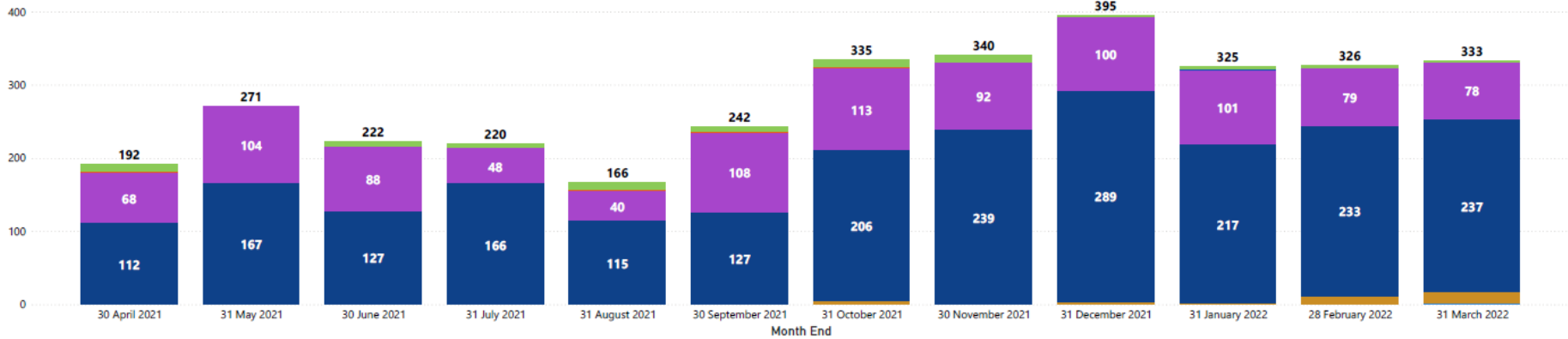
Is Registered Disabled



Referral Outcome Overview (Between 1st Apr '21 - 31st March '22)

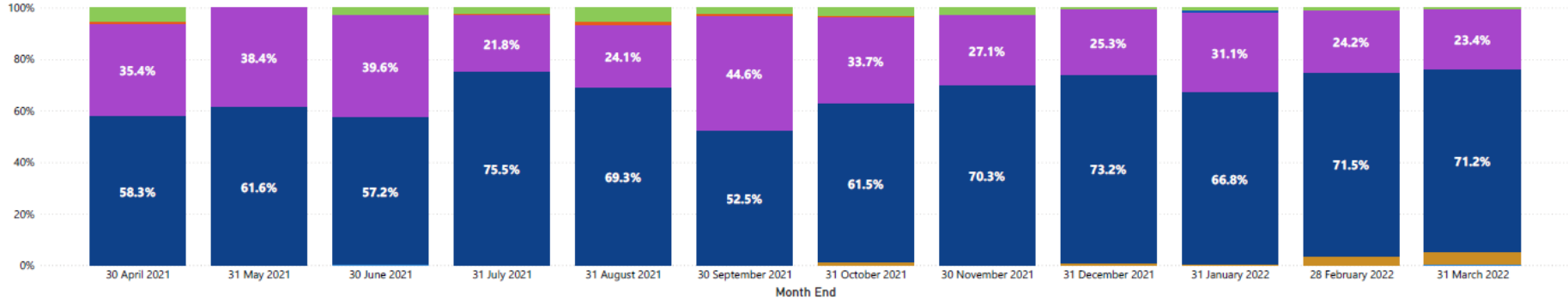
Count of Referral End Reasons by Month End

Adopted Case closed after assessment, Early Help Case closed after assessment, NFA Ceased for any other reason Died Transferred to Adult Social Services Transferred to Services of another LA



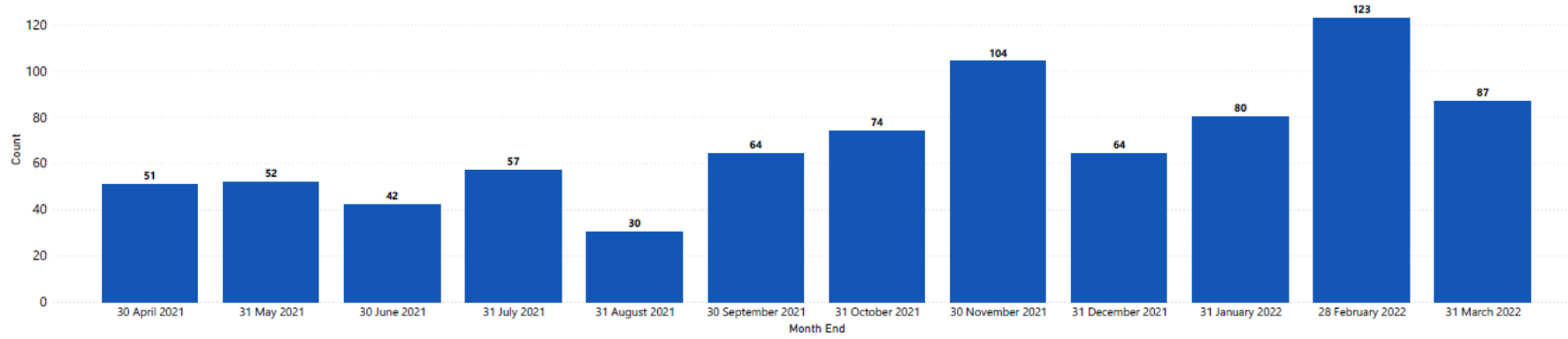
Percentage of Referral End Reasons by Month End

Adopted Case closed after assessment, Early Help Case closed after assessment, NFA Ceased for any other reason Died Transferred to Adult Social Services Transferred to Services of another LA

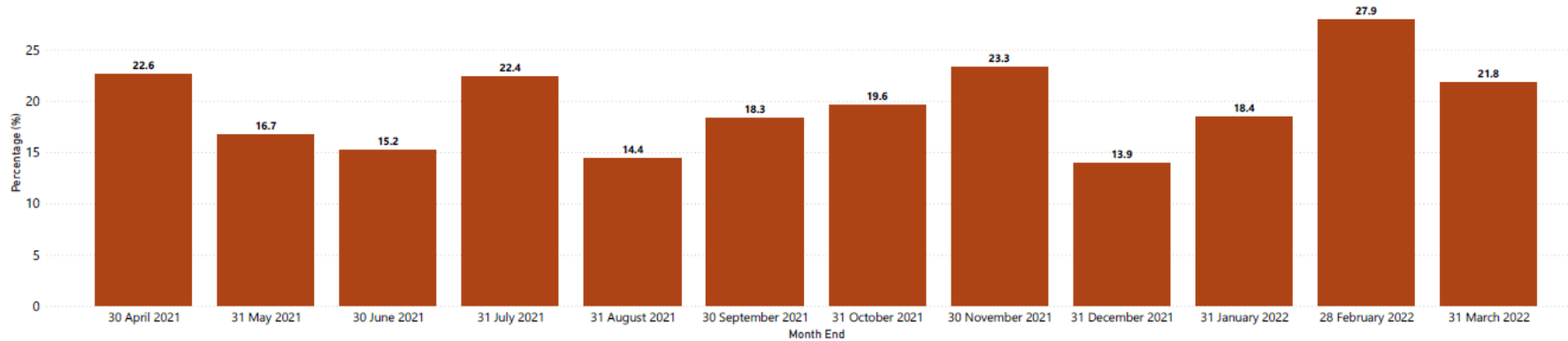


Repeat Referrals (Between 1st Apr '21 - 31st March '22)

Repeat Referrals in Month



Percentage of Repeat Referrals in Month



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| | | | |
|--------------------------------------|--|----------------------------------|---------------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | Monday 6 March 2023 |
| Subject: | Children's Services Improvement Programme | | |
| Report of: | Executive Director of Children's Social Care and Education | Wards Affected: | (All Wards); |
| Portfolio: | Cabinet Member - Children's Social Care | | |
| Is this a Key Decision: | N | Included in Forward Plan: | No |
| Exempt / Confidential Report: | N | | |

Summary:

The report updates on the progress against the Improvement Plan and provides an overview of quality assurance activity.

Recommendation(s):

- (1) Note the progress made and consider the priorities for the next quarter

Reasons for the Recommendation(s):

For members of the Committee to consider progress made to date.

Alternative Options Considered and Rejected: (including any Risk Implications)

NA

What will it cost and how will it be financed?

(A) Revenue Costs

There are no direct revenue implications with this report. Members will be aware that there is significant financial pressure in the service within the current year in respect of agency costs and accommodation costs. Remedial action plans have been presented and approved by Cabinet and Council. Work will continue during the current year on budget monitoring within the service and any additional financial pressure or additional expenditure will need to be met from savings elsewhere within the Council. The Council's next three year Medium Term Financial Plan takes account of this Improvement Programme and the resources required to support it; this will be informed by the Executive Director of Children's Services.

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(B) Capital Costs

There are no direct capital costs associated with the recommendations in this report.

Implications of the Proposals:

| | |
|---|---|
| Resource Implications (Financial, IT, Staffing and Assets): | |
| Legal Implications: | |
| Equality Implications: There are no equality implications | |
| Climate Emergency Implications: | |
| The recommendations within this report will | |
| Have a positive impact | N |
| Have a neutral impact | Y |
| Have a negative impact | N |
| The Author has undertaken the Climate Emergency training for report authors | Y |

Contribution to the Council's Core Purpose:

| |
|---|
| Protect the most vulnerable: The Improvement Programme seeks to deliver change across Children's Services whose activity protects and supports those children and young people who have complex care needs. |
| Facilitate confident and resilient communities: Children's Services work with partners to support families in need of support and improve resilience. |
| Commission, broker and provide core services: Children's Services work with partners to support families in need of support and improve resilience. |
| Place – leadership and influencer: The Council will take a lead role in work with partners to deliver change in Children's Services. |
| Drivers of change and reform: The Council will work with partners to deliver change in Children's Services. |
| Facilitate sustainable economic prosperity: NA |
| Greater income for social investment: NA |
| Cleaner Greener NA |

| |
|--|
| |
|--|

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7153/23) and the Chief Legal and Democratic Officer (LD.5353/23.) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The Executive Director Children's Service and Education and his leadership team engage with partners across Sefton regarding the Improvement Programme. The voice of children, young people and their families will be integral to delivering change.

| | |
|-------------------------|---|
| Contact Officer: | Joe Banham, Jan McMahon |
| Telephone Number: | Tel: 0151 934 4431 |
| Email Address: | joe.banham@sefton.gov.uk, jan.mcmahon@sefton.gov.uk |

Appendices:

The following appendices are attached to this report:

A Improvement Plan

B Youth Engagement toolkit

C Quality Assurance Framework

Background Papers:

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1. Background

- 1.1 Phase 2 of the Children's Improvement Programme continues to comprise of four themes;
- Quality - Ensuring the right staff are in the right place at the right time to deliver a consistent standard of good quality safeguarding services to children and families.
 - Improving Implementation of Learning - Using what we know and learn to continuously improve and enhance the services we deliver for children and families.
 - Improving Tools - Ensuring we have the right tools to enable the workforce to deliver good quality services for children and families.
 - Improving Strategic Partnerships - Effective partnership working to enable the delivery of common goals and a high quality multi-agency response for children and families.
- 1.2 The Improvement Plan also now identifies four key areas that will be strengthened through the actions included; -
- Corporate Leadership
 - Governance & Partnerships
 - Practice
 - Enablers & Resources
- 1.3 The Improvement Plan at Annex A includes milestones and measures.
- 1.4 At the time of writing this report officers were preparing for the second Ofsted Monitoring Visit.

2. Progress

- 2.1 The Council will approve its 2023/24 budget at its Council meeting on Thursday 2 March 2023 and in addition to the approval of the 2023/24 budget the associated report provides the basis for the development of the 2024/25 budget.

A key recommendation from the Department for Education (DfE) Commissioner was to align the Medium-Term Financial Plan of the Council to the Improvement Plan that is in place within the service. The proposed budget includes a further investment of £17.9m into Children's Services during 2023/24 and this will take the annual budget to £70m. This budget has been developed by the Executive Director for Children's Services to align as stated with the Improvement Plan and needs of the service.

The Council is committed to improving services for children and further work will commence at the start of the new financial year on the longer term budget for the service taking into account a period of between three and five years as reflected in the DfE Commissioner's report.

- 2.2 A clear area of development within Sefton Children Services was the recognised gap in a performance culture. Senior managers, Service Managers and Team Managers were not relating key data to measure impact and address poor performance. Discussion with Team Managers highlighted the lack of understanding as to the application of performance and their view that data was unreliable. As part of the implementation of the new Quality Assurance Framework officers have now embedded monthly performance meetings, chaired by the AD of Safeguarding, with Service Managers. These meetings are an opportunity for areas of development and best practice to be highlighted and challenged.

Service Managers are now holding weekly performance meetings with all Team Managers to highlight areas of concerns such as visits to children or case supervision. These meetings are helping to address poor performance and we have seen some improvement in relation to areas such as assessment timescales, case summaries and case supervisions.

- 2.3 The Social Work Academy continues to develop and workers are benefiting from protected caseloads and weekly supervision. Weekly training is enhancing practice and this is evident in case audits which have highlighted areas of good practice.

The first strategic group has taken place with members from both internal and external bodies including Edge Hill University, Building Attachment and Bonds Service (BABS) and lead member for Children's Social Care. The Academy training will now start to proceed to new areas of training, learning how to undertake high quality assessments and working with children who are on a Child Protection Plan.

- 2.4 The Council is currently working with a recruitment agency to recruit twenty Social Workers from overseas. These workers will arrive from South Africa, Namibia and Zimbabwe where legislation is similar to that employed in this country. Interviews are scheduled for March 2023 with a planned arrival May 2023. The Council has obtained the necessary sponsorship visa for this undertaking and a programme of work is now underway to welcome and integrate the new arrivals in terms of practice and culture.

- 2.5 The Targeted Early Help Team and dedicated Family Time team (for supervised contacts) was implemented in Autumn 2022 and have been within the line management of Children's Services since their creation.

The Early Help Team (including Family Wellbeing Centres), Aiming High (short breaks team) and Youth Justice Team are in the process of transferring to Children's Services with a proposed transfer date of 7th April 2023 at the latest. Staff briefings have been held and a period of staff consultation is now underway and closes on 9th March 2023. Staff representations will then be considered and proposals will then be finalised following a report back to the Joint Trade Unions. Implementation of proposals will commence on 20th March 2023.

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The proposal out for consultation with staff is around a straight 'lift and shift' of current staffing resource and associated line management into Children's Services, reporting into the Assistant Director (Help and Protection).

- 2.6 Two new teams will focus on specific areas of practice. The new Family Group Conferencing team will be working with families to achieve best outcomes and work restoratively to find family strengths and develop support networks. The My Space team, named by children and young will be tackling exploitation of young people and protecting them from harm.
- 2.7 Every day Social Workers deal with managing and mitigating risk. Ensuring that recording how workers have considered and plan to manage these risks is an essential part of work and there is a relentless focus on practice improvement. To support this, officers have introduced a generic risk assessment tool which is embedded within the Liquid Logic system. This risk assessment tool has been designed to ensure a standardised approach to undertaking risk assessments across the service and can be adapted for various scenarios when managing and mitigating risk.
- 2.8 Family Valued Model - The Team management training will begin on 6th March 2023 and aims to support a reflective change in how Team Managers work with both their staff and families.

The change workshops continue and officers have started to gain outcomes such as the "Outstanding Assessment grid" which will support the implementation of restorative approaches to assessment whilst ensuring best practice.

Representatives from Leeds are key members of the new Sefton Access to Resource and Care panel (SARC). This will allow live change in work with families in which children are on the edge of care through restorative practice.

- 2.9 Work has continued on the development of the Data Warehouse and Power BI. The Performance & Business Intelligence team are working closely with Children's Services to strengthen reporting and embed a performance culture across the service.
- 2.10 The Care Experienced financial offer has recently been revised following a review by the Making A Difference Group and is in the process of implementation.

To ensure a dedicated focus to children who are in Care Proceedings, two Court Teams have been established, this will ensure that children achieve their permanence plan at the earliest opportunity.

All children who are 16 now have a Personal Advisor who works with the social worker, to ensure a smooth transition into adulthood. The 'Next Steps' panel is a Multi-agency panel who review all children aged between 16-18 to ensure plans are in place.

Officers have strengthened oversight of our Cared For Children who are in unregulated homes, external accommodation and reviewing children's permanence plans.

- 2.11 A training programme for elected members is currently being developed by the Local Government Association (LGA). This package of training will begin to be delivered in March 2023. A more detailed report regarding member training appears elsewhere on the agenda.
- 2.12 As part of the Council's commitment to ensuring that children and young people's voice, engagement and co-production with families is a central tenet of Council and partnership strategies the Public Engagement & Consultation Framework has been refreshed and approved by January Council. The Youth Engagement toolkit, Annex B, has also been shared within the Council and with partners.
- 2.13 The Council recently made 'care experienced' a protected characteristic. In recognising 'care experienced' as a protected characteristic, the Council will actively seek out and listen to the voices of care experienced people in the same way they would ensure voices across the spectrum of age, gender, race and disability are heard. It will ensure that all decisions the Council make, the policies they set and the services they commission always consider the specific needs of care experienced young people and the impact on them.

3 Quality Assurance

- 3.1 Creating a learning and reflective environment that enables good practice to grow and innovation to flourish is key in delivering the required improvements. The Leadership Team want Practitioners to feel supported and part of the improvement journey. Members of the Committee will recall that a new Quality Assurance Framework (see Annex C) and Practice Standards were introduced during 2022. The Quality Assurance Framework is a living document and as learning is gathered the Framework is subject to review and update.
- 3.2 In June 2022 a cycle of monthly thematic audits was introduced which incorporate a practice conversation with the case holding Social Worker as well as the Independent Reviewing Officer/Child Protection Chair as necessary.
- 3.3 As part of this process the auditor seeks the views of each family receiving intervention. These enquires combined with a review of the file and appropriate moderation enabled a grade to be assigned to each case aligned with Ofsted descriptors.
- 3.4 This approach to audit is designed to provide a clear line of sight on practice quality whilst supporting a culture of learning and continuous improvement. This development is consistent with the recommendations of the recent Ofsted judgement.
- 3.5 Each month a different cohort of cases were audited with thematic findings combined with learning and actions on individual cases.
- 3.6 Although the focus of audits altered depending on the topic, each case audit looked at:
- General Recording
 - Assessment

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- Plan and Review
- Oversight and supervision
- Multi-agency working
- Relationship based practice

Grades were arrived at through a review of the file, conversation with the case holding Social Worker and where possible the views of the family.

- 3.7 The most recent activity included 'deep dive' qualitative audits as well as a 'line of sight' exercise in respect of work within the 'Localities' Teams, within the Help and Protection Service.

In addition to the deep dive audit activity outlined above, a significant case review exercise is ongoing with approx. 100 families sat within the Localities service. These reviews are being carried out by the Assistant Director and Service Manager within the Safeguarding unit, strengthening senior management oversight in respect of approximately 250 children. Each review is entered onto the child's records and includes, if necessary, a list of actions which need to occur to in respect of work with the family, they also serve to highlight any areas of good practice. Team manager, Service Manager and the Assistant Director for Help and Protection as well as the IRO (if allocated) are informed of these reviews, and it has been stipulated that the review will be discussed at each allocated workers next supervision. As the reviews for each team are completed, a practice discussion takes place with the relevant team manager, highlighting any patterns or issues which have been identified. Each reviewed case will be returned to a month after the exercise has concluded to ensure follow up on actions. It is the intention to repeat the exercise throughout the service.

- 3.8 Initially the cases audited evidenced a lack of consistency in both compliance and quality in terms of recording practice. When these findings are triangulated with the results of conversations with Social Workers, Reviewing Officers and to a lesser extent families, it is clear that a large amount of positive social work undertaken with children and their families is not finding its way onto case records. This is not an unusual finding and is exacerbated when staffing pressures are an issue.

Audits throughout June, July and August identified the scope of challenge to practice across the service, they also highlighted a staff group who are able to talk confidently about their work and are committed to achieving change for children and families.

There is now evidence of some good cases been identified and, a number of 'good practice examples' were being identified within cases, these are examples of things such as strong assessments and positive elements of direct work. A record of these pieces of work is being kept in terms of a library of good practice and is also highlighted to practitioner and manager so that good work is celebrated. However we need to be aware that we need to evidence good cases for all families.

- 3.9 There are improvements to be made in respect of oversight and supervision across all areas of the service, although recent evidence and performance data is indicative of increased oversight and supervision.

- 3.10 All audits featured a practice conversation between case holding Social Worker and the auditor, a number also featured engagement between the auditor and the relevant IRO or CP chair. Practitioners report overwhelmingly on the positive nature of these conversations. Since the new QA framework was launched over 100 such conversations have taken place, supporting the embedding of a learning culture.
- 3.11 Families who have engaged in the audit process have to a large extent echoed this. The ability to achieve effective change in the lives of children and families is predicated on effective relationships. The ability to maintain these relationships is impacted by the turnover of social work staff and the resulting handover of cases from worker to another. In addition to these conversations a number of families have been spoken to as part of the audit process. It is of note that most of the comments both positive and negative either from the parents or young adults spoken to this quarter related to how well the Social Worker had communicated with them.
- 3.12 Quality assurance activity over the last seven months has strengthened the line of sight on practice and provided assurance that issues are not only known but have also been clearly communicated to all staff in the context of the Improvement Plan. It has also provided assurance that the improvement actions identified in the plan are targeted appropriately, including our work with Leeds which has been refocused to some extent to take account of our priority needs around recording, planning and assessment.
- 3.13 It is essential that the information obtained through audits is used to improve practice, either in terms of individual case actions, thematic learning or changes and adoptions to process. It is also vital that the effect of any improvements is measured and reviewed, for this reason a cycle of 'close the loop' audits will be carried out to ensure that improvement in specified areas is tracked. This process began in January 2023 to allow improvements to embed. It is anticipated that changes in process and improvements in practice will be evident as officers return to areas previously audited.
- 3.16 Recently a programme of intervention has been developed along with partners from Leeds focusing on the role of the first line Team Manager. This cohort of staff are crucial in gatekeeping quality of work, through oversight, supervision and the signing off of plans and assessments, in comparison to the front line Social Worker cohort they are also a more stable, permanent group of staff so intervention directed at them had more chance of embedding. This development programme will be mandatory for all Team Managers and consist of a number of sessions directed at practical elements of the first line management role, linking in with the newly refreshed practice and supervision standards.

4 Improvement Plan Priorities for the Next Quarter

- 4.1 Officers will continue with targeted recruitment for key vacancies across Children's Services. This will be supported by the new recruitment offer including the recently approved changes to mileage and retention payments.
- 4.2 Over the next quarter Officers will ensure that all partner agencies are aware of their responsibilities with regards to private fostering arrangements.

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- 4.3 Work is underway to review partnership approach to the quality and amount of contacts being received by the Integrated Front Door.
- 4.4 Officers will maintain a relentless focus on practice improvement. Work with Leeds in regard to Team Management training and change groups with focus on practice improvements. Ongoing training within the Academy to ensure we are growing our own and working in a family led way.

Sefton Council 

Children's Improvement Plan Phase 2



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Foreword

Working together to improve services for children, young people and their families

Welcome to Phase 2 of our Improvement Plan.

We are committed to making the change needed to improve outcomes for vulnerable children and young people in Sefton. We know that we cannot deliver sustainable change without working together with our wider partners across Sefton. Organisations from the public sector, schools, voluntary, community and private sector will need to work side by side to provide the support that our children and young people and their families need. It is our collective responsibility to ensure we create the right conditions for vulnerable children and young people to thrive.

As we recognised in Phase 1 of our Improvement Plan there is a lot to do and so we are continuing to take a phased approach to our improvement journey. Phase 1 focused on getting the conditions right to facilitate improvement and lay down the foundations for continuous improvement in practice, embed a strong Corporate Parenting ethos and most importantly value the voices of children, young people and our workforce in the development and delivery of future plans. Phase 2 will build upon this work and everyone will maintain a relentless focus on improving practice.

The partnership Improvement Board will continue to oversee the delivery of the Improvement Plan. Progress will be monitored to make sure that practice meets the 'good' standard set out by the Ofsted framework, that this improvement is sustained and has a positive impact on the life chances of children and young people.

The Lead Members for Children's Services will lead key decisions and the Overview and Scrutiny (Children's Services and Safeguarding) Committee will provide ongoing oversight and challenge.

The Four Themes of Improvement

1. Improving Quality

Ensuring the right staff are in the right place at the right time to deliver a consistent standard of good quality safeguarding services to children and families.

1.1 The Workforce

1.2 Practice Standards and Quality Assurance Framework

1.3 Ofsted Specific Concerns (note actions delivered as part of Phase 1 will be progressed and part of embedding Practice Standards and Quality Assurance processes alongside performance monitoring.)

2. Improving Implementation of Learning

Using what we know and learn to continuously improve and enhance the services we deliver for children and families.

2.1 Feedback from families, children and young people, staff and partners

2.2 Internal and external audits

2.3 Research

3. Improving Tools

Ensuring we have the right tools to enable the workforce to deliver good quality services for children and families.

3.1 Technology & IT systems

3.2 Management and Performance Information

3.3 Effective, user friendly systems & processes that support the task

3.4 Corporate Services & Organisational Support – plans, policies and cultural change

4. Improving Strategic Partnerships

Effective partnership working to enable the delivery of common goals and a high quality multi-agency response for children and families.

4.1 Corporate Parenting

4.2 Local Safeguarding Partnership

4.3 Corporate Services


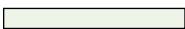


4.4 Strategic Commissioning

4.5 Schools and settings

4.6 SLIP arrangements





In addition to the themes of improvement each activity is colour coded to demonstrate strengthening of

Strengthening

| | |
|---|---------------------------|
|  | Corporate Leadership |
|  | Governance & Partnerships |
|  | Practice |
|  | Enablers & Resources |

RAG Rating

Progress Status

| | |
|---|---|
|  | Action complete |
|  | Action not yet completed, but on track and will be completed by milestone |
|  | Activity progressing, some issues but realistic plans in place to recover |
|  | Action not on track, risk to implementation |

Priority 1 – Improving Quality



Our overall aim for this priority area: Ensuring the right staff are in the right place at the right time to deliver a consistent standard of good quality safeguarding services to children and families.

How we plan to improve this area of significant weakness – building on the work of phase 1 we will

| The Outcomes We Are Aiming For | Action Ref | Objective | The Actions We Are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Output/ Impact |
|--|------------|---|--|---|---|----------------------|---|--------------|---|
| 1.1 A skilled, professional, competent workforce with adequate capacity to deliver high quality service to our Children and Young People. Enabling a wculture which professional accountability is evident, leadership is strong, and practice is purposeful. | 1.1.1 | There is adequate capacity and flexibility within the workforce to deliver high quality services to Children and Young People. That staff remain committed to Sefton and feel that they can develop a fulfilling career. | Review the Council's market position within the region and sub-region regarding pay and benefits for new and existing staff. | The Council will benchmark the Council's market position within the region and sub-region regarding pay and benefits for new and existing staff. | Executive Director of Corporate Resources and Customer Services | Corporate Leadership | Action not yet completed, but on track | March 2023 | There will be a clear analysis of current position, where possible, compared to neighbours. |
| | | | Review staff terms & conditions relating to car mileage and car usage. Review annual retention payments. | Staff will feedback that leadership listens and that there is improved retention of staff across the workforce. | Executive Director of Corporate Resources and Customer Services | Corporate Leadership | Action complete | January 2023 | Changes agreed to Essential Car User, mileage and retention payments |
| | | | Recruit to vacancies in Help & Protection. | There will be sufficient capacity and stability across the Help & Protection teams to secure a timely and appropriate response for children and young people. Staff graduating from the Social Work Academy will join Help & Protection. Social Workers will have manageable caseloads and children will receive a timely, consistent service to meet their needs, including outside of normal office hours. Feedback from children and families is that they have developed long-term, trusting relationships with their Social Worker. | Assistant Director Help & Protection | Enablers & Resources | Action not yet completed, but on track | January 2024 | Recruitment and retention rates improve and contribute to reduction in agency rates in the next 12 months |
| | | | | | | Enablers & Resources | Activity progressing with some issues but realistic plans in place to recover | October 2023 | Recruitment rates improve and contribute to reduction in agency rates in Help & Protection Target 85% Team Managers by October 2023 Target 70% Social Workers by October 2023 |

| The Outcomes We Are Aiming For | Action Ref | Objective | The Actions We Are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Output/ Impact |
|--------------------------------|------------|-----------|---|---|--|----------------------|---|---------------|---|
| | | | | | | | Activity progressing with some issues but realistic plans in place to recover | February 2024 | Turnover of staff and vacancy rate will reduce in Help & Protection |
| | | | Recruit to vacancies in Safeguarding, Review and Quality Assurance including Practice Improvement Managers. | <p>The performance and quality assurance arrangements to support practice improvements, including managers, conference chairs and independent reviewing officers' (IROs) oversight and challenge will be improved.</p> <p>There will be resource available to provide the hub for quality assurance and learning activities generated from it, as well as all bespoke practice improvement activity</p> | Assistant Director Safeguarding Review & Quality Assurance | Enablers & Resources | Activity progressing with some issues but realistic plans in place to recover | March 2023 | Practice Improvement Manager completed by March 2023. |
| | | | | | | | Activity progressing with some issues but realistic plans in place to recover | October 2023 | <p>Vacancy rate in Safeguarding, Review and Quality Assurance will reduce and there will be reduced reliance on agency staff</p> <p>Target 100% Practice Improvement by June 2023</p> <p>Target 85% Other roles by October 2023</p> |

| The Outcomes We Are Aiming For | Action Ref | Objective | The Actions We Are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Output/ Impact |
|--------------------------------|------------|-----------|--|---|--------------------------------------|----------------------|---|----------------|--|
| | | | Recruit to vacancies in Cared For and Care Experienced. | <p>There will be sufficient capacity and stability across the Cared For and Care Experienced teams to secure a timely and appropriate response for children and young people.</p> <p>Staff graduating from the Social Work Academy will join Cared For & Care Experienced team</p> <p>Social Workers will have manageable caseloads and children will receive a timely, consistent service to meet their needs, including outside of normal office hours.</p> <p>Feedback from children and families is that they have developed long-term, trusting relationships with their Social Worker</p> | Assistant Director Help & Protection | Enablers & Resources | Activity progressing with some issues but realistic plans in place to recover | October 2023 | <p>Recruitment activity will secure required resources.</p> <p>Target 70% Team Managers by October 2023</p> <p>Target 85% Social Workers by October 2023</p> |
| | | | | | | | Activity progressing with some issues but realistic plans in place to recover | September 2023 | Vacancy rate in Cared For and Care Experienced will reduce and there will be reduced reliance on agency staff |
| | | | | | | | Activity progressing with some issues but realistic plans in place to recover | January 2024 | Feedback from audits will evidence that managers have sufficient capacity to oversee and support practice so that services can be delivered effectively. |
| | | | Consider the recommendations from review of Business Support capacity within Children's Social care and implement required change. | There will be a Business Support team that supports the service to deliver good practice and monitor performance and risk. | Children's Leadership team | Enablers & Resources | Action not yet completed, but on track | June 2023 | Business Support capacity will be reconfigured. |
| | | | | | | | Action not yet completed, but on track | October 2023 | Business Support team supports the service to deliver good practice and monitor performance and risk. |

| The Outcomes We Are Aiming For | Action Ref | Objective | The Actions We Are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Output/ Impact |
|--------------------------------|------------|---|---|--|--|----------------------|--|----------------|---|
| | | | Realign Early Help, Aiming High and Youth Offending resources to Children's Services. | Resources will be realigned to Children's Services. | Executive Director People | Enablers & Resources | Action not yet completed, but on track | April 2023 | There will be an improved line of sight and a more flexible approach to resource deployment. |
| | | | Commission external diagnostic to review the Early Help offer to ensure its preventative capacity is maximised and resources aligned to Children's Services. Develop an Action Plan to implement Change. | Early Help services would adopt a new Family Help Model with teams of multi-disciplinary workers supporting families and individuals together working alongside other partners. | Executive Director of Children's Services | Practice | Action not yet completed, but on track | September 2023 | Diagnostic to be completed by April 2023. |
| | 1.1.2 | All individual staff have the appropriate knowledge, skills and support and enable them to undertake their work in an effective way and to a good standard. | Deliver a Leadership and Management Training Programme for Executive/ Assistant Directors and Service Managers. | There will be a common language across Children's Services, and to allocate tasks/ work dependent on who is the best fit in terms of colour energies. | Executive Director of Children's Services | Enablers & Resources | Action complete | December 2022 | Executive/ Assistant Directors will benefit from and make use of Insights Discovery Training |
| | | | | | | | Action not yet completed, but on track | May 2023 | Service Managers will benefit from and make use of Insights Discovery Training There will be a common language across Children's Services, and to allocate tasks/ work dependent on who is the best fit in terms of colour energies. |
| | | | Develop and deliver a training programme for Team Managers that supports and enables them to manage and develop their teams in an effective way. | The mandatory training programme will equip Managers to deliver good supervision, ensure appropriate consideration of risk, robust decision making, that the voice of the child is strong and to work with their teams to improve practice and deliver continuous improvement. | Assistant Director Safeguarding Review & Quality Assurance | Enablers & Resources | Action not yet completed, but on track | May 2023 | There will be a mandatory training and development programme for all Team Managers |

| The Outcomes We Are Aiming For | Action Ref | Objective | The Actions We Are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Output/ Impact |
|--------------------------------|------------|-----------|---------------------------|--------------------------------|--------------------------|---------------|--|------------|--|
| | | | | | | Practice | Action not yet completed, but on track | May 2023 | <p>The quality of supervision will improve and the child's voice will be strong across Children's Services.</p> <p>Case file audits will identify there is an effective management footprint and supervision on case files preventing drift and delay.</p> |



| The Outcomes We Are Aiming For | Action Ref | Objective | The Actions We Are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Output/ Impact |
|---|------------|--|---|--|--|---------------|--|----------------|---|
| <p>1.2 Practice Standards & Quality Assurance Framework</p> <p>Social care case work will be focused, timely and appropriate for the current situation within the family.</p> <p>The views of children and families will be taken into account in all of our work. Social work interventions are evidenced clearly, coherently and in a meaningful way.</p> <p>There are clear processes in place to support families to access the appropriate service at the appropriate time.</p> <p>The quality of all plans is at least consistently good.</p> | 1.2.1 | <p>To improve the consistency in quality of good social work practice and improve adherence to Children's Social Care procedures and 'Working Together'</p> <p>Improve the quality, consistency and timeliness of case recording</p> | <p>Maintain a relentless focus on embedding the Practice Standards.</p> <p>To embed relational and restorative practice across Children's Services.</p> | <p>Children are helped and protected in a timely manner.</p> <p>Plans are SMART, reflect the views of the family and child(ren) and evidence multi-agency engagement in the plan.</p> <p>Children and young people plans will have specific actions with clear timescales.</p> <p>There will be evidence of securing parental consent prior to information-sharing in the multi-agency safeguarding hub (MASH).</p> <p>There will be evidence of analysis of history when assessing concerns.</p> <p>Compliance with Child Protection procedures will be evidenced through case file and thematic audits.</p> <p>There will be evidence that visits to children are responsive to need and risk, and that are purposeful, including life story work.</p> <p>Child Protection visits will be accurate, timely and risk assessments conducted on any visits out of timescale. Re-audit of S47 and Strategy Discussions will evidence improved recording, compliance with process increased multi-agency engagement.</p> <p>Commissioning of placements will be better informed.</p> <p>There will be evidence that the quality of practice improves the lives of vulnerable children, young people and families.</p> <p>There will be a decrease in the number of children and young people entering care and being placed on Child Protection plans.</p> <p>There will be wider system benefits delivered such as improved attendance in schools.</p> | <p>Assistant Director Safeguarding Review & Quality Assurance</p> <p>Principal Social Worker</p> | Practice | Action not yet completed, but on track | September 2023 | <p>There will be evidence that the timeliness of actions and interventions complies with Practice Standards.</p> <p>Case file and thematic audits demonstrate the variability of quality of Children In Need plans will be reduced.</p> |

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| The Outcomes We Are Aiming For | Action Ref | Objective | The Actions We Are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Output/ Impact |
|---|------------|--|---|--|---|---------------------------|--|------------|---|
| 1.3 Address Ofsted Specific Concerns To address areas of practice concerns highlighted by OFSTED (note Phase 1 of the Plan put in place a number of specific actions relating to concerns the impact of those actions will be assessed as part of QA and Performance processes) | 1.3.1 | To improve the response to domestic abuse. | Strengthen practice around domestic abuse and embed restorative practice. | <p>Social Workers will understand the complexities of domestic abuse.</p> <p>There will be evidence of good analysis of history when assessing concerns and strong safety planning.</p> <p>There will be evidence of professional curiosity, and decisions about next steps will be well informed.</p> | Assistant Director Help & Protection & | Practice | Action not yet completed, but on track | April 2023 | Quality Audits will identify improved practice. |
| | 1.3.2 | To improve the access to care experienced support for those young people who are entitled to receive it. | Undertake a review of Care Experienced Service and develop an action plan for Planning for Leaving Care to ensure processes and practice are robust, safe and in the young person's interests. Raise awareness of the support available for care experienced young people with the wider children's workforce | <p>Young people will be involved in developing their plan.</p> <p>Care experienced young people will have the skills and confidence they need to progress to adulthood successfully at a pace that is right for them.</p> <p>Young people will have an increased understanding of the decision-making process.</p> | Assistant Director Cared For and Care Experienced | Practice | Action not yet completed, but on track | June 2023 | Every eligible 16-year-old will have a Pathway Plan by the time they are 16 and 3 months. A resettlement passport will be in place to support them to become ready for independent living. |
| | | | | | | Governance & Partnerships | Action not yet completed, but on track | June 2023 | Partners and the wider children's workforce will be aware of the support available for care experienced young people and be able to signpost young people to support and associated materials |
| | | | | | | Practice | Action not yet completed, but on track | June 2023 | An Action Plan and working group will be created to address factors such as the role of the PA and the Local Offer. |
| | | Planning for care experienced young people will be reviewed | Care experienced young people will be supported to transition into a positive adult life. | | | | | | |

| The Outcomes We Are Aiming For | Action Ref | Objective | The Actions We Are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Output/ Impact |
|--------------------------------|------------|--|---|---|---|----------------------|--|------------|---|
| | 1.3.3 | To improve the quality of Assessments. | Review the Assessment model and produce guidance material. | <p>There will be evidence that the quality of assessments has improved.</p> <p>There will be evidence of a good understanding of risk and the child's broader needs being met at the earliest opportunity.</p> <p>There will be evidence of good analysis of history when assessing concerns.</p> <p>There will be evidence of professional curiosity, and decisions about next steps will be well informed.</p> <p>There will be evidence of partner information in assessments.</p> | Assistant Director Help & Protection | Practice | Action not yet completed, but on track | April 2023 | <p>The child's voice will be strong in assessments.</p> <p>There will be a reduced number of repeat assessments in the next 12 months.</p> <p>Step downs will be appropriate.</p> |
| | 1.3.4 | To improve the out of hours response. | <p>Review and redesign the Emergency Duty (EDT) operating model and practice approach.</p> <p>Deliver specific safeguarding training for the Emergency Duty team.</p> | <p>There will be evidence that the out of hours response is effective.</p> <p>Management oversight will ensure that children receive a timely, consistent service to meet their needs, including outside of normal office hours.</p> | Assistant Director Help & Protection & Assistant Director Adult Social Care | Corporate Leadership | Action not yet completed, but on track | March 2023 | New operating model in place. |

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Action 1 Milestone & Measures

| Reference | Milestone/Target that we will monitor | Frequency | April 2023 3 Months | | July 2023 6 Months | | October 2023 9 Months | | January 2023 12 Months | |
|-----------|--|-----------|------------------------|--------|---------------------------|--------|--------------------------|--------|---------------------------|--------|
| | | | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 1A | Recruit to Vacancies in Help & Protection | NA | | | | | Team Managers 85% | | | |
| | | | | | | | Social Workers 70% | | | |
| 1B | Recruit to Vacancies in Safeguarding & Quality Assurance | NA | | | 100% Practice Improvement | | Other roles 85% | | | |
| 1C | Recruit to Vacancies in Cared For & Care Experienced | NA | | | | | Team Managers 70% | | | |
| | | | | | | | Social Workers 85% | | | |
| 1D | Supervision | Quarterly | Baseline | | TBC | | TBC | | TBC | |

Priority 2 – Implementation of Learning



Our overall aim for this priority area: Using what we know and learn to continuously improve and enhance the services we deliver for children and families.

How we plan to improve this area of significant weakness building on the work of Phase 1 we will

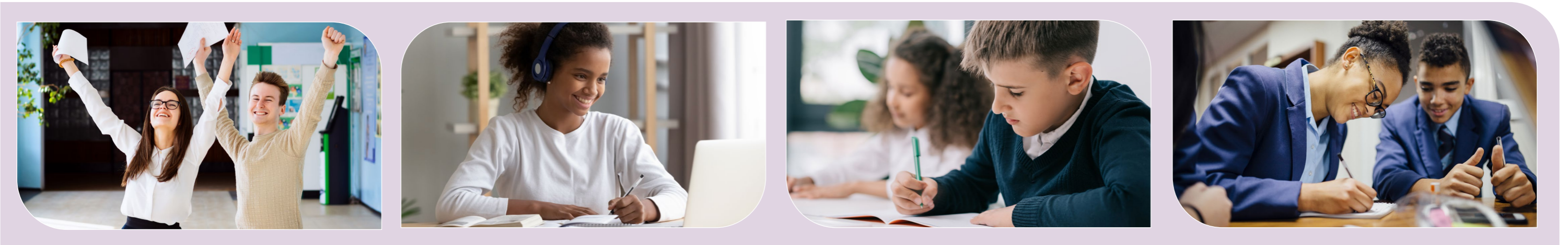
| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | RAG Rating | Milestones | Output/ Impact |
|--|------------|---|---|---|--|--|--|--|--|
| 2.1 Feedback from families. staff and partners shapes how and what services we deliver, both at an operational and at a Strategic level. | 2.1.1 | There is unambiguous evidence of how feedback from families, staff and partners has influenced and shaped the delivery of operational and strategic services. | Engage all managers and staff in auditing across the service with practice improvement team coordinating, supporting and moderating. | Staff surveys will demonstrate that the feel included in shaping change. | Assistant Director Safeguarding Review & Quality Assurance | Enablers & Resources | Action not yet completed, but on track | February 2023 | All Managers will be engaged in auditing activity. |
| | | | | There will be evidence of how suggestions from operational staff have positively impacted on service development and improvement. | | | Action not yet completed, but on track | April 2023 | There will be increased evidence that impactful QA is informing practice and improving outcomes for children and families. |
| | | | | There will be evidence that staff feel that their training and development needs are recognised and have opportunities to develop so enabling them to deliver effective services for children, young people and their families. Staff survey will evidence a learning culture. | | | Action not yet completed, but on track | October 2023 | Annual staff survey will demonstrate a learning culture. |
| | | | Ensure that practice and processes actively seek feedback from children and families in relation to new or revised processes or practice approaches and considered in full. | Processes / systems / working practices will be adjusted appropriately in response to feedback from families. Families will receive a response to their feedback. | Practice | Action not yet completed, but on track | June 2023 | Feedback from families is recorded and evidence of the impact of feedback can be seen in case file audits and at service management team levels. | |

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are Taking | How we will know it has worked | Responsible Lead Officer | Strengthening | RAG Rating | Milestones | Output/ Impact |
|--|------------|---|---|--|---|---------------------------|---|---------------|---|
| 2.2. Audit frameworks and reviews are effective and there is evidence that learning from audit improves practice and influences service delivery | 2.2.1 | Case file auditing is undertaken regularly by the appropriate managers, recorded correctly and evidence of common theme's identified and actions plans to address deficits are implemented. | Implement learning from external case file auditing (tracking the child's journey) and multi-agency thematic audits to improve the consistency and quality of safeguarding practice. Delivery of the Thematic Audit Programme with a specific focus on: <ul style="list-style-type: none"> ■ priority service areas ■ vulnerable groups of children specific risk issues | Audits will be completed in line with guidance. Themes from case file audit will influence future thematic audit programmes. Evidence of case file audit and follow up actions will be recorded on ICS case files. Learning from case file audit will improve operational social care safeguarding practice. Case file auditing will address areas for improvement in terms of assessments. Implement a 'case file audit action tracker'. Evidence of impact of audit will be collated at service level, and any outstanding actions can be monitored. | Assistant Director Safeguarding Review & Quality Assurance Practice | Practice | Activity progressing, some issues but realistic plans in place to recover | March 2023 | Regular reports to the Improvement Board will demonstrate improvement to the consistency and quality of safeguarding practice and addressing Ofsted concerns. |
| | | | Develop and implement an audit framework for Early Help Services. | Learning from audit will improve practice within Early Help Services. | Assistant Director Safeguarding Review & Quality Assurance | Enablers & Resources | Action not yet completed, but on track | July 2023 | Early Help Audit Framework |
| | 2.2.2 | To ensure that lessons learnt are embedded into good practice. | Review any outstanding SCRs and LLRs and establish a timetable for completion and where appropriate, publication. | There will be evidence that lessons learnt are embedded in practice. | Safeguarding Partnership | Governance & Partnerships | Action not yet completed, but on track | March 2023 | Information shared with Commissioner |
| 2.3 Research improves practice and influences service delivery. | 2.3.1 | Appropriate staff regularly undertake research, and there is evidence of learning and actions plans to implement changes identified. | Identify resources and research methods. | There will be evidence of where research has influenced service delivery | All Senior Leadership Team | Enablers & Resources | Action not yet completed, but on track | November 2023 | Research will inform practice. |

Action 2 Milestone & Measures

Note actions delivered as part of Phase 1 will be progressed and part of embedding Practice Standards and Quality Assurance processes alongside performance monitoring. The Improvement Board will receive regular reports that triangulate performance, quality assurance and practice.

| Reference | Milestone/Target that we will monitor | Frequency | January 2023 | | April 2023 3 Months | | July 2023 6 Months | | October 2023 9 Months | | January 2023 12 Months | |
|-----------|---------------------------------------|-----------|--------------|--------|-----------------------------|--------|-----------------------------|--------|-------------------------------------|--------|-----------------------------|--------|
| | | | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 2A | Staff Survey | Annual | | | | | | | Report to & Action Plan be produced | | | |
| 2B | Feedback from Families | Bi annual | | | | | Report to Improvement Board | | | | Report to Improvement Board | |
| 2C | SCRs and LLRs review | NA | | | Report to Improvement Board | | | | | | | |



Priority 3 – Improving tools



Our overall aim for this priority area: Ensuring we have the right tools to enable the workforce to deliver good quality services for children and families.

How we plan to improve this area of significant weakness building on the work of Phase 1 we will

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Detailed Action Plan |
|--|------------|---|---|---|--|---------------------------|--|----------------|--|
| 3.1 IT systems are fit for purpose and user friendly. LCS solutions are considered to support and enable consistent and effective social work practice. | 3.1.1 | To identify where processes and the system need to be changed to improve case management. | Establish an ICT Improvement Group. | The report will present the Council with recommendations for consideration. | Assistant Director Safeguarding Review & Quality Assurance | Governance & Partnerships | Action Complete | November 2022 | There is a forum where priorities are agreed and progress of developments is tracked |
| | | | Identify ICT development quick wins and develop a roadmap for future developments. | ICT development quick wins will be implemented. There will be a clear, prioritised roadmap for future ICT developments that is owned by Children's Services. | | Enablers & Resources | Action not yet completed, but on track | March 2023 | Quick win roadmap agreed |
| | | To produce a suite of documents that support the workforce and children and families. | Use the completed gap analysis to develop a suite of process maps to improve case management. | There will be a suite of process maps and related documents that support the workforce and maps the child's journey. | Assistant Director Corporate Resources & Customer Services (Strategic Support) | Enablers & Resources | Action not yet completed, but on track | June 2023 | Process Maps available for staff and shared on TriX. |
| | | | Coproduce with children and families a range of documents that support them. | There will be a suite of process maps and related documents that support children and families. | | | Action not yet completed, but on track | September 2023 | All Service Plans |

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Detailed Action Plan |
|---|------------|--|---|---|--|----------------------|--|---------------|---|
| 3.2 Social Care managers have access to appropriate, live management and Performance information in a format that is meaningful and useful for managing resource, shaping service planning and addressing risks and issues in a timely way. | 3.2.1 | To ensure that the Leadership and Management teams Performance Management tools that support them to improve the quality of services and to identify opportunities for improvement, change and innovation. | Develop Service Area specific Performance dashboards. | The performance tool will <ul style="list-style-type: none"> enable challenge identify key lines on enquiry identify areas of work to be audited There will be associated spot checks that will identify areas of risk. | Assistant Director Corporate Resources | Enablers & Resources | Action Complete | November 2022 | There will be a service area specific performance tool that includes previous six months' worth of performance information aligned to the CHAT |
| | | | Develop initial Performance dashboards for and report to Children's Leadership team to consider progress and learning from audits on a monthly basis. | The Children's Leadership team will understand its effectiveness and recognise good practice. The Children's Leadership team will use this information to drive improvement where required. There will be evidence of a developing performance culture. | Assistant Director Corporate Resources | Enablers & Resources | Action Complete | November 2022 | Evidence of learning from case file audits is captured consistently and systematically, and actions plans address service deficits in a timely way. |
| | | | Further develop Power Bi dashboards to enable leaders and managers to drill down to child level data. | Power Bi dashboards will enable managers to drill down to child level data. | Policy & Performance Service Manager | Enablers & Resources | Action not yet completed, but on track | May 2023 | Leaders and managers will be able to quickly drill down when investigating areas of concern |
| | 3.2.2 | To ensure that senior leaders have clear line of sight on children and young people most at risk. | Develop and embed processes and governance arrangements that track the journey of children and young people | There will be evidence of strong Transition planning and timely escalation into the Public Law Outline (PLO), as appropriate, which is reviewed and enhanced on a regular basis when circumstances change Times for Public Law Outline length of time on Child Protection Plans will be more appropriate for the needs of children and young people. | Assistant Director Safeguarding Review & Quality Assurance | Practice | Action not yet completed, but on track | February 2023 | Peer Review feedback received |
| | | | | | | | Action not yet completed, but on track | February 2023 | Action Plan developed |
| | | | | | | | Action not yet completed, but on track | July 2023 | Action Plan progress reviewed |

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Detailed Action Plan |
|--------------------------------|------------|--|--|---|-------------------------------------|---------------------------|--|------------|--|
| | 3.2.2 | <p>To ensure a coherent and robust approach to service planning.</p> <p>To ensure staff, partners, and communities what Sefton's ambitions are for children and young people and for children's services. This involve proactive internal and external engagement and be corporately led</p> | Develop and agree Corporate Plan. | <p>The Corporate Plan will articulate the vision for Children's Services.</p> <p>Services will be focused on achieving corporate priorities and there will be a shared understanding of areas of priority work across the Council</p> | Chief Executive | Corporate Leadership | Action not yet completed, but on track | April 2023 | Council approve Corporate Plan |
| | | | Develop a Communications Plan that enables a cultural shift throughout the Council | <p>Internal, external communications and marketing plans will articulate ambitions are for children and young people and for Children's Services.</p> <p>The impact of this will be visible in twelve months.</p> | Chief Executive | Corporate Leadership | Action not yet completed, but on track | April 2023 | Communications Plan |
| | | | Refresh the Children's & Young People's Plan | <p>The Council and partners will articulate priorities for Children's Services.</p> | Chief Executive | Governance & Partnerships | Action not yet completed, but on track | June 2023 | Children & Young People's Plan |
| | | | Develop 2023/24 Service Plans and agree schedule for review of progress. | <p>Service Plans will align to the Corporate Plan and delivery of the Improvement Plan.</p> | Children's Services Leadership Team | Corporate Leadership | Action not yet completed, but on track | May 2023 | Children's workforce has a shared understanding of areas of priority work across the Council and their Service Plan. |

Action 3 Milestone & Measures

| Reference | Milestone/Target that we will monitor | Frequency | January 2023 | | April 2023 3 Months | | July 2023 6 Months | | October 2023 9 Months | | January 2023 12 Months | |
|-----------|--|------------------|--------------|--------|------------------------|--------|------------------------------------|--------|------------------------------------|--------|------------------------------------|--------|
| | | | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 3A | Corporate Plan agreed | 3 yearly | | | Council approval | | | | | | | |
| 3B | Communications Plan | Annual | | | Plan Agreed | | | | | | | |
| 3C | Refresh Children & Young People's Plan | 2023 - 2025 | | | | | Council approval | | | | | |
| 3D | Service Plans in place | Quarterly review | | | | | Progress evidenced to Commissioner | | Progress evidenced to Commissioner | | Progress evidenced to Commissioner | |



Priority 4 – Improving Strategic Partnerships



Our overall aim for this priority area: Effective partnership working to enable the delivery of a high quality multi-agency response for children and families.

How we plan to improve this area of significant weakness building on the Work of Phase 1 we will

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Detailed Action Plan |
|---|------------|--|--|--|---|---------------------------|--|------------|---|
| 4.1 The Council and partners are ambitious, aspirational and active Corporate Parents | 4.1.1 | To ensure that elected members, employees and partner agencies are aspirational and ambitious for cared for children and young people and care experienced young people supporting them to make a success of adult life. | Embed and strengthen the collective responsibility of elected members, employees, and partner agencies, for providing the best possible care, educational standards and safeguarding for the children who are cared for. | <p>Elected members, Council employees, and partner agencies will have a shared understanding of their duties as Corporate Parents and are active, strong and committed in this role.</p> <p>There will be evidence of strategic and operational change that focuses on implementing change that will improve outcomes for children and young people. This will include prioritisation of education</p> <p>The Corporate Parenting Board will continually explore and implement opportunities to improve outcomes for cared for children and young people and their carers.</p> | Assistant Director Cared for Children Lead Member Children's Social Care | Governance & Partnerships | Action not yet completed, but on track | July 2023 | The Corporate Parenting ethos will be embedded across the Council and partner agencies |
| | | | | | | Practice | Action not yet completed, but on track | July 2023 | Children and young people in care and care experienced young people will be clear about what they can expect to receive from their Corporate Parents. |
| | 4.1.2 | | Review the Virtual School and Virtual School Governing Body. | The review will produce an Action Plan. | Assistant Director Education | Governance & Partnerships | Action not yet completed, but on track | April 2023 | An Action Plan to strengthen the work of the Virtual School and Virtual School Governing Body. |

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Detailed Action Plan |
|--|------------|---|--|---|--------------------------------------|---------------------------|--|----------------|--|
| | 4.1.3 | | Deliver the Action Plan to strengthen the work of the Virtual School and Virtual School Governing Body | Council and partners will demonstrate that they are aspirational and ambitious for cared for children and young people and care experienced young people and promote the importance of education as a key factor in supporting them to prepare for success in adult life. | Assistant Director for Education | Governance & Partnerships | Action not yet completed, but on track | September 2023 | The Virtual School and governing body will work with others to raise standards and improve educational outcomes for children and young people. |
| 4.2 That the improvements in practice are supported by the Local Safeguarding Partnership. | 4.2.1 | That partner agencies provide active support where required to the achievement of the Improvement Plan. | Develop an Action Plan to implement the changes identified by the review of the effectiveness of partnership arrangements. Prepare a report on work undertaken so far and its impact. | There will be evidence of effective multiagency contributions to improving outcomes for children and young people. There will be evidence of good communication, information sharing and the application of thresholds and, where appropriate, ensure that escalation processes are followed. | Safeguarding Partnership Scrutineer | Governance & Partnerships | Action not yet completed, but on track | April 2023 | Report to Improvement Board. |
| | 4.2.2 | Partners are aware of private fostering responsibilities. | Raise awareness of responsibilities in relation to private fostering across the partnership | There will be a written statement, which sets out the duties and functions in relation to private fostering and the ways in which they will be carried out. The wider children's workforce will understand their responsibilities in relation to safeguarding and promoting the welfare of privately fostered children. Private foster carers and parents of privately fostered children will have access to receive advice and support to assist them to meet the needs of privately fostered children; privately fostered children are able to access information and support when required so that their welfare is safeguarded and promoted. The Council will monitor the way in which it discharges its duties and functions in relation to private fostering | Safeguarding Partnership | Practice | Action not yet completed, but on track | March 2023 | The Council will be notified about privately fostered children living in Sefton. |
| | 4.2.3 | To improve the quality of and timeliness of referrals to MASH. | Review and redesign the Multi-Agency Safeguarding Hub (MASH) operating model and practice approach. | There will be evidence that referrals into the MASH are appropriate, contain sufficient information to enable the team to understand the nature of the concern and or the support being requested and timely. | Assistant Director Help & Protection | Governance & Partnerships | Action not yet completed, but on track | March 2023 | There will be sufficient partner resources in the MASH All referrals from partners will be timely. |

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Detailed Action Plan |
|--------------------------------|------------|---|---|--|--|---------------------------|--|---------------|---|
| | | | | There will be evidence that screening of contacts is robust, risks identified and professional curiosity is being demonstrated | Safeguarding Partnership | Governance & Partnerships | Action not yet completed, but on track | May 2023 | Partners will learn from feedback and there will be continuous improvement in the quality of referrals. |
| | | | Review referrals on a regular basis and put in place a feedback loop and where required training when referrals are in appropriate. | There will be evidence that referrals into the MASH are appropriate, contain sufficient information to enable the team to understand the nature of the concern and or the support being requested and timely. | Assistant Director Help and Protection | Governance & Partnerships | Action not yet completed, but on track | May 2023 | Partners will learn from feedback and there will be continuous improvement in the quality of referrals. |
| | 4.2.4 | To ensure that there is a responsive and effective partnership response to Domestic Abuse for families with children. | Implement a partnership Action Plan. | Social workers and the wider children's safeguarding workforce will understand the complexity of Domestic Abuse and how to respond. Safety Plans will be multiagency and professionally owned. | Domestic Abuse Partnership | Governance & Partnerships | Action not yet completed, but on track | December 2023 | Implementation of the Domestic Abuse Action Plan. |
| | | | Deliver consent and safety planning training to Social Work teams. | Risk will be appropriately assessed and consent sought where appropriate. | Assistant Director Help and Protection | Practice | Action not yet completed, but on track | February 2023 | Social workers will seek consent in appropriate circumstances, |
| | 4.2.5 | The partnership will have access to Joint Strategic Needs Assessment (JSNA) that underpin social care practice and Safeguarding Partnership Board responsibilities, promoting the best possible outcomes for children and young people. | Refresh the Children's Chapter of the JSNA. | The Children's Chapter of the JSNA will include updated Children's Social Care information. | Corporate Resources | Corporate Leadership | Action Complete | November 2022 | JSNA Updated |
| | | | Remind the Council workforce and partners of the availability of the various chapters of the JSNA. | Partners will be aware of the relevant chapters of the JSNA – <ul style="list-style-type: none"> ■ Children's ■ Education ■ Youth Justice ■ Mental Health & Emotional Wellbeing | Safeguarding partnership | Governance & Partnerships | Action not yet completed, but on track | March 2023 | The Council and partners will understand the current and future health and care needs of local children to inform and guide the planning and commissioning of health, wellbeing and social care services within Sefton. |

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Detailed Action Plan |
|---|------------|--|--|---|---|----------------------|--|---------------|--|
| 4.3 Corporate Services, systems and mechanisms contribute directly to enabling good social work practice and the delivery of effective Safeguarding services in Sefton. | 4.3.1 | Finance actively support Children Services in delivering effective services, and support budget reviewers and holders in managing limited resources effectively and efficiently within the current climate | Adequate resources and tools will be allocated to support budget holders and budget reviewers in managing budgets and resources. | <p>There will be robust financial controls in place.</p> <p>Effective service planning both in year and in support of multi-year budget planning.</p> <p>Business Cases developed as part of the Improvement journey will be considered through agreed governance routes.</p> <p>There will be evidence of Corporate Resources & Children's Services working together to forward plan.</p> <p>Financial planning activity will consider sufficiency, workforce strategy and the Improvement Plan.</p> | Executive Director for Corporate Resources and Customer Services Children's Services Leadership Team | Corporate Leadership | Action complete | January 2023 | Budget proposals for years 1 and 2 (2023/24 and 24/25) for Budget Council agreed with Executive Director Children's Services and included in budget plan |
| | | | | | | Corporate Leadership | Action not yet completed, but on track | March 2023 | Council approve budget |
| | | | | | | Enablers & Resources | Action not yet completed, but on track | April 2023 | Budget holders/ reviewers will own and understand their responsibilities, be accountable and be able to manage budgets effectively |
| | | | | | | Corporate Leadership | Action not yet completed, but on track | February 2023 | Further Medium Term Financial Planning assumptions for years 3-5 will be reviewed with Executive Director Children's Services |
| | 4.3.2 | The recruitment of staff will be efficient; newly appointed staff will be able to start in post in a timely way | <p>Develop and deliver a targeted recruitment drive for Social Workers.</p> <p>Children Services managers will work alongside the Recruitment team to continue to develop a robust process for ensuring the recruitment process for new staff runs smoothly without delay.</p> | <p>Recruitment marketing activity will assist in attracting talented individuals to join Children's Services.</p> <p>Recruiting managers will progress local actions and work with the Recruitment team to ensure no unnecessary delay in new employees starting their new roles.</p> | Corporate Communications Manager Children's Leadership Team & Personnel | Enablers & Resources | Action not yet completed, but on track | February 2023 | The recruitment of staff is underpinned by a marketing plan and supporting materials. |
| | | | | | | Enablers & Resources | Action not yet completed, but on track | April 2023 | Recruitment rates improve and contribute to a reduction in agency rates |

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Detailed Action Plan |
|--|------------|---|---|---|---|---------------------------|---|--------------|---|
| | 4.3.3 | As staff graduate from the Social Work Academy their transition to new teams will be smooth. | Children Services managers will work alongside the Recruitment team to continue to develop a robust process for ensuring the transfer process for graduating staff runs smoothly. | The staff survey will evidence a smooth transition. | Children's Leadership Team & Personnel | Enablers & Resources | Action not yet completed, but on track | August 2023 | Contribution to a reduction in agency rates. |
| | 4.3.4 | Scrutiny arrangements for Children's Services are robust and effective. | Identify and deliver additional training for members of Overview and Scrutiny committees. | Scrutiny arrangements for Children's Services are robust and effective. | Chief Executive | Governance & Partnerships | Actions not yet completed, but on track | June 2023 | The Local Government Association deliver tailored training to Overview & Scrutiny |
| | 4.3.5 | | Improve Opposition party involvement in Children's Social Care | There will be demonstrable evidence of political ownership of Children's Services. | Executive Director of Children's Services | Corporate Leadership | Action complete | January 2023 | The two Leaders of the main Opposition parties attend the Corporate Parenting Board |
| | 4.3.6 | To ensure that children and young people's voice, and engagement and co-production with families is a central tenet of Council and partner strategies | Review the Consultation & Engagement Framework. | The Public Engagement & Consultation Framework will demonstrate the partnership commitment to ensuring that children and young people's voice, and engagement and co-production with families is a central tenet of Council and partner strategies. | Executive Director of Corporate Resources and Customer Services | Governance & Partnerships | Action complete | January 2023 | New Consultation & Engagement Framework. |
| | | | | Children and young people have a strong voice in the development of Council and partner strategies. | All partners | Governance & Partnerships | Action not yet completed, but on track | January 2024 | There will be evidence of Children and young people having a strong voice in the development of Council and partner strategies. |
| 4.4 Commissioned services provide sufficient care and support to meet the needs of children and young people and enable continuous improvement in order to increase the positive outcomes achieved | 4.4.1 | To ensure that services provide sufficient care and support to meet the needs of and improve outcomes for children and young people. | Refresh the Cared for Children Sufficiency Strategy and develop a Delivery Plan. | The Council and the market understand the need for and the approach to securing sufficient accommodation that meets the needs of cared for children. | Joint Sefton NHS Place Director and Executive Director Social Care and Health | Governance & Partnerships | Action not yet completed, but on track | March 2023 | Sufficiency Strategy and Delivery Plan |

| The Outcomes We Are Aiming For | Action Ref | Objective | Actions we are taking | How we will know it has worked | Responsible Lead Officer | Strengthening | Rag Rating | Milestones | Detailed Action Plan |
|---|------------|--|---|---|---|---------------------------|--|------------|--|
| | 4.4.2 | | Deliver the Direct Purchasing Framework Mobilisation Plan. | | Joint Sefton NHS Place Director and Executive Director Social Care and Health | Governance & Partnerships | Action not yet completed, but on track | March 2023 | Dynamic Purchasing Framework operating |
| | 4.4.3 | To establish the options available for consideration with regards to in house children's homes. | Explore the options for delivering in house provision. | A business case will be produced that identifies the options available for consideration. | Assistant Director Cared For & care Experienced | Enablers & Resources | Action not yet completed, but on track | March 2023 | Business Case Produced |
| | | | Consider the Business Case. | The Business Case will inform way forward and options will be considered as part of approved budget arrangements and the Medium Term Financial Planning process. | Chief Executive | Enablers & Resources | Action not yet completed, but on track | April 2023 | Business case considered |
| 4.5 Schools and Settings provide the care and support to meet the needs of children and young people and improve life chances | 4.5.1 | To ensure that children and young people have a sense of belonging in schools and other settings. | Develop a Belonging Strategy and Action Plan for schools and settings. | There will be an agreed strategy and action plan that aims to ensure that children and young people have a sense of being somewhere where they can be confident that that they will fit in and feel safe in their identity. | Assistant Director of Education | Governance & Partnership | Action not yet completed, but on track | June 2023 | Strategy & Action Plan |
| 4.6 Improvement Support effective | 4.6.1 | To ensure that improvement support to include an experienced sector led improvement partner (SLIP) | Work with the Commissioner to review and streamline improvement support | SLIP support provides additional capacity in the delivery of improvements in social work and early help practice. | Executive Director Children's Services | Governance & Partnership | Action not yet completed, but on track | April 2023 | SLIP arrangements confirmed |

Action 4 Milestones & Measures

| Reference | Milestone/Target that we will monitor | Frequency | January 2023 | | April 2023 3 Months | | July 2023 6 Months | | October 2023 9 Months | | January 2023 12 Months | |
|-----------|---------------------------------------|-----------|--------------|--------|------------------------|--------|-----------------------|--------|--------------------------|--------|---------------------------|--------|
| | | | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 4A | Dental Visits Cared for Children | Quarterly | | | | | | | | | | |
| 4B | Mental Health Support Waiting Times | Quarterly | | | | | | | | | | |
| 4C | % Police Referrals within 24 hours | Quarterly | | | | | | | | | | |
| 4D | Quality of Referrals to MASH | Quarterly | | | Baseline | | | | | | | |
| 4E | Education Plans | Termly | | | | | | | | | | |

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Youth Voice & Participation

Toolkit

2022



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| The Benefits of Participation..... | 06 |
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Introduction to the Toolkit

This toolkit was developed by Sefton Council, Health and Voluntary, Community and Faith (VCF) organisations, to guide the work of services for all young people.

In April 2015, members conducted a SWOT analysis of participation and youth voice which helped to frame the need for a vibrant participation and youth voice toolkit. This document is designed to maximise the strengths and opportunities for organisations and children and young people.

In June 2022, the Sefton Youth Voice Strategic Steering Group was set up that brought together key partners from across Sefton to discuss Youth Voice, this was set up following discussion at the Children and Young People's Partnership Board. At the first meeting, it was agreed that the Youth Voice and Participation Toolkit would be reviewed and updated by Sefton Young Advisors.

What Is Participation?

Participation is about ensuring that children and young people are given opportunities to be involved in processes for decision making on issues that affect them. This means listening to what matters to them, and taking their views seriously.

A vital part of the participation process is telling children and young people what the plan is, and what is going to happen as a result of hearing their views and why. Participation should be accessible to all young people. Some children and young people require more time to say what they feel, and some may need more support and options.



Participation Is...

- Sharing opportunities with those affected by them
- A basic right
- A choice for each young person who is involved
- An opportunity for everybody involved to develop skills, knowledge and ideas



Participation Is Not...

- Always formal
- 'Ticking the box' to impress Ofsted or to help secure funding
- An 'added extra' to work with children and young people

The Ladder of Participation

The ladder of participation is a model (shown on the next page) that was developed by Roger Hart (1992) to show eight different levels of young persons participation.

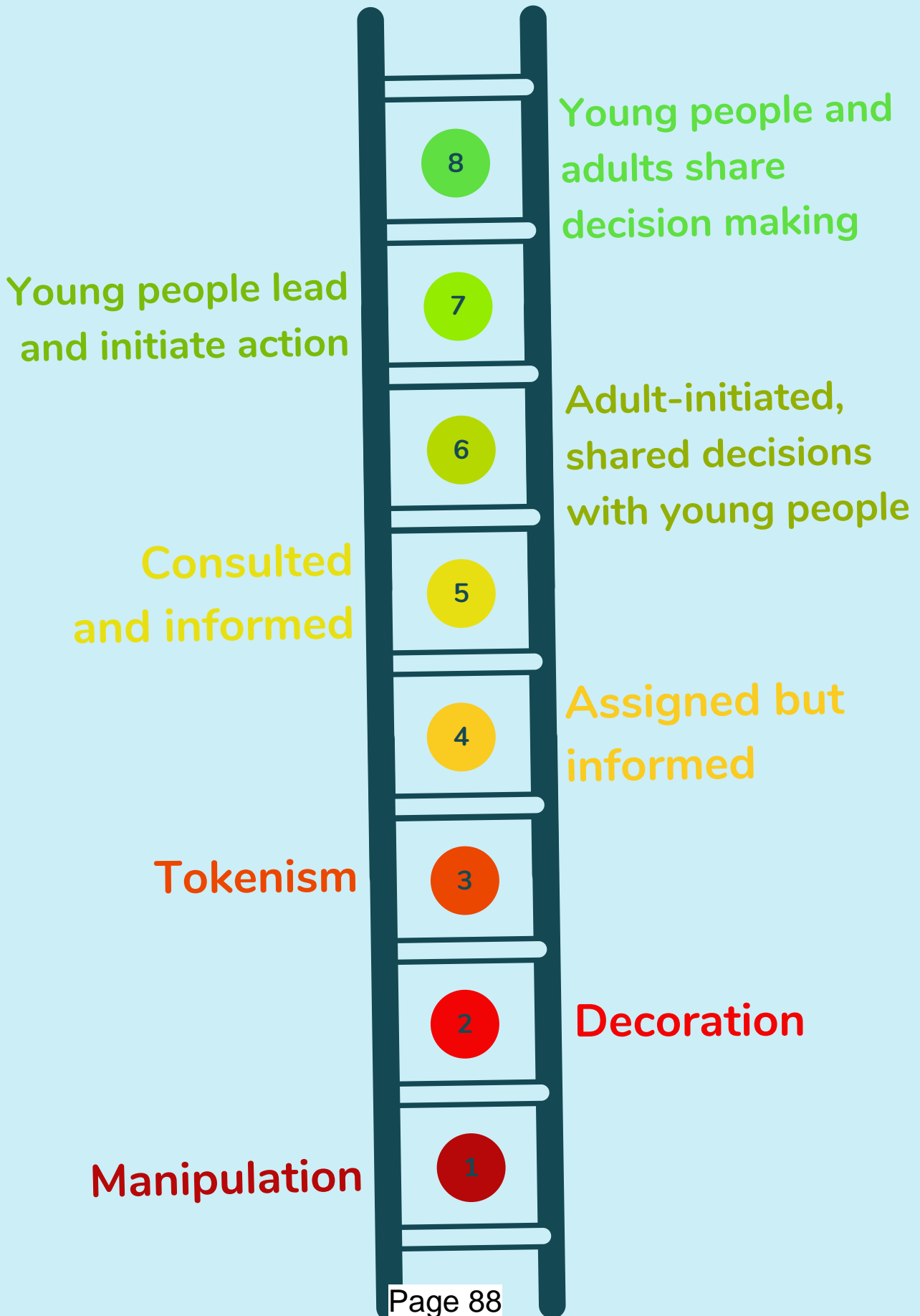
The ladder was designed by Hart to encourage those that work with children and young people to think about their process of participation and inclusion of children and young people in activities.

It is important to remember that steps 1 (manipulation), 2 (decoration) and 3 (tokenism) are **not** examples of youth participation and you are encouraged to move away from these steps and upwards for more meaningful participation with children and young people.

For a more detailed explanation of the Ladder of Participation please visit:

https://www.unicefirc.org/publications/pdf/childrens_participation.pdf

The Ladder of Participation



The 4 Key Principles of Participation

Below is a visual to show the four key principles of participation when working with children and young people.

Children and Young People have equal opportunity to be involved

Children and Young People are valued and taken seriously







The involvement of Children and Young People is monitored, evaluated reported and improved

The involvement of Children and a visible commitment that is properly resourced

Benefits of Participation for Children and Young People

Participation can help children and young people to develop important and useful skills and feel valued and included.

Children and Young People...

-  Have a real say in shaping their own lives
-  Feel better about themselves and their abilities
-  Build on existing skills and develop new ones
-  Are seen as and are valued citizens
-  Get services that can meet their changing needs and hopes
-  Have opportunities to achieve accredited training

Benefits of Participation for Organisations and Services

Learning from Children and Young people about their: attitudes, needs, aspirations, barriers to accessing services and views on what makes a quality service.

- Demonstrates a commitment in line with the United Nations Convention on the Rights of the Child (UNCRC) and current legislation and guidance
- Services are designed, delivered, and evaluated based on actual wants and needs rather than perceived ones
- Making the best use of limited resources
- Gives fresh perspectives and new creative ideas
- It will support social mobility and empowers young people to get involved
- Supports young people's safety and mental wellbeing

UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child (UNCRC) is a legally-binding international agreement setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities.

The UNCRC consists of 54 articles that set out children's rights and how governments should work together to make them available to all children.

Under the terms of the convention, governments are required to meet children's basic needs and help them reach their full potential. Central to this is the acknowledgment that every child has basic fundamental rights. These include the right to:

- Life, survival and development
- Protection from violence, abuse or neglect
- An education that enables children to fulfil their potential
- Be raised by, or have a relationship with, their parents
- Express their opinions and be listened to

Source: Save The Children

See Appendix

Participation Checklist

The checklist on the following pages has been developed to:

- Help you self-assess youth voice and participation in your service, a service you are using, have used or plan to use
- Help you to develop better youth voice and participation

How to use:

You can use this checklist to rate youth voice and participation in services or use it as a tool to plan improvements and changes

What does Now-Soon-Later mean?

Now = this is in place at the minute

Soon = there is a plan to develop or start this

Later = no plans for this (opportunity for development)

Why and How?

The page offers examples on how we can involve children and young people and why it is important and beneficial

Governance

| The project, service or organisation... | Now - Soon - Later | | |
|---|--------------------|---|---|
| ...has a policy outlining how young people will be involved and supported in decision-making opportunities | N | S | L |
| ...allows young people to sit on boards/steering groups and be supported to engage in meetings effectively | N | S | L |
| ...gives young people the opportunity to share their knowledge and experience about youth culture and the needs of young people | N | S | L |
| ...makes sure that when changes are made, young people know | N | S | L |

People

| The project, service or organisation... | Now - Soon - Later | | |
|---|--------------------|---|---|
| ...ensures that all staff and volunteers are trained and have the right resources to champion youth voice and participation | N | S | L |
| ...ensures all safeguarding is in place and that staff and volunteers are trained and understand the policies | N | S | L |
| ...ensures that the voice of the child is a priority | N | S | L |

Values

| The project, service or organisation... | Now - Soon - Later | | |
|---|--------------------|---|---|
| ...ensures young people are involved in how decisions are made, why and how this affects the service | N | S | L |
| ...acknowledges, recognises and celebrates the contribution of young people to the organisation | N | S | L |
| ...is willing to adapt and change to reflect the youth voice and participation needs of young people | N | S | L |
| ...wants to connect with and engage with young people as equal partners | N | S | L |
| ...believes in the value of having fun | N | S | L |
| ...is a safe, positive place to belong | N | S | L |
| ...ensures that everyone who will be affected by a decision are given the chance to contribute to the decision-making process | N | S | L |
| ...makes sure young people know how they can participate, if they want to | N | S | L |

Diversity

| The project, service or organisation... | Now - Soon - Later | | |
|--|--------------------|---|---|
| ...involves young people from different cultural backgrounds and ethnic minorities | N | S | L |
| ...promotes diversity, inclusion and differentiation | N | S | L |
| ...promotes access for all young people (e.g. posters, equipment, spaces) | N | S | L |

Activities and Access

| The project, service or organisation... | Now - Soon - Later | | |
|---|--------------------|---|---|
| ...is committed to making opportunities accessible for everyone | N | S | L |
| ...helps young people to attend meetings and arranges meetings at times that suit them | N | S | L |
| ...is flexible and understands that young people have different schedules compared to adults | N | S | L |
| ...encourages and supports all young people to access opportunities to have their voice heard and participate | N | S | L |
| ...provides training and/or information to young people to help them participate fully in decision-making | N | S | L |
| ...creates opportunities for young people to talk directly to key decision-makers | N | S | L |
| ...is willing to support and encourage young people to implement their own projects, ideas and activities | N | S | L |
| ...provides opportunities for young people to develop and grow skills and knowledge | N | S | L |
| ...does not use language or terms that are not fully understood by children and young people | N | S | L |
| ...promotes and provides opportunities for youth leadership | N | S | L |
| ...promotes links with youth voice groups and networks | N | S | L |

Why and How?

Sharing Ideas and Information

Opens up discussions to look at how things will change and receive feedback. This can be done by: 'you said, we did' activities, community events and performing arts to name a few examples.

Sharing Views and Experiences

Allows children and young people to share experiences of using services, explore aspirations and barriers and share ideas for change. This can be done by: focus groups, forums and councils.

Sharing Decision Making

Allows children and young people to be involved in delivering and reviewing strategies and plans. This can be done by: co-production groups and involving children and young people in recruitment and commissioning.

Sharing Leadership

Children and young people to have involvement in leadership activities. This can be done by engaging in: formal meetings and public speaking.




























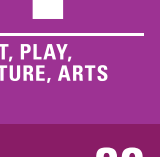

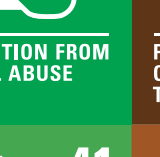





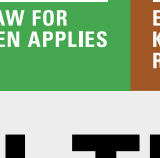
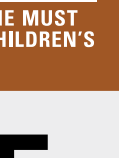
Acknowledgements

We would like to express our appreciation and thanks to the organisations involved in the original toolkit and to Sefton's Youth Voice Strategic Steering Group for their input into the update for this version of the toolkit.

Sefton Young Advisors Contact Details

For more information or advice please contact:
young.advisors@seftoncvcs.org.uk

Appendix A Agenda Item 15

| | | | | | | |
|--|--|--|--|--|--|---|
|  <p>1</p> <p>DEFINITION OF A CHILD</p> |  <p>2</p> <p>NO DISCRIMINATION</p> |  <p>3</p> <p>BEST INTERESTS OF THE CHILD</p> |  <p>4</p> <p>MAKING RIGHTS REAL</p> |  <p>5</p> <p>FAMILY GUIDANCE AS CHILDREN DEVELOP</p> |  <p>6</p> <p>LIFE, SURVIVAL AND DEVELOPMENT</p> |  <p>7</p> <p>NAME AND NATIONALITY</p> |
|  <p>8</p> <p>IDENTITY</p> |  <p>9</p> <p>KEEPING FAMILIES TOGETHER</p> |  <p>10</p> <p>CONTACT WITH PARENTS ACROSS COUNTRIES</p> |  <p>11</p> <p>PROTECTION FROM KIDNAPPING</p> |  <p>12</p> <p>RESPECT FOR CHILDREN'S VIEWS</p> |  <p>13</p> <p>SHARING THOUGHTS FREELY</p> |  <p>14</p> <p>FREEDOM OF THOUGHT AND RELIGION</p> |
|  <p>15</p> <p>SETTING UP OR JOINING GROUPS</p> |  <p>16</p> <p>PROTECTION OF PRIVACY</p> |  <p>17</p> <p>ACCESS TO INFORMATION</p> |  <p>18</p> <p>RESPONSIBILITY OF PARENTS</p> |  <p>19</p> <p>PROTECTION FROM VIOLENCE</p> |  <p>20</p> <p>CHILDREN WITHOUT FAMILIES</p> |  <p>21</p> <p>CHILDREN WHO ARE ADOPTED</p> |
|  <p>22</p> <p>REFUGEE CHILDREN</p> |  <p>23</p> <p>CHILDREN WITH DISABILITIES</p> |  <p>24</p> <p>HEALTH, WATER, FOOD, ENVIRONMENT</p> |  <p>25</p> <p>REVIEW OF A CHILD'S PLACEMENT</p> |  <p>26</p> <p>SOCIAL AND ECONOMIC HELP</p> |  <p>27</p> <p>FOOD, CLOTHING, A SAFE HOME</p> |  <p>28</p> <p>ACCESS TO EDUCATION</p> |
|  <p>29</p> <p>AIMS OF EDUCATION</p> |  <p>30</p> <p>MINORITY CULTURE, LANGUAGE AND RELIGION</p> |  <p>31</p> <p>REST, PLAY, CULTURE, ARTS</p> |  <p>32</p> <p>PROTECTION FROM HARMFUL WORK</p> |  <p>33</p> <p>PROTECTION FROM HARMFUL DRUGS</p> |  <p>34</p> <p>PROTECTION FROM SEXUAL ABUSE</p> |  <p>35</p> <p>PREVENTION OF SALE AND TRAFFICKING</p> |
|  <p>36</p> <p>PROTECTION FROM EXPLOITATION</p> |  <p>37</p> <p>CHILDREN IN DETENTION</p> |  <p>38</p> <p>PROTECTION IN WAR</p> |  <p>39</p> <p>RECOVERY AND REINTEGRATION</p> |  <p>40</p> <p>CHILDREN WHO BREAK THE LAW</p> |  <p>41</p> <p>BEST LAW FOR CHILDREN APPLIES</p> |  <p>42</p> <p>EVERYONE MUST KNOW CHILDREN'S RIGHTS</p> |

43-54



HOW THE CONVENTION WORKS

CONVENTION ON THE RIGHTS OF THE CHILD

Appendix B

**Alder Hey CAMHS
Buddy Up, Sefton
Brighter Living
Citizens Advice Sefton
MAD Group
Liverpool John Moores University
Merseycare
Merseyside Youth Association
NHS
Sefton Care Leavers Centre
Sefton Coast Landscape Partnership
Sefton Council
Sefton CVS
Sefton Emotional Achievement Service
Sefton LSCB
Sefton's Members of Youth Parliament
Sefton Women's and Childrens Aid (SWACA)
South Sefton College
Sefton Youth Council
YMCA Sefton
Sefton Young Advisors
Youth Offending Team, Sefton**

Sefton Children's Services

Quality Assurance & Impact Framework



INTRODUCTION

This document sets out our approach to quality assurance, practice improvement and performance management in Sefton over the next 12 months. The full document will be reviewed in October 2023, however the frequency of auditing and practice improvement activity will be reviewed in Spring 2023.

The Framework will support the priorities of the Sefton Children's Services Improvement Plan but more importantly will provide a basis for measuring and supporting our journey to 'good' and improving outcomes for children, young people and families.

The priority of this document is to address the requirements of the Social Care element of Children's Services; however, it is recognised that this scope will need to widen and consider elements such as Youth Justice Service (YJS), Education and Early Help as vital components of Children's Services. The Framework considers the developments across Children's Services, the pace of change and the current operational pressures.

It will be seen that the current (as of June 2022) format for audits is a transition arrangement whilst we stabilise the workforce to a position where all relevant people can engage in the Quality Assurance function.

It is also important to note that significant developments are underway in respect of performance management capacity, and as this function develops so will our ability to use performance management information to best support practice and children, young people and families.



PURPOSE

Children, young people and families deserve good quality support, intervention, help and relevant services. We will use Sefton's Quality Assurance and Impact Framework as a mechanism to achieve this. Regular audit activity aims to support individual practitioners in their statutory roles and improve the experiences and outcomes of children and young people in Sefton. Auditing and other quality assurance activity will support our continuous improvement by highlighting service priorities. Through audit, we will identify good practice which will feed in to the Sefton Children's Services Improvement Plan.

It is important that Children's Services are publicly accountable for quality, performance and impact; this framework supports this level of visibility as well as providing mechanisms for measuring and supporting how services are working together to improve outcomes for children young people and families. There is a clear and identified need to strengthen the culture of performance management and our response to quality assurance within Sefton. This Framework will support this alongside regular practice and performance meetings and ongoing improvements in our data and performance management infrastructure.

Underpinning all aspects of this Framework is the establishment of a culture which supports learning, reflection, practice development and a shared understanding of what good outcomes for children and young people look like. The nature and challenges of the role mean that at times appropriate challenge will need to be raised. This must always be done in a way which focuses on the child/young person and enables learning to occur. This Framework also promotes sharing and learning from examples of good practice, a vital component of practice development and important for ongoing good morale and recognition.

Our approach to performance management and quality assurance will be underpinned by strategies and policies which combine to support the design and delivery of effective services. These include the updated Sefton Practice Standards for all managers and practitioners as well as relevant policies and procedure such as the updated Supervision Policy and Scheme of Delegation.

Our approach will also include external monitoring including the Ofsted Improvement Plan.

To be effective, our Quality Assurance Framework will include:

- Cycles for reporting and analysis of performance data
- A single approach to data quality beginning with practitioner and feeding up to assurance reporting for senior managers and members
- A mechanism for children, young people and families to have a view on service delivery and the decisions that affect them
- Regular audit cycles
- Clear monitoring and Quality Assurance arrangements that aim to build a shared understanding across all services in respect of what 'good' looks like
- A growing familiarity with data and KPIs with the aim of supporting practice improvement
- An immediate response to identified concerns regarding a child/young person's welfare

PERFORMANCE MANAGEMENT

Performance management is a shared task, it is about improving outcomes for children, young people and their families. It involves acting in response to the analysis and interpretation of performance data; this can be at any level ranging from individual practitioner to the entire directorate.

Performance Management needs to be an intrinsic element of everyone's practice. It is recognised that managers have additional responsibilities in terms of observing, monitoring and responding to what data tells us. Effective changes in the services we provide our children, young people and families need to be evidence based, and effective analysis of available data is a key to this.

Each month at the Senior Management Team (SMT) Performance meeting each Service Manager will present an overview of service performance made up of an analysis of key performance data including supervision.

This will accompany a narrative of the service throughout the month encompassing achievements, challenges and any actions in place to mitigate risk. The service report will be informed by corresponding information having been provided from each team within the service.

Team Managers will use a combination of performance information and staff supervision to complete their team report which will feed into Service Managers updates.

There will be recommendations and actions to follow up through audit activity, managers will need to have an overview of their service area and be prepared to update a completion of audit actions.

Sefton's performance management arrangements will enable managers to:

- Make effective use of performance data to help maintain, develop and improve services
- Understand direction of travel and any fluctuations in performance
- Support effective resource allocation
- Hold services and individuals to account for their contribution to improving outcomes
- Support the identification of good practice examples as well as individuals, teams or services which are high performing

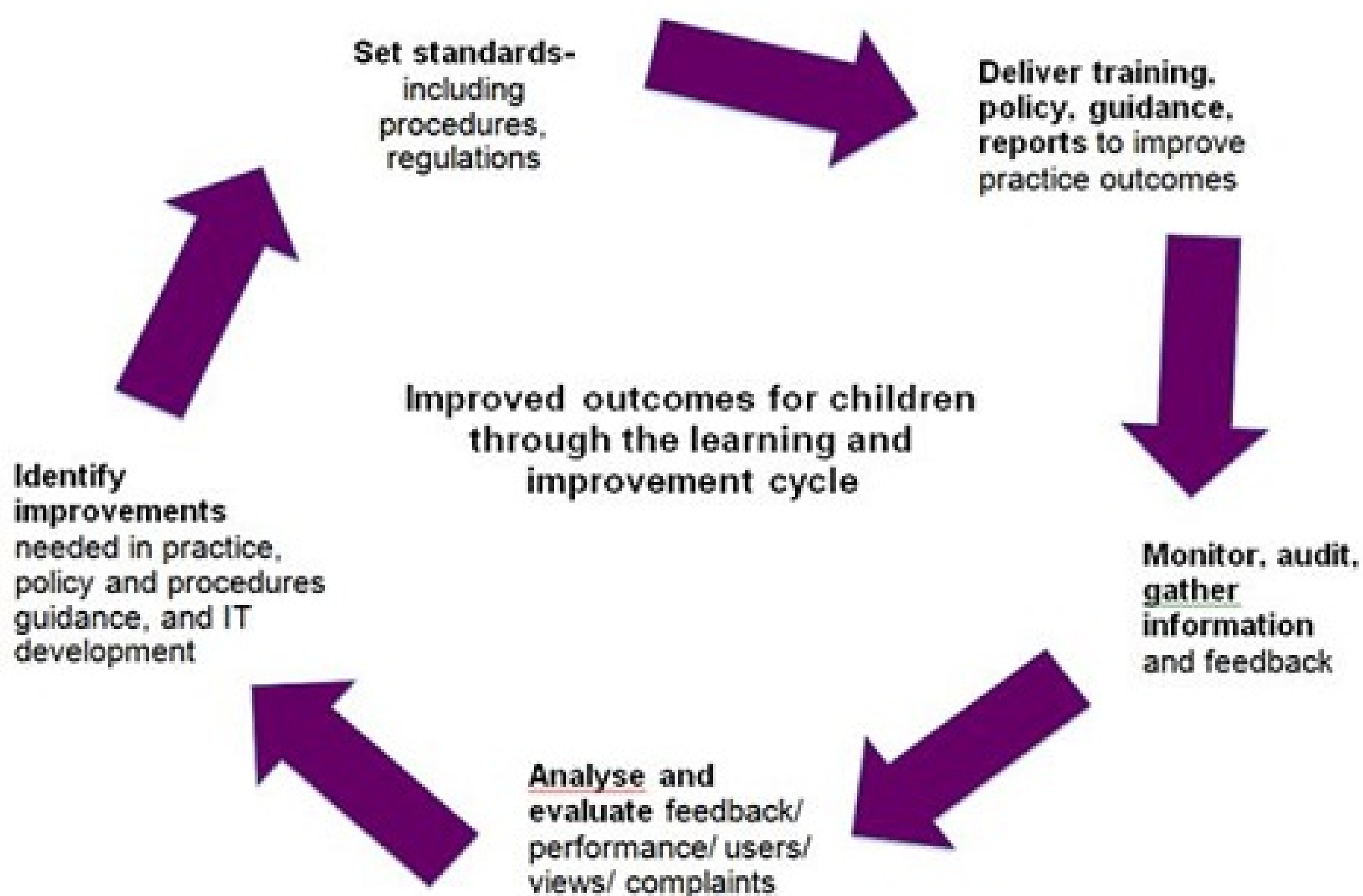
QUALITY ASSURANCE

The Quality Assurance and Impact Framework for Children's Services in Sefton covers all activity undertaken to ensure that our work with children, young people and families is carried out to the highest quality.

While it must always provide an accurate and clear line of sight on practice quality; a key component of this approach is the establishment of a culture where all practitioners, whatever their role, are comfortable having conversations in respect of their own practice as well as being able to constructively challenge and support the work of others.

It is important that quality assurance is viewed as an integral part of performance management. Where challenge and scrutiny are applied, this should always aim to improve the outcomes of children, young people and families and develop the practice of Social Workers, IRO's, Personal Advisors, etc. Any learning conversations that take place between practitioners and auditors/managers should take place in a strengths based way, preserving and developing professional relationships.

The improvement cycle (Assess/Re-assess)



MONTHLY AUDIT CYCLE

All Quality Assurance activity will be co-ordinated by the Practice Improvement Team, overseen by the Service Manager for Quality Assurance and Practice Improvement/ Principal Social Worker. As of June 2022, a monthly cycle of thematic audits has begun which aims to provide a comprehensive view of practice across all areas of the service. It may be appropriate to increase audit activity at different points to address specific concerns, evaluate the impact of learning or to support preparation for external review.

Audits include a learning conversation between the auditor/manager and the allocated key worker; this along with a review of the child/young person's record will determine the grade assigned. Grades will be aligned to Ofsted descriptors.

Conversations with IRO/CP Chair or Team Managers will be required in some circumstances. Where appropriate, children, young people and families or carers will be contacted and their views sought in respect of their experience of social care support and intervention. These views are vital in enabling us to shape services and practice to best meet the needs of Sefton families.

Unless there are clear reasons to go back further, audits will consider the last 6 months of practice on identified case files within Liquid Logic. The themes for audits will be selected according to a combination of factors and while it is envisaged that most of the activity will be planned in advance, audits will also need to be undertaken on areas in response to issues or concerns which arise at short notice.

It is essential that quality assurance supports continuous improvement and the development of a learning culture. As the model embeds, it is expected that all levels of management will engage in audits, supporting their development as well as exposing them to areas of practice outside of their immediate area of responsibility. Completion of a case audit alongside one of the Practice Improvement Team will be introduced as a standard part of the induction of new managers and can be a task identified in the Personal Development Review (PDR) of existing managers.

Whilst the model embeds, all audit activity will be undertaken by the Practice Improvement Team. As confidence with the new approach grows, along with increased stability among operational practice, responsibility for completing audits will move to all managers from Assistant Director to Team Manager level including IRO/FIRO/CP Chairs/Panel Advisors. Assistant Team Managers and Practice Assessor Leads will receive additional support before undertaking the auditing task.

Factors influencing areas selected for audit include:

- Emerging trends or changes within the wider social care field
- Review of local performance data
- 'Close the loop' activity to assure ourselves that learning has embedded
- Complaints or compliments
- Local case reviews, rapid reviews, LCSPRs and any themes identified through the audit activity undertaken by the Safeguarding Partnership
- Preparation for external scrutiny
- Chosen theme for Practice Week

MONTHLY AUDIT CYCLE

Regular audit activity will support shared learning across the organisation and provide a viable number of audits each month. Efforts will be made to avoid allocated key workers being audited in consecutive months.

At this point, the Practice Improvement Team will support the audit task through moderation, analysis of themes and learning, post audit briefings and dissemination of learning through a variety of means. We will look to begin a cross-service approach in December 2022 where managers will be asked to begin auditing. IROs /FIRO and CP Chairs will be expected to support the audit programme, further promoting the footprint of the Safeguarding Unit to support practice.

Children's records to be audited will be selected at random. The Quality Assurance Manager will collate an audit list during the last week of each month and distribute this to SW, TM, SM, IRO and CP Chair who will be given at least 1 weeks notice that the case file of a child/young person they are involved with/have oversight of, will be audited. On occasion, Service Managers will be asked to provide case numbers to showcase good practice.

Actions from audit will be added to the case file note and an alert will be sent to the relevant Team Manager tray for oversight and completion of recommended audit actions. Actions identified on individual records will be noted on the child's record, highlighted to the manager as well as the Social Worker. Tracking will be the responsibility of the Team Manager. The IRO, FIRO, CP Chair will be copied into the file note for information and oversight. Practitioners who have had a case audited can expect a reflective discussion in respect of the child/young person in their next supervision.

Close the loop activity will ensure that any identified tasks are completed within an agreed timescale. Themes, wider actions and learning will be presented via analytical report to the monthly SMT Performance meeting. Actions will be agreed and assigned individual ownership and timeframe for completion.

A monthly Quality Assurance and Impact report will be produced as well as a practitioner/manager briefing, and a summary of recent audit activity will be included in each Sefton Scoop newsletter.

Areas of focus may differ depending of the age of the child, young person or families individual circumstances; however the key audit areas below will be a consistent theme of each audit. These will link to the refreshed Practice Standards and Ofsted definitions of what 'good' looks like.



KEY AUDIT AREAS (see Appendix 3)

1. HELP, PROTECTION AND STABILITY

- Does the file contain an up to date and child/young person-specific plan linked to assessed need?
- Are there clear actions, appropriate, achievable, owned and timebound?
- Does the plan evidence contribution from the child, young person and family as well as key professionals?
- Is there an identified contingency?

2. RECORDING & COMMUNICATION

- Good standard of inputting onto the file
- Presence/quality of documents such as case summary, genogram and chronology- are these informative, up to date, do they bring the child/young person alive?
- Use of appropriate language
- Would the recording on the file give a clear picture of the child/young persons circumstances?
- Would key decisions be clear to a professional other than the allocated key worker?
- Would the case file tell the story to a child/young person or family member returning later in life?
- Is information clear with no jargon or acronyms?

3. ASSESSMENT

- Is an assessment present?
- Has it been completed in timescales?
- Has it been updated when circumstances have changed?
- Is there evidence of child/young person/family involvement in the completion of the assessment?
- Is it individualised to the needs of the specific child/young person?
- Does it contain sufficient analysis as opposed to a description of events and circumstances?
- Is history appropriately considered as opposed to a view of current circumstances only?
- Is there evidence that the assessment has been shared/agreed with the child, young person and family?
- Are risks appropriately considered? Testing of hypothesis?
- Is management oversight recorded within the assessment?
- Reference to research and good practice?

4. RELATIONSHIP BASED PRACTICE AND DIRECT WORK

- Evidence of age appropriate, purposeful direct work uploaded to the case file
- Voice of the child/young person prominent in recordings and visits and observation of relationships
- Consistent relationship with identified professionals
- Evidence of adequate preparation around case handover or preparation for the child/young person to meet new professionals?
- Evidence that the child, young person and family understands the reason for involvement and is supported to be engaged in a process of change?

5. MULTI AGENCY PLANNING, ANALYSIS, REVIEW AND DECISION MAKING

- Are the correct partners involved and taking ownership of key tasks?
- Does the file evidence ongoing dialogue regarding the child, young person and families needs? Taking into account any new developments, ways of working, possibilities for change?
- Where necessary, is there evidence of effective professional challenge and escalation?

6. ROLE OF SUPERVISION AND MANAGEMENT OVERSIGHT

- Evidence of appropriate supervision at the correct frequency
- Evidence of supervision supporting/informing key decisions
- Evidence of reflective discussion and review of the child/ young person's plan
- Clear oversight by IRO/FIRO/CP Chair at key points in the child/young person's journey not solely confined to statutory meetings
- Evidence of senior management oversight where necessary and consideration of drift and delay on outcomes for children and young people. Clear SMART direction given when required.
- Evidence of decisions/actions being tracked from month to month

IMPACT AND OVERALL OUTCOMES

- The above elements (except for the 'practitioner conversation' and 'family feedback' section) will be graded separately aligned to Ofsted descriptors.
- A combination of all the information gathered during the case audit will be aggregated to arrive at a grade. The focus for all elements will be impact for the child/young person, with the auditor frequently returning to the fundamental question of the difference intervention has made.
- While audits will address issues of compliance, the focus will always be on the impact of an intervention (or its absence) on the child, relationship building, progression of plans and the quality of the work undertaken.

KEY CONVERSATIONS

CONVERSATION WITH ALLOCATED KEY WORKER

- All audits will feature a face-to-face conversation between the auditor and the allocated key worker, this will be pre booked to fit in with the practitioners work commitments - time will vary, but it will be important to set aside at least an hour.
- The learning conversation will cover all aspects and will support the review of the file which is the other component of the audit.
- The overall grade given will be derived from the learning conversation, the file review and feedback received.
- The learning conversation will support areas for development as well as enable examples of good practice to be recognised and shared.

CONVERSATION WITH IRO/FIRO/CP CHAIR

- Where relevant, a conversation should be had between the IRO/FIRO/CP Chair to gain an understanding of their involvement, oversight and views
- The auditor will seek to establish any key learning
- This conversation will contribute to the overall audit grade and highlight areas for development and improvement to achieve best outcomes.

FAMILY/PARENTAL/CHILD/YOUNG PERSON FEEDBACK

- For each audit, contact will be made with the family/carer and if appropriate the child/young person concerned
- It is recognised that in some situations, people may not wish to engage with the auditor. If so, this will be recorded within the audit tool. Not all families will be willing/able to engage with the conversation and opportunities for them to communicate via other means are being developed.
- The conversation will seek to establish the families understanding/views of the service they have received and these views; both positive and negative will be collated and used to support a view of practice as well as any areas for support or development.
- Feedback is critical for service development, any known barriers should be overcome in an effort to engage people who receive our support, e.g. use of Language Line.

MODERATION

In order to support accuracy and consistency of practice, a third of each month's audits will be moderated. The moderation panel will initially consist of the Assistant Director, Quality Assurance and Safeguarding, the Principal Social Worker, Quality Assurance Manager as well as the Service Manger for the Safeguarding and Review Unit. Input from the wider management team will be requested on occasion when it is felt that particular knowledge would assist the moderation process.

This process will support a shared understanding of what good looks like and provide assurance in terms of our own view of our work. Feedback and results of the moderation process will form part of the analysis presented in the monthly QA report for the senior management team.

Any case audited where there is disagreement in respect of the outcome will also be presented for moderation. Any case audited where it is felt there is an immediate safeguarding issue will be highlighted verbally to the relevant Team Manager/Service Manager and an Immediate Concern Audit Review form will be completed and sent to the the LCS tray of the relevant Team Manager and Service Manager with a clear summary of concerns and suggested actions. This process may result in a wider view of the allocated key workers caseload, management practice or IRO/FIRO/CP oversight.

Actions will be clearly timebound and require the sign off from the relevant Assistant Director. Any case where there is an immediate safeguarding concern will be signposted to the relevant Team Manager and discussed at the next scheduled supervision. This discussion will be clearly recorded, see attached Appendix 1 and 2.

CLOSING THE LOOP ACTIVITY

Actions generated through individual audits will be clearly recorded on the audit form which is loaded onto the child/young person's file. Actions will have clear timescales and will require signing off by the allocated Team Manager. The Action Review form is located in Liquid Logic.

The Practice Improvement Team will maintain a central tracker of all cases audited and any outstanding actions. It will be the responsibility of the allocated key worker and Team Manager to ensure audit actions are completed within a maximum of 40 days. Monthly performance meetings will track progress. Actions assigned to audits will address all identified safeguarding issues as well as focus on those areas that have been identified as key practice priorities - for example management oversight, assessment and planning.

As well as actions on individual cases, audit activity may generate wider learning or development needs through activities such as provision of learning or training or amendments to a process. In order to track the positive impact of any changes, areas audited will be revisited by the Practice improvement Team on a rolling programme.

A period of 6 months will allow time for any learning and changes in practice to embed and be evidenced. This assurance cycle involving all managers will begin in January 2023. A reflective audit learning session will be planned each month to consider audit outcomes from earlier months. Any allocated key workers, Team Managers, Service Managers involved in the audit will be asked to attend to allow us to consider together; summary of audit outcomes , good practice observed, gain insight from those who have been audited and co-produce practice improvement activity.

OBSERVATIONS OF PRACTICE

In order to gain a complete picture of practice, it is important to observe staff in their everyday work. This activity supplements the other elements of quality assurance. It provides reassurance that children, young people and families/carers are receiving the best possible service as well as enable support to be given to practitioners who are undertaking a challenging and complex role.

Our Newly Qualified Social Workers will have their practice observed by their Team Manager or nominated Practice Assessor lead in line with National and Local ASYE policy.

Experienced Social Workers and other childcare practitioners across the service will have their practice observed at least twice a year in line with the 2022 Supervision Policy. At least one of these should be of direct work with a child/young person or family member. A peer observation/reflection is also now required for SWE registration.

All first line Team Managers will have their practice observed twice per year. At least one of these observations should be an observation of supervision. In addition to observation of practice at agreed intervals, observation may be recommended as an action from an audit or agreed as an action in supervision or as part of a PDR.

Observations of practice will be provided to the Practice Improvement Team twice per year in January and July. A summary report will be provided to SMT via performance meetings. This information will provide evidence to inform training and development as well as allow for the sharing and celebration of good practice

COMPLAINTS AND COMPLIMENTS

Findings from complaints and compliments are compiled into an annual report and collated alongside other quality assurance activities to shape service delivery.

FEEDBACK

Feedback will be gathered through the annual survey from our teams and managers and from the conversations that accompany each audit. This feedback is important for everyone to understand and will allow us to make any necessary changes. The new co-located arrangements for Children's Services as well as the 'open door' management policy are designed to support a culture where employees are able and feel encouraged to provide feedback about their experiences.

PRACTICE WEEK

Practice Week is undertaken annually during the month of October. During this week senior leaders including the Director of Children's Services and Children's Cabinet portfolio holder will have the opportunity to attend training events alongside practitioners, undertake direct observations of practice and teamwork.

Senior leaders will be engaged in audit activity throughout the year once we embed the Quality Assurance Framework. All auditors will be invited to celebrate examples of good practice which we will showcase in our newsletter, the Sefton Scoop.

SAFEGUARDING UNIT

The role of the Safeguarding Unit (SGU) is closely linked to quality assurance. IROs/FIRO and CP Chairs routinely provide effective challenge as well as support to operational staff with the aim of improving outcomes and supporting practice. This can be via the route of formal practice alerts, but often more effectively through collaborative and clear discussion.

Each month, the Safeguarding Unit will produce a performance report detailing both its activity in respect of our Cared For Children and those subject to Child Protection planning. In addition to this information, the report will also detail any practice alerts raised during the month and any themes identified. The report will provide details of any complaints or compliments received by the unit. It will also include information on multi-agency contribution to the meetings and planning involving our Cared For Children and those subject to Child Protection planning.

Reports will be presented each month to the SMT performance meeting by the Safeguarding and Review Service Manager. It will also be distributed to all Children's Services management team and LSCP Board Manager. Information and analysis within this report will feed into the work of the Partnership and the Corporate Parenting Board.

In addition to this activity all IRO/FIRO/CP Chairs and managers within the Safeguarding and Review Unit will be expected to complete audits when this moves to service-wide completion. The SGU Service Manager will sit on the audit moderation panel. The quality assurance function of the SGU is further supported by its co-location with operational teams and the establishment of a 'team link' role which will see each IRO and CP Chair act as a liaison to an individual team or service area.

LOCAL CHILDREN'S SAFEGUARDING PARTNERSHIP

Improving outcomes for our children is a shared task and involves the work and co-operation of a variety of agencies, all of whom have statutory safeguarding responsibilities. This Framework supports the gathering of specific information as to the effectiveness of these relationships, with 'multi-agency working' being a specific area of focus. In order that the findings of these audits support the work of the partnership, the Principal Social Worker will sit on the Performance and Quality Assurance subgroup of the Partnership.

Multi agency audits undertaken through the partnership will also feed into service delivery and performance monitoring as will the learning from any ongoing LSCPRs. In addition to the role of the partnership, the Senior Leadership Team may commission or be engaged in external scrutiny. This may take the form of an Local Government Association Diagnostic, or Peer Review undertaken through the regional sector led improvement programme.

Linking the work of Children's Services to the wider council will also be supported by engaging Senior Officers and elected members in audit activity.

USING WHAT WE LEARN TO IMPROVE PRACTICE

For any quality assurance to be effective, there needs to be clear ways in which the information obtained is used for improving services and outcomes for children, young people and families in Sefton.

Audit activity will generate actions in respect of individual children and young people which will be collated and tracked. It will be the responsibility of the allocated key worker, Team Manager and relevant Service Manager to ensure audit actions are completed and the Quality Assurance Manager is updated.

Broader themes will also be identified, and we will take a blended approach to ensuring these are used to drive improvement.

Performance management and quality assurance findings will be presented each month to the SMT performance meeting - this meeting will provide the forum for agreeing actions and assigning ownership and timescales to them.

Following each month's audit, a briefing will be delivered to all those involved in the previous months audits to allow feedback on the audit process to be obtained and a summary of findings, key themes and learning to be discussed.

Information from quality assurance will also feed into our People Strategy, Children's Services Training and Development Plan and any agreed amendments to policy and procedure. It will also provide evidence to inform the quarterly review of individual Service Plans.

'Close the loop' activity will enable the effectiveness of this framework to be monitored and amended where necessary.

This Framework will be formally reviewed on an annual basis and any changes will be agreed through the governance of the Senior Leadership Team. Fostering Services will be involved in the audit cycle in early 2023.

Date: October 2022

Agenda Item 7

| | | | |
|--------------------------------------|--|----------------------------------|---------------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | Monday 6 March 2023 |
| Subject: | Education Scorecard | | |
| Report of: | Executive Director of Children's Social Care and Education | Wards Affected: | (All Wards); |
| Portfolio: | Education | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

To present the Education Scorecard

Recommendation(s):

- Note the data contained in the scorecard

Reasons for the Recommendation(s):

- Overview and Scrutiny Committee (Children's Services and Safeguarding) provide scrutiny in relation to educational progress and data.

Alternative Options Considered and Rejected: (including any Risk Implications)

Not Applicable.

What will it cost and how will it be financed?

(A) **Revenue Costs** - Not Applicable.

(B) **Capital Costs** - Not Applicable.

Implications of the Proposals:

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| | |
|---|-----|
| Resource Implications (Financial, IT, Staffing and Assets): N/A | |
| Legal Implications: Local authority has a statutory duty to provide support and challenge to educational providers. Measurement of success in this duty is related to educational attainment, attendance, exclusions etc. | |
| Equality Implications: The committee will be kept informed of all equality implications, risk and mitigations | |
| Climate Emergency Implications: The recommendations within this report will | |
| Have a positive impact | no |
| Have a neutral impact | yes |
| Have a negative impact | no |
| The Author has undertaken the Climate Emergency training for report authors | yes |
| There are no climate emergency implications as a direct result of this report | |

Contribution to the Council's Core Purpose:

| |
|--|
| Protect the most vulnerable: Education Scorecard provides data on all school children, including the most vulnerable |
| Facilitate confident and resilient communities: As Above |
| Commission, broker and provide core services: As Above |
| Place – leadership and influencer: As Above |
| Drivers of change and reform: As Above |
| Facilitate sustainable economic prosperity: N/A |
| Greater income for social investment: N/A |
| Cleaner Greener: N/A |

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD 7154/23) and the Chief Legal and Democratic Officer (LD 5354/23) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

No external consultations were sought for this report.

Implementation Date for the Decision

Immediately following the Committee.

| | |
|-------------------------|-----------------------------|
| Contact Officer: | Tricia Davies |
| Telephone Number: | 07813544809 |
| Email Address: | Tricia.davies@sefton.gov.uk |

Appendices:

The following appendices are attached to this report:

Appendix A – Education Scorecard

Background Papers:

Not Applicable.

1. Introduction/Background

- 1.1 This is the first Education Scorecard bringing together a range of data from across education. This scorecard will be updated and presented every term. However, test and exam data will only be updated once a year.

2. Overview

2.1 Early Years (EY) and Phonics

The percentage of pupils reaching a good level of development and those meeting the required standard experienced drops across Early Years and Phonics respectively which was in line with national performance however, the fall across those areas was slightly more severe in the Sefton area than at the national level. Whilst Phonics is within half a percent away from the national average, EY pupils reaching a good level of development are 4.4% behind as of 2022.

2.2 Key Stage 1

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Similarly, as above, the percentage of KS1 pupils reaching expected standard also saw negative movement across Reading, Writing, and Maths, locally and nationally. Performance across Writing experienced the biggest fall out of the three areas. 2022 figures show that Sefton is slightly behind the national average in all three of the mentioned areas when taking all pupils into consideration.

2.3 Key Stage 2

KS2 performance continues the decreasing pattern in the percentage of pupils reaching expected standard for Writing and Maths however, Reading saw an increase across the Sefton area of 3.4% from 2019 to 2022 which outperformed the national increase of 0.6%. SEN pupils across Sefton saw a drastic 7.8% improvement in this area whilst the average national increase for SEN pupils was 1.4%. The increase across all pupils who reached the expected standard in Reading resulted in Sefton outperforming the National average by 2.4% as a whole however, it continues to remain below the national level in Maths and Writing.

2.4 Key Stage 4

KS4 results saw an improvement from 2019 across average attainment and student performance in Maths and English as it did on a national level. The most notable improvement can be seen in the percentage of SEN pupils that achieved GCSE grades between 4 and 9 in both English and Maths which increased by 11.7% from 2019 to 2022.



Appendix A - Education Scorecard

Education Scorecard

The outcomes for children and young people need to be at least at national average by the end of the next three years.

| Area | 2022/2023 | | | Annual | | | 3-year trend |
|------|----------------------------------|------------------|----------------------------------|-----------|-----------|-----------|--------------|
| | Autumn 1 st half term | Autumn full term | Spring 1 st half term | 2019/2020 | 2020/2021 | 2021/2022 | |

Absence

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| Absence Rate | | | | | | | |
|----------------------------------|-------|-------|-------|-------|-------|-------|-------|
| All pupils | 6.3% | 7.9% | 7.2% | 6.5% | 6.6% | 8.4% | 7.2% |
| EHCP pupils | 11.6% | 13.2% | 12.4% | 10.8% | 14.8% | 12.3% | 12.6% |
| SEN support pupils | 9.4% | 11.3% | 10.8% | 8.9% | 8.2% | 11.3% | 9.5% |
| Students with persistent absence | | | | | | | |
| All pupils | 19.7% | 24.7% | 22.5% | 19.9% | 19.6% | 26.3% | 21.9% |
| EHCP pupils | 30.0% | 36.1% | 32.6% | 32.7% | 42.6% | 37.7% | 37.7% |
| SEN support pupils | 28.2% | 35.0% | 31.3% | 27.3% | 26.9% | 36.6% | 30.3% |

| Area | 2022/2023 | | | Annual | | | 3-year trend |
|------|----------------------------------|------------------|----------------------------------|-----------|-----------|-----------|--------------|
| | Autumn 1 st half term | Autumn full term | Spring 1 st half term | 2019/2020 | 2020/2021 | 2021/2022 | |

Exclusions

| Fixed Term Exclusions (Pupils of Statutory School Age that have at least one Exclusion as a percentage of the overall cohort) | | | | | | | |
|---|------|------|------|------|------|------|------|
| All pupils | 0.6% | 1.3% | 0.7% | 1.5% | 1.6% | 2.8% | 2.0% |
| EHCP pupils | 1.3% | 2.7% | 1.6% | 5.7% | 5.5% | 7.1% | 6.1% |
| SEN support pupils | 2.0% | 3.3% | 1.4% | 3.3% | 3.3% | 5.5% | 4.0% |

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Education, Health and Care Plan

| | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|-------|
| % young people with an EHCP maintained by Sefton schools attending main provision | 21.5% | 22.1% | 22.6% | 18.4% | 20.7% | 22.5% | 20.5% |
|---|-------|-------|-------|-------|-------|-------|-------|

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| Area | 2018 | 2019 | 2022 | 3 Year Trend | Compared to 2019 | 2018 | |
|------|------|------|------|--------------|------------------|------|--|
|------|------|------|------|--------------|------------------|------|--|

Early Years Foundations Profile

| % reaching good level of development | | | | | | | |
|--------------------------------------|------|------|------|------|-------|------|-----|
| All pupils | 70.8 | 68.8 | 60.8 | 66.8 | -8.0 | 71.0 | |
| Disadvantaged Pupils | 53.2 | 54.0 | 41.7 | 49.6 | -12.3 | | Not |
| All SEN pupils | 17.5 | 17.6 | 12.1 | 15.7 | -5.5 | | |

Phonics

| % meeting required standard | | | | | | | |
|-----------------------------|------|------|------|------|------|------|--|
| All pupils | 83.2 | 82.5 | 75.0 | 80.2 | -7.5 | 82.7 | |
| Disadvantaged Pupils | 70.0 | 71.4 | 61.9 | 67.8 | -9.5 | 71.7 | |
| FSM pupils | 68.1 | 69.9 | 61.1 | 66.4 | -8.8 | 70.2 | |
| All SEN pupils | 40.7 | 39.8 | 35.3 | 38.6 | -4.5 | 43.8 | |

| Area | 2018 | 2019 | 2022 | 3 Year Trend | Compared to 2019 | 2018 | |
|------|------|------|------|--------------|------------------|------|--|
|------|------|------|------|--------------|------------------|------|--|

Key Stage 1

| Reading - % reaching expected standard | | | | | | | |
|--|------|------|------|------|-------|------|--|
| All pupils | 73.1 | 74.6 | 65.8 | 71.1 | -8.8 | 75.5 | |
| Disadvantaged Pupils | 58.8 | 59.1 | 52.2 | 56.7 | -6.9 | 62.4 | |
| FSM pupils | 57.3 | 57.5 | 51.5 | 55.4 | -6.0 | 60.2 | |
| All SEN pupils | 23.6 | 30.8 | 21.9 | 25.4 | -8.9 | 30.4 | |
| Writing - % reaching expected standard | | | | | | | |
| All pupils | 67.8 | 67.7 | 54.2 | 63.2 | -13.5 | 69.9 | |

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|----------------------|------|------|------|------|-------|------|--|
| Disadvantaged Pupils | 51.4 | 52.9 | 38.5 | 47.6 | -14.4 | 55.4 | |
| FSM pupils | 49.9 | 51.7 | 38.0 | 46.5 | -13.7 | 53.0 | |
| All SEN pupils | 15.0 | 19.1 | 11.8 | 15.3 | -7.3 | 22.2 | |

| Area | 2018 | 2019 | 2022 | 3 Year Trend | Compared to 2019 | 2018 | |
|------|------|------|------|--------------|------------------|------|--|
|------|------|------|------|--------------|------------------|------|--|

Key Stage 1 (Continued)

| Maths - % reaching expected standard | | | | | | | |
|--------------------------------------|------|------|------|------|-------|------|--|
| All pupils | 75.7 | 75.7 | 66.9 | 72.8 | -8.8 | 76.1 | |
| Disadvantaged Pupils | 62.1 | 61.3 | 51.8 | 58.4 | -9.5 | 62.8 | |
| FSM pupils | 59.9 | 59.5 | 51.4 | 56.9 | -8.1 | 60.6 | |
| All SEN pupils | 26.8 | 31.5 | 25.4 | 27.9 | -6.1 | 32.8 | |
| RWM - % reaching expected standard | | | | | | | |
| All pupils | 63.3 | 63.2 | 50.1 | 58.9 | -13.1 | 65.3 | |
| All SEN pupils | 12.5 | 15.4 | 10.5 | 12.8 | -4.9 | 18.8 | |

| Area | 2018 | 2019 | 2022 | 3 Year Trend | Compared to 2019 | 2018 | |
|------|------|------|------|--------------|------------------|------|--|
|------|------|------|------|--------------|------------------|------|--|

Key Stage 2

| Reading - % reaching expected standard | | | | | | | |
|--|--|--|--|--|--|--|--|
|--|--|--|--|--|--|--|--|

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|---|------|------|------|------|-------|------|--|
| All pupils | 79.0 | 73.4 | 76.8 | 76.4 | 3.4 | 75.8 | |
| Disadvantaged Pupils | 67.1 | 61.8 | 65.4 | 64.8 | 3.6 | 64.2 | |
| FSM pupils | 63.3 | 61.0 | 62.9 | 62.4 | 1.9 | 59.9 | |
| All SEN pupils | 39.0 | 32.2 | 39.9 | 37.0 | 7.8 | 39.2 | |
| Writing - % reaching expected standard | | | | | | | |
| All pupils | 79.6 | 77.0 | 67.5 | 74.7 | -9.5 | 78.8 | |
| Disadvantaged Pupils | 65.1 | 63.8 | 51.6 | 60.2 | -12.3 | 67.4 | |
| FSM pupils | 58.3 | 61.3 | 49.0 | 56.2 | -12.3 | 62.4 | |
| All SEN pupils | 26.4 | 25.6 | 23.0 | 25.0 | -2.6 | 34.1 | |

| Area | 2018 | 2019 | 2022 | 3 Year Trend | Compared to 2019 | 2018 | |
|------|------|------|------|--------------|------------------|------|--|
|------|------|------|------|--------------|------------------|------|--|

Key Stage 2 (Continued)

| Maths - % reaching expected standard | | | | | | | |
|---|------|------|------|------|------|------|--|
| All pupils | 79.0 | 78.5 | 71.1 | 76.2 | -7.4 | 75.6 | |
| Disadvantaged Pupils | 66.9 | 65.9 | 56.3 | 63.0 | -9.6 | 63.8 | |
| FSM pupils | 61.3 | 64.4 | 55.2 | 60.3 | -9.2 | 59.2 | |
| All SEN pupils | 39.6 | 35.3 | 35.5 | 36.8 | 0.2 | 38.0 | |
| RWM - % reaching expected standard | | | | | | | |
| All pupils | 67.0 | 63.0 | 54.5 | 61.5 | -8.5 | 64.4 | |
| Disadvantaged Pupils | 51.4 | 47.3 | 39.5 | 46.1 | -7.8 | 50.5 | |
| FSM pupils | 46.5 | 46.0 | 37.6 | 43.4 | -8.4 | 45.9 | |
| All SEN pupils | 18.9 | 15.3 | 15.3 | 16.5 | 0 | 21.7 | |

| Area | 2018 | 2019 | 2022 | 3 Year Trend | Compared to 2019 | 2018 | |
|------|------|------|------|--------------|------------------|------|--|
|------|------|------|------|--------------|------------------|------|--|

Key Stage 4

| Average attainment and score | | | | | | | |
|---|------|------|------|------|-----|---------------|------|
| All pupils | 44.9 | 43.9 | 46.9 | 45.2 | 3.0 | 44.5 | 43.9 |
| Disadvantaged Pupils | 34.7 | 34.4 | 35.4 | 34.8 | 1.0 | 36.8 | 36.8 |
| FSM pupils | 32.0 | 32.2 | 35.0 | 33.1 | 2.8 | 34.5 | 34.5 |
| All SEN pupils | 24.4 | 21.2 | 26.6 | 24.1 | 5.4 | Not Available | 21.2 |
| % achieving grades 9-5 in English and Maths | | | | | | | |
| All pupils | 39.4 | 35.9 | 44.0 | 39.8 | 8.1 | 40.2 | 40.2 |
| Disadvantaged Pupils | 22.1 | 17.8 | 23.7 | 21.2 | 5.9 | 24.9 | 24.9 |
| FSM pupils | 19.4 | 16.6 | 22.7 | 19.6 | 6.1 | 21.7 | 21.7 |
| All SEN pupils | 12.1 | 6.9 | 13.0 | 10.7 | 6.1 | Not Available | 13.0 |

| Area | 2018 | 2019 | 2022 | 3 Year Trend | Compared to 2019 | 2018 | |
|------|------|------|------|--------------|------------------|------|--|
|------|------|------|------|--------------|------------------|------|--|

Key Stage 4 (continued)

| % achieving grades 9-4 in English and Maths | | | | | | | |
|---|------|------|------|------|------|---------------|------|
| All pupils | 62.7 | 60.5 | 64.3 | 62.5 | 3.8 | 59.4 | 59.4 |
| Disadvantaged Pupils | 42.5 | 40.0 | 43.4 | 42.0 | 3.4 | 44.6 | 44.6 |
| FSM pupils | 37.8 | 37.0 | 42.9 | 39.2 | 5.9 | 40.2 | 40.2 |
| All SEN pupils | 22.4 | 16.5 | 28.2 | 22.4 | 11.7 | Not Available | 28.2 |

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Agenda Item 9

| | | | |
|--------------------------------------|--|----------------------------------|---------------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | Monday 6 March 2023 |
| Subject: | Ofsted Inspection Reports | | |
| Report of: | Assistant Director of Children's Services (Education) | Wards Affected: | (All Wards); |
| Portfolio: | Education | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

To update the Overview and Scrutiny Committee (Children's Services and Safeguarding) on Ofsted Inspection Reports and the work of the School Improvement Team.

Recommendation(s):

That the report be noted

Reasons for the Recommendation(s):

To appraise the Committee of developments.

Alternative Options Considered and Rejected: (including any Risk Implications)

Not applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

Not applicable.

(B) Capital Costs

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Not applicable.

Implications of the Proposals:

| | |
|---|-----|
| Resource Implications (Financial, IT, Staffing and Assets): None directly. | |
| Legal Implications: School Inspection Handbook, Education Act 2005 | |
| Equality Implications: There are no equality implications | |
| Climate Emergency Implications: The recommendations within this report will | |
| Have a positive impact | No |
| Have a neutral impact | Yes |
| Have a negative impact | No |
| The Author has undertaken the Climate Emergency training for report authors | Yes |
| There are no climate emergency implications as a direct result of this report. | |

Contribution to the Council's Core Purpose:

| |
|---|
| Protect the most vulnerable: Not applicable |
| Facilitate confident and resilient communities: The School Improvement Team offers support to all schools receiving an Ofsted inspection. |
| Commission, broker and provide core services: As above. |
| Place – leadership and influencer: As above |
| Drivers of change and reform: As above |
| Facilitate sustainable economic prosperity: Not applicable |
| Greater income for social investment: Not applicable |
| Cleaner Greener; Not applicable |

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD7155/23) and the Chief Legal and Democratic Officer (LD5355/23.) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable.

| | |
|--------------------------|--------------------------------|
| Contact Officer: | Tricia Davies/Jacqui Patterson |
| Telephone Number: | 07813544809 |
| Email Address: | Tricia.Davies@sefton.gov.uk |

Appendices:

The following appendices are attached to this report:

- Ofsted Summary of Outcomes and Support Autumn 2022 – Published results for the schools outlined

Background Papers:

There are no background papers available for inspection

1. Introduction/Background

- 1.1 Schools can be inspected under Section 5 or Section 8 guidance.
- 1.2 Under the education inspection framework section 5 inspections, inspectors will make the following judgements about schools: overall effectiveness; quality of education; behaviour and attitudes; personal development and leadership and management. If the school offers early years provision and sixth-form provision, inspectors will also make judgements on these areas.
- 1.3 Under the education inspection framework section 8 inspections may be carried out for a range of reasons: schools judged to be good or outstanding at their most recent section 5 inspection; monitoring inspections of schools judged as requires improvement; monitoring inspections of schools judged to have serious weaknesses; monitoring inspections of schools judged to require special measures; any inspection that is carried out in other circumstances where the inspection has no specific designation, known as 'section 8 no formal designation inspection' and unannounced behaviour inspections.

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- 1.4 The usual interval for section 5 inspections is within 5 school years from the end of the school year in which the last section 5 or relevant section 8 inspection took place.

2. Support from School Improvement Team:

- 2.1 All schools currently judged Requires Improvement or Inadequate receive support and challenge from the School Improvement Team. In addition, the team also broker support. Schools with two RI judgements or judged inadequate receive support from the DFE including a National Leader of Education working with the school and the Local Authority on a school improvement programme.
- 2.2 All schools currently judged Good or Outstanding have access to a health check when in the Ofsted window. This enables the school to identify any areas that they need support with. The team will then provide or broker support if required.
- 2.3 Once the school receives the call a member of the team will contact them to check if any support is required and keep in contact throughout the inspection.
- 2.4 The Service Manager for School Improvement or the Assistant Director of Education Excellence meet with the lead inspector during the inspection and attend the final feedback.
- 2.5 Following the inspection report being released the team will again provide or broker support as appropriate.
- 2.6 The Local Authority are held to account by the DFE and the Senior HMI for school performance. The main focus of discussions is regarding all schools judged as Requiring Improvement or Inadequate, the capacity to improve and the impact of support provided.

3. Inspections – Autumn term 2022

- 3.1 The following schools outlined within the attached appendix have been inspected and reports received since the last meeting:

1. Our Lady Queen of Peace Catholic Primary School
2. Savio Salesian College
3. St Mary's Catholic Primary School
4. St Andrew's Academy
5. King's Leadership Academy Hawthorns
6. Thomas Gray Primary School
7. Norwood Primary School
8. St Michael's High School


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9. St Oswald's CE Primary School


10. Hatton Hill Primary School

11. Formby High School

OFSTED Summary of Outcomes and Support Autumn 2022

| Name of School | Inspection Date | Lead Inspector's Name | Latest OFSTED Grade | Previous Inspection Date and OFSTED Grade | Development Areas | LA Relationship and Support |
|-------------------------------------|--|-----------------------|---|--|--|---|
| Our Lady Queen of Peace | 21 st & 22 nd September 2022 | Lenford White | Good 50196810 (ofsted.gov.uk) | Good - 2530351 (ofsted.gov.uk) | Continue to strive for greater attendance by pupils Sequencing curriculum Refining assessment areas in some subjects | Excellent relationship with all areas of EE. |
| Savio Salesian College | 21 st & 22 nd September 2022 | Ahmed Marikar | | Inadequate - 50065363 (ofsted.gov.uk) | | Moved to Pope Francis Academy Trust |
| St Mary's Catholic Primary School | 29 th September 2022 | Jackie Stillings | Ungraded NB school would not be good in full inspection | Good - 2726265 (ofsted.gov.uk) | Curriculum offer, sequencing of learning Early reading and phonics | School now supported by school improvement and engaging well with support package |
| St Andrew's Academy | 11 th & 12 th October 2022 | Lenford White | Good 50199535 (ofsted.gov.uk) | Academy converter 2018 | Teachers checking on gaps in knowledge to support learning | Academy |
| King's Leadership Academy Hawthorns | 4/10/22 | Amanda Downing | Requires Improvement  10184357 - King's Leadership Academy | Requires Improvement - Ofsted King's Leadership Academy Hawthorns | Curriculum at KS3 Develop assessment strategies | Academy |

| | | | | | | |
|-----------------------------------|---|-------------------|---|--|---|--|
| Thomas Gray Primary School | w/c 8 th & 9 th November 2022 | Kelly Butler | <p>Good</p>  <p>10241200 - Thomas Gray Primary - 13478</p> | Requires Improvement - Ofsted Thomas Gray Primary School | Refine curriculum in some subjects by identifying key knowledge Reception-selection of appropriate resources to enable children to learn well | Excellent engagement with EE teams and welcomed support package as RI school now moved to good |
| Norwood Primary School | w/c 7/11/22 | Sarah Barraclough | <p>Good</p> <p>50202637 (ofsted.gov.uk)</p> | Good - 2708115 (ofsted.gov.uk) | Allow opportunities to revisit learning to apply knowledge when learning something new | Good relationship with LA and engages with all education excellence teams. HT now recruited to Professional Partner. |
| St Michael's High School | w/c 8 th & 9 th November 2022 | Dawn Platt | <p>Requires Improvement</p>  <p>10242215 St Michael's Church of E</p> | Good - Ofsted St Michael's Church of England High School | Attendance Support reading implementation across curriculum consistently Assessment at KS3 Leaders need to ensure curriculum is well implemented and staff need to be equipped and have confidence to deliver Leaders need to ensure pupils are aware of the full range of careers open to them | Academy. Discussion with CEO re support from research school this has been actioned. |
| St Oswald's CE | w/c 14/11/22 | Julie Brown | <p>Good Ofsted St Oswald's Church of</p> | Good - Ofsted St Oswald's Church of | Sequence of knowledge in some subjects | Good relationship with LA. HT now recruited to Professional Partner. |

| | | | | | | |
|-----------------------------------|--|--------------|--|--|---|------------------------------------|
| Primary school | | | England Primary School | England Primary School | Staff training in phonics | |
| Hatton Hill Primary school | w/c 14/11/22 | David Spruce | Good 50204467 (ofsted.gov.uk) | Good - Ofsted Hatton Hill Primary School | Knowledge of all teachers of EYFS learning Subject leaders checking implementation of their subject to support some teachers further | Good engagement with all EE teams. |
| Formby High School | 2 nd & 3 rd /11/22 | Kate Bowker | Good  10226354 - Formby High School - 137436 | Outstanding - Untitled (ofsted.gov.uk) | Assessment not yet fully matched in some subjects PSHE curriculum to be as well structured as in other subjects | Academy |

Agenda Item 10

| | | | |
|--------------------------------------|---|----------------------------------|---------------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | Monday 6 March 2023 |
| Subject: | LGA Training Proposals and Frequency of Meetings | | |
| Report of: | Assistant Director of Corporate Resources and Customer Services (Strategic Support) | Wards Affected: | (All Wards); |
| Portfolio: | Cabinet Member - Children's Social Care | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

This report outlines proposals for the Local Government Association to provide training for members of the Overview and Scrutiny Committee and for all members in relation to corporate parenting.

The report also seeks approval for the committee to return to its normal pattern of 5 meetings per year.

Recommendation(s):

- (1) That the proposals for training by the Local Government Association be endorsed.
- (2) That the committee return to the normal cycle of 5 meetings per municipal year.

Reasons for the Recommendation(s):

The training offered by the LGA will improve the effectiveness of the Committee and support all members in their role as corporate parent. Returning to the normal frequency of meetings will assist officers in concentrating their efforts on implementing the service improvement plan.

Alternative Options Considered and Rejected: (including any Risk Implications)

For members not to receive specialist training may hinder them from performing their function effectively.

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What will it cost and how will it be financed?

(A) Revenue Costs

The revenue cost of training will be funded by the Local Government Association.

The revenue cost of committee meetings is met from within existing Council budgets.

(B) Capital Costs

There are no direct capital costs associated with the recommendations in this report.

Implications of the Proposals:

| | |
|---|-----|
| Resource Implications (Financial, IT, Staffing and Assets): None - the provision of the training will be covered by the LGA | |
| Legal Implications: S9F Local Government Act 2000 | |
| Equality Implications: There are no equality implications directly from this report. | |
| Climate Emergency Implications: The recommendations within this report will | |
| Have a positive impact | No |
| Have a neutral impact | Yes |
| Have a negative impact | No |
| The Author has undertaken the Climate Emergency training for report authors | No |

Contribution to the Council's Core Purpose:

| |
|--|
| Protect the most vulnerable: An effective Overview and Scrutiny Committee will ensure that members of the Council who are not part of the Executive hold the executive to account for the decisions and actions that affect their communities. |
| Facilitate confident and resilient communities: Children's Services work with partners to support families in need of support and improve resilience. |
| Commission, broker and provide core services: |
| Place – leadership and influencer: The Council will take the lead role to work with partners to improve the provision of children's services in the borough. |
| Drivers of change and reform: |
| Facilitate sustainable economic prosperity: |

| |
|---------------------------------------|
| |
| Greater income for social investment: |
| Cleaner Greener |

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7164) and the Chief Legal and Democratic Officer (LD.5364) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

None

Implementation Date for the Decision

Immediately following the Committee meeting.

| | |
|-------------------------|--------------------------------|
| Contact Officer: | David McCullough |
| Telephone Number: | Tel: 0151 934 2008 |
| Email Address: | david.mccullough@sefton.gov.uk |

Appendices:

There are no appendices to this report.

Background Papers:

There are no background papers available for inspection.

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1. Introduction

1.1. Effective overview and scrutiny should:

- Provide constructive 'critical friend' challenge;
- Amplify the voices and concerns of the public;
- Be led by independent people who take responsibility for their role; and
- Drive improvement in public services.

1.2. When a child comes into care, the council becomes the **Corporate Parent**. Put simply, the term 'Corporate Parent' means the collective responsibility of the council, elected members, employees, and partner agencies, for providing the best possible care and safeguarding for the children who are looked after by us.

2. LGA Proposals

2.1. Officers have been in discussion with the Children's Commissioner about member development in relation to Children's Services and he has recommended that training should be provided to at least cover corporate parenting, understanding safeguarding, scrutiny, key questions for officers and such training should be comprehensive and reviewed on a regular basis to understand what further training might be required.

2.2. In light of this, officers have been liaising with the Local Government Association(LGA) and they have put forward proposals as follows:

2.2.1. The intentions of the support from the LGA are as follows:

- To support the members of the Children's Services and Safeguarding Overview and Scrutiny Committee to identify strengths and areas for development in their practice and provide tailored support around this.
- To offer mentoring support to the Chair of the Children's Services and Safeguarding Overview and Scrutiny Committee.
- To deliver a briefing session on children's services and corporate parenting to all members.
- To support all members of Overview and Scrutiny committees to fulfill their roles.
- To offer support to the Chairs and Vice-Chairs of all scrutiny committees.

2.3. Crucially the above is an indicative outline of initial support, not an exhaustive list. This has been based on an initial discussion with support officers for Overview and Scrutiny, however the above would lead to further support for members based on the learning from each of the above sessions. The LGA, as part of the

sector support offer, is committed to supporting the Council with its improvement journey and will tailor support as required.

- 2.4. The LGA's expertise in political leadership development programmes helps to support and develop councillors; ensuring local politicians are confident and capable, well equipped and well supported to make a difference, deliver and be trusted. The sessions detailed below will be co-facilitated by a Labour member peer and an LGA officer representative.

All of the below support is offered to the Council, fully subsidised by the LGA.

3. Dedicated support for the Children's Services and Safeguarding Overview and Scrutiny Committee

- 3.1. Support for this committee would commence with an initial session on **14 March 2023 at 6.00pm in Bootle Town Hall**. This session would support the committee to identify strengths and areas for development using an established LGA self-assessment tool. From this, dedicated support and resources will be used in a tailored way, to the needs of the committee helping to enhance the ability and confidence of the committee, around the following themes

- Knowledge of Children's Services
- The role of children's scrutiny
- Work programming and planning
- Demonstrating value and influence
- Engagement and working with others
- Creating a strong organisational culture

- 3.2. The session(s) would be delivered by an LGA Associate, alongside a LGA member peer. The LGA would also look to involve the LGA's North West Children's Improvement Adviser with this session. The support is for members of this Committee only, although separate support can be provided following this with the stakeholders around this Committee as appropriate.

- 3.3. This session can be used to target further, future support specific to this Committee. It is also supplemented by a session detailed below on more general Overview and Scrutiny which would be offered to all Overview and Scrutiny members.

4. All Member Corporate Parenting Briefing

- 4.1. This briefing session will support all members across the Council to consider their roles and responsibilities in relation to their duties as corporate parents. The session will help councillors to understand legislation, the local context for children in care and care leavers, and help them understand the practical ways they can carry out their duties.

Agenda Item 10

4.2. Alongside this, members will have free access also to the LGA's e-learning module which can be accessed via the LGA e-learning platform - <https://www.local.gov.uk/our-support/leadership-workforce-and-communications/councillor-development/councillor-e-learning>

5. Support for members of all Overview and Scrutiny Committees

5.1. A 2.5 - 3 hour session in person, open to all members of the different Overview and Scrutiny committees. This session will provide the opportunity to:

- Revisit the underlying principles of scrutiny as an essential function of a strong system of local governance, accountability and policy development.
- Explore the different roles that scrutiny can play in Sefton.
- Look at ways of utilising powerful questions.
- Consider ways of creating impact and 'making a difference'
- Identify further steps that members can take to increase their impact as effective 'scrutineers'

5.2. The LGA would fund the costs of this session in full and would use a relevant LGA Member Peer alongside an LGA Officer. This session would take place June/July 2023 – following the Council AGM.

6. Support for the Chair of the Children's Services and Safeguarding Overview and Scrutiny Committee

6.1. The LGA would be happy to offer the Chair of this Committee a mentor, who they could use as they choose in this role. The LGA would fund the time of the mentor in full as part of this support and suggest a Labour Member Peer with relevant experience in mentoring and of chairing a children's overview and scrutiny committee for this role.

7. Support for all Scrutiny Chairs and Vice-Chairs

7.1. Following the initial discussion which arrived at the above offers of support, there has been a request for a dedicated session for Chairs and Vice-Chairs. The LGA would be happy to resource in full a session such as this which would take place in-person over the course of 2.5 – 3 hours. It is recommended to hold this in the June/July 2023 window also, following the Council AGM and potentially on the same day as the all-member scrutiny session. This would be facilitated by a LGA Officer and Labour Member Peer. A full outline would be developed with the Council following this offer, shaped by local specifics. Based on the LGA's experience of operating similar sessions elsewhere, this session could cover themes such as:

- Leadership of Scrutiny – the relationships and skills that are key to this.
- Effective Chairing
- Developing the relationship with the Cabinet
- A rapid review – where the Chairs and Vice-Chairs feel the approach to overview and Scrutiny works well, where there are challenges and actions that can be taken.
- Taking the learning forward.

8. Frequency of Meetings

8.1. Members will be aware that the normal cycle of meetings of Overview and Scrutiny meetings is to meet five times per year, but it was agreed that given the position with Children's Services that the committee would meet every 6 weeks.

8.2. However, it is now felt that in order to support officers to focus improving practice within Children's Services and on delivering the improvement plan, it would be beneficial to return to the normal cycle of meetings. Should it be deemed necessary ad hoc meetings of the committee could be arranged.

8.3. If agreed the committee would meet as follows:

- 6th June (B)
- 26th September (S)
- 14th November (B)
- 30th January (S), and
- 12th March (B)

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| | | | |
|--------------------------------------|---|----------------------------------|--------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | 6 March 2023 |
| Subject: | Cabinet Member Reports – January - February 2023 | | |
| Report of: | Chief Legal and Democratic Officer | Wards Affected: | All |
| Cabinet Portfolio: | Children's Social Care Education | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

To submit the Cabinet Member – Children's Social Care and the Cabinet Member - Education reports relating to the remit of the Overview and Scrutiny Committee.

Recommendation:

That the Cabinet Member – Children's Social Care and the Cabinet Member - Education reports relating to the remit of the Overview and Scrutiny Committee be noted.

Reasons for the Recommendation:

In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

Alternative Options Considered and Rejected:

No alternative options have been considered because the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

What will it cost and how will it be financed?

Any financial implications associated with the Cabinet Member reports which are referred to in this update are contained within the respective reports.

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(A) **Revenue Costs** – see above

(B) **Capital Costs** – see above

Implications of the Proposals:

| | |
|---|-----|
| Resource Implications (Financial, IT, Staffing and Assets): None | |
| Legal Implications: None | |
| Equality Implications: There are no equality implications. | |
| Climate Emergency Implications: | |
| The recommendations within this report will | |
| Have a positive impact | No |
| Have a neutral impact | Yes |
| Have a negative impact | No |
| The Author has undertaken the Climate Emergency training for report authors | Yes |
| There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time. | |

Contribution to the Council's Core Purpose:

| |
|--|
| Protect the most vulnerable: None directly applicable to this report. The Cabinet Member updates provides information on activity within Councillor Doyle's and Councillor Roscoe's portfolios during the previous three-month period. Any reports relevant to their portfolios considered by the Cabinet, Cabinet Member or Committees during this period would contain information as to how such reports contributed to the Council's Core Purpose. |
| Facilitate confident and resilient communities: As above |
| Commission, broker and provide core services: As above |
| Place – leadership and influencer: As above |
| Drivers of change and reform: As above |
| Facilitate sustainable economic prosperity: As above |
| Greater income for social investment: As above |
| Cleaner Greener: As above |

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Cabinet Member Update Reports are not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the attached Cabinet Member update reports will be included in those reports as appropriate.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

| | |
|-------------------------|--|
| Contact Officer: | Debbie Campbell |
| Telephone Number: | 0151 934 2254 |
| Email Address: | debbie.campbell@sefton.gov.uk |

Appendices:

The following appendices are attached to this report:

- Appendix A - Cabinet Member – Children’s Social Care - update report
- Appendix B - Cabinet Member – Education – update report

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.
- 1.2 Attached to this report, for information, are the most recent Cabinet Member reports for the Children’s Social Care and Education portfolios.

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| CABINET MEMBER UPDATE REPORT | | |
|-------------------------------------|-------------------|--------------|
| COUNCILLOR | PORTFOLIO | DATE |
| Mhairi Doyle | Children Services | January 2023 |

CHILDREN’S SOCIAL CARE

- We are seeing a significant increase in the senior management oversight and supervision across cases. We are now working on making this more effective regarding practice improvement.
- The QA framework embedding and having an impact on identifying where practice needs to improve. Team managers are completing audits and we are seeking views from families.
- Performance data is still progressing, but we need to get smarter as to how this is presented and how it is used to improve practice.
- Our Academy continues to develop, and we are seeing improved practice in this service area. Staff report feeling supported and allowed to undertake thorough work with families.
- We are due to begin our team management training which is supported by our partnership with Leeds. This will help support our managers to create better assessments and plans with families.
- We have been successful in permanent recruitment to the Practice Improvement Manager posts. These are critical roles regarding our journey to improve practice and outcomes for children.
- We have had our second monitoring visit which focussed on CIN and CP and our work with Children with Complex Needs.
- We have successfully recruited to both our Family Group Conferencing team and child exploitation offer (MyS.P.A.C.E). Both are examples of good partnership working and we are aiming to launch both services in mid-March.
- We have reviewed a few key policies to support both our care experienced and cared for young people. This includes our policy to support post graduate education.
- Our relatively new Family Support team within Children with complex Needs continues to offer a different option for families. We are seeing good practice from this team and we are considering additional resource.
- The realignment of Early Help continues with a date of 7th April set for the transition. We have organised a **Page 147**am including senior leaders and frontline workforce to ensure transparency and stability.

- Our Making a Difference Group and Youth Ambassadors continue to work on their three key priorities which includes how we organise children in care reviews.

YOUTH JUSTICE SERVICE (YJS)

Performance

Performance remains good against the current metrics of reducing reoffending and the number of first-time entrants which marginal reductions. One child has been convicted of a very serious offence and is expected to receive a custodial sentence in March, therefore performance against reducing the use of custody will be compromised.

The YJS are currently trialling data collection against new Key Performance Indicators which commence in April. These are extensive however will provide a richer context for performance.

In addition, we continue to undertake thematic audits and share findings to improve practice. A joint audit on Transitions was completed with Probation, an outcome was that the Transitions Panel will discuss all 17 years olds and record the decision-making rationale relating to whether they transition to Probation at 18yrs, or not. A further audit for Out of Court Disposals is nearly complete and a date is arranged to share and discuss findings.

Youth Justice Partnership

At the recent Partnership Board (31st January) we delivered a case study relating to risk of serious harm to others and violence offences. The case study revealed common characteristics in the children studied which led to challenging discussions about how services could be more effective and how characteristics may manifest in a sequence, which could be identified at an earlier stage. An extraordinary partnership has been arranged for 19th April to engage in deeper discussion with partners to determine actions and matters to escalate.

Prevention Projects

The new prevention strand is operational through the Turnaround and Community Connector Projects. Staff have been recruited to deliver the externally funded projects. Nine children have already been referred to the Turnaround Project which is aimed at preventing children from engaging in criminal and risk-taking behaviour. We are working with a local provider to deliver bespoke diversion activities. The Community Connectors project will work with schools to support girls 8-15years old who are engaging in or are on the periphery of criminality and have mental health concerns. This is in direct response to concerns the YJS had regarding mental health of girls who were working with the service.

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APPENDIX A

The YJS is working closely with education colleagues to challenge schools when children are not accessing their statutory 25 hours offer of education. In addition, Education have funded 5 Education Psychology Assessments to identify concerns and enable YJS colleagues to support children to engage with their learning environment.

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| CABINET MEMBER UPDATE | | |
|---|------------------|-------------------------|
| Overview and Scrutiny (Children’s Services and Safeguarding) | | |
| Councillor | Portfolio | Period of Report |
| Diane Roscoe | Education | February 2023 |

Attendance

Sefton are continuing to implement the up to date guidance “Working together to improve attendance”

The DFE attendance advisor met with Sefton Council and we have submitted the self-evaluation outlining progress and areas highlighted as needing further development in the implementation of the model.

There have been 4 sessions with governors about attendance and their responsibilities.

Exclusions

There have been 18 permanent exclusions September 2022 to February 2023. This is the same number as the previous year.

SEND

A Casework Officer with specific responsibility for post 16, has now commenced appointment as at 20/02/23; this being key in the additionality needed for service delivery to support March 31st statutory deadline for secondary to post 16 education and young people moving between post 16 institutions.

At mid-point in January the team were working at 50% compliance on new assessments. Given the statutory deadline of 15th February 2023 for children moving placement from nursery to reception and primary to secondary, priorities needed to be redirected towards the new assessments within the overdue cohort of the relevant year groups to enable us to reach 100% compliance on our key transition deadline.

This impacted on our overall compliance with the 20 weeks for new assessments within the month of January to 31.3% achieved. Overdue assessments (at differing stages) equating to 151 cases.

Transition requirements for those children included in the statutory deadline involved completing Educational Health and Care Plan (EHCP) assessments, amending existing EHCPs for Y-1 and Y6 for 147 children either starting or changing setting – 100% were completed by the deadline.

For the children starting in Reception, 91% was named in line with parental preference of schools and for children due to start in Year 7, 89% was named in line with parental preference.

This work also reflected improvement in the current overdue category which is currently 100 over 20 weeks compliance from the date of request for assessment.

325 cases are currently in process of assessment.

School Improvement

School Improvement are nearing completion of the recruitment of school based moderators to support the LA with their statutory function to moderate teacher assessments at key stage one and key stage 2 for 25% of maintained primaries and 25% of primary academies. This has involved all potential moderators being quality assured in their setting by the Service Manager/Strategic Lead for Moderation and then the completion of a national standardised exercises. It is anticipated that 12 moderators for each key stage will support the moderation process which begins May and is completed by the end of June. Several training sessions have taken place to support teachers with their understanding of national standards. There will be cluster workshops to help practitioners identify gaps in learning for their pupils in their year group. The LA Strategic Lead is a member of the NW assessment group to ensure that there is consistency of messages communicated nationally and locally.

Early Years

The profile of the service has been raised leading to several settings and schools receiving targeted support through the protocol process.

Progress has been made with the development and implementation of the 2yr old statutory integrated review including links between the LA, settings, and health professionals. All settings and schools with 2yr olds now have a link community nursery nurse.

In order to support the current and on-going issues with recruitment and retention in the early years' workforce, links have been made with training providers, Sefton in Work, other LA's and secondary schools. The aim of this is to gather wider research and share ideas that will support the development of a recruitment and retention plan for EY.

There is an on-going focus regarding transition throughout this term. A new policy and procedures for transition have been developed.

Up-date on the Early Years Provider Agreement that sets out the expectations of LA and providers in relation to the delivery of the free entitlement has been signed and returned by 90% of providers.

Virtual School

The Virtual School has now commenced its second term with electronic PEPs (Personal Education Plans). The quality in the first term was still variable, but the quality assurance process allows for discussion and further training, and there are several training options, depending on need. Despite staff shortage, all PEPs were quality assured. Regular updates on PEP returns and quality are sent to the Service Manager for Social Care, and PEPs are discussed in team meetings. A competition was held to award a prize to the first team to reach 100% returns. There is a learning curve for all involved and a 'How to' document has been produced to support schools and Social Workers if their PEP falls into the 'Red' category. Data will be added to the Corporate Parenting performance dashboard.

The work of the therapist commissioned as a pilot project through the Well Young Person team is now embedded, with 10 young people currently receiving the service. An impact report will be prepared after Easter and then a decision about continuation of the service will be made.

Educational Psychologists

EPs have audited schools on the subject of emotional based school avoidance (EBSA). This data is being analysed in order to inform a local authority response to concerns in this area. There are ongoing challenges in the recruitment of EPs; existing vacancies have not yet been filled. The Principal EP is working with finance and HR to try to address some of the challenges with recruitment. This is needed given the significant increase in statutory assessments and an increase in demand from schools.

Alternative Provision

Harmonize Academy, which is an outstanding alternative education in Liverpool have also put in a bid to open an alternative provision in Sefton. This will greatly benefit our young people who do not thrive in mainstream education.

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Agenda Item 12

| | | | |
|--------------------------------------|--|----------------------------------|--------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | 6 March 2023 |
| Subject: | Work Programme 2022/23, Scrutiny Review Topics and Key Decision Forward Plan | | |
| Report of: | Chief Legal and Democratic Officer | Wards Affected: | All |
| Cabinet Portfolio: | Children's Social Care Education | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

To:

- review the Committee's Work Programme for the remainder of the Municipal Year 2022/23;
- identify any items for pre-scrutiny by the Committee from the Key Decision Forward Plan;
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee; and
- note the information provided in the separate report on the "Education Scorecard" and to consider the possible re-establishment of a Working Group to review the topic of Secondary School Performance and Attainment Working Group.

Recommendations:

That:

- (1) the Work Programme for 2022/23, as set out at Appendix A to the report, be noted, along with any additional items to be included and agreed;
- (2) items for pre-scrutiny from the Key Decision Forward Plan which fall under the remit of the Committee, as set out in Appendix B to the report, be considered and any agreed items be included in the work programme referred to in (1) above;
- (3) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted; and

Agenda Item 12

- (4) the information provided in the separate report on the “Education Scorecard” be noted and the possible re-establishment of a Working Group to review the topic of Secondary School Performance and Attainment Working Group, be considered.

Reasons for the Recommendation(s):

To determine the Work Programme of items to be considered during the Municipal Year 2022/23; identify scrutiny review topics which would demonstrate that the work of the Overview and Scrutiny “adds value” to the Council; and to comply with a decision of the Committee to update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

The pre-scrutiny process assists Cabinet Members to make effective decisions by examining issues before making formal decisions.

Alternative Options Considered and Rejected: (including any Risk Implications)

No alternative options have been considered as the Overview and Scrutiny Committee needs to approve its Work Programme and identify scrutiny review topics.

What will it cost and how will it be financed?

There are no direct financial implications arising from this report. Any financial implications arising from the consideration of a key decision or relating to a recommendation arising from a Working Group review will be reported to Members at the appropriate time.

(A) **Revenue Costs** – see above

(B) **Capital Costs** – see above

Implications of the Proposals:

| | |
|--|-----|
| Resource Implications (Financial, IT, Staffing and Assets): None | |
| Legal Implications: None | |
| Equality Implications: There are no equality implications. | |
| Climate Emergency Implications: | |
| The recommendations within this report will | |
| Have a positive impact | No |
| Have a neutral impact | Yes |
| Have a negative impact | No |
| The Author has undertaken the Climate Emergency training for report authors | Yes |
| There are no direct climate emergency implications arising from this report. Any climate | |

emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: None directly applicable to this report. Reference in the Work Programme to any other reports could impact on the Council's Core Purposes, in which case they will be referred to in the report when submitted.

Facilitate confident and resilient communities: As Above

Commission, broker and provide core services: As Above

Place – leadership and influencer: As Above

Drivers of change and reform: As Above

Facilitate sustainable economic prosperity: As Above

Greater income for social investment: As Above

Cleaner Greener: As Above

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Work Programme Report is not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the Work Programme report will be included in those reports as appropriate.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

| | |
|-------------------------|--|
| Contact Officer: | Debbie Campbell |
| Telephone Number: | 0151 934 2254 |
| Email Address: | debbie.campbell@sefton.gov.uk |

Appendices:

The following appendices are attached to this report:

- Appendix A – Overview and Scrutiny Work Programme for 2022/23;
- Appendix B - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee;

Background Papers:

There are no background papers available for inspection.

Agenda Item 12

Introduction/Background

1. WORK PROGRAMME 2022/23

- 1.1 The Work Programme of items submitted to the Committee for consideration during the Municipal Year 2022/23 is set out at **Appendix A** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee. The Programme is submitted to each meeting of the Committee and updated, as appropriate, to reflect any additional items requested by Members and Officers.
- 1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the Committee.
- 1.3 **The Committee is requested to comment on the Work Programme for 2022/23, as appropriate, and note that any additional items may be submitted to future meetings of the Committee during the 2023/24 Municipal Year.**

2. PRE-SCRUTINY OF ITEMS IN THE KEY DECISION FORWARD PLAN

- 2.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan which fall under the remit (terms of reference) of this Committee. The Forward Plan, which is updated each month, sets out the list of items to be submitted to the Cabinet for consideration during the next four-month period.
- 2.2 The pre-scrutiny process assists the Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.
- 2.3 The Overview and Scrutiny Management Board has requested that only those key decisions that fall under the remit of each Overview and Scrutiny Committee should be included on the agenda for consideration.
- 2.4 The latest Forward Plan, published on 31 January 2023, for the four-month period 1 March – 30 June 2023, is attached at **Appendix B** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 2.5 There are two items within the current Plan that fall under the remit of the Committee on this occasion, namely:
 - Placements North West - Children's Social Care Service Provision
 - SEND Joint Commissioning Plan
- 2.6 Should Members require further information in relation to any item on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.

2.7 At the time of drafting this report, the next Key Decision Forward Plan for the period 1 April 2023 – 31 July 2023, is due to be published on 28 February 2023. In the event that there are any additional items within the new Plan that fall under the remit of the Committee, they will be provided to Committee Members, in order to assist with the pre-scrutiny process.

2.8 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix B to the report, which fall under the remit of the Committee and any agreed items be included in the Work Programme referred to in (1) above.**

3. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

3.1 During the October/November 2019 cycle of meetings, the Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees considered a report on the guidance produced by the Ministry of Housing, Communities and Local Government relating to Overview and Scrutiny in Local and Combined Authorities following on from the Communities and Local Government Select Committee's inquiry into Overview and Scrutiny. This Committee considered the matter at its meeting held on 15 October 2019 (Minute No. 32 refers).

3.2 The Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees all agreed the recommendations contained in the report, one of which being that updates on Liverpool City Region Combined Authority Overview and Scrutiny Committee (LCRCAO&S) be included in the Work Programme report considered at each Overview and Scrutiny Committee meeting.

3.3 In accordance with the above decision, information on the LCRCAO&S is set out below.

3.4 Role

The Overview and Scrutiny Committee was established by the Combined Authority in May 2017 in accordance with the Combined Authorities Order 2017.

The role of the Overview and Scrutiny Committee is to:

- Scrutinise the decision and actions taken by the Combined Authority or the Metro Mayor;
- Provide a "critical friend" to policy and strategy development;
- Undertake scrutiny reviews into areas of strategic importance for the people of the Liverpool City Region; and
- Monitor the delivery of the Combined Authority's strategic plan.

3.5 Membership

The Committee is made up of 3 elected Members from each of the constituent Local Authorities of the LCR Combined Authority, along with one elected Member

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from both the Liverpool City Region Liberal Democrat Group and the Liverpool City Region Conservative Group.

Sefton's appointed Members are Councillors Howard (Scrutiny Link), Hansen and Waterfield.

Representatives of the Liberal Democrat Group and Conservative Group on the Committee will be reported to Members at the next meeting.

3.6 Chair and Vice-Chair

The Chair of the LCRCAO&S cannot be a Member of the majority group. The Chair will be appointed at the first meeting of the Committee on 13 July 2022.

3.7 Quoracy Issues

A high number of meetings of the LCRCAO&S have been inquorate in the past.

The quorum for meetings of the LCRCAO&S is 14, two-thirds of the total number of members, 20. This high threshold is not set by the Combined Authority but is set out in legislation.

The Combined Authority's Monitoring Officer will be looking to work with the Monitoring Officers from the other Combined Authorities to identify what problems they are experiencing with Scrutiny and how/if they had overcome them. Representations to Government would also be considered once all options locally to resolve the quorum issue had been exhausted. The CA Monitoring Officer would then be able to provide evidence to Government that the quorum level was obstructing the work of scrutiny within the CA.

3.8 Meetings

Information on all meetings and membership of the LCRCAO&S can be obtained using the following link:

<https://moderngov.merseytravel.gov.uk/ieListMeetings.aspx?CId=365&Year=0>

3.9 Latest Meeting – 1 March 2023

At the time of drafting this report, the latest meeting of the LCRCAO&S is scheduled to be held on 1 March 2023 and the Committee is due to consider the following items:

- Verbal Update from Metro Mayor Steve Rotheram
- Appointment to the Audit and Governance Committee

The next meeting of the LCRCAO&S will be held on 19 April 2023. Matters discussed at the meeting will be reported to Members at a future meeting of the Committee.

Details of all meetings can be obtained using the link referred to above

3.10 *The Committee is requested to note the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.*

4. POSSIBLE SCRUTINY REVIEW TOPIC - SECONDARY SCHOOL PERFORMANCE AND ATTAINMENT WORKING GROUP

4.1 At its meeting held on 7 November 2022, the views of the Committee on the possible re-establishment of the Secondary School Performance and Attainment Working Group were sought and the Committee agreed that:

“further consideration be given to the re-establishment of the Secondary School Performance and Attainment Working Group once the Committee has considered the report of the Executive Director of Children’s Social Care and Education providing information on the up- to-date test and examination data;” (Minute No 23 (2) refers);

4.2 At the time of drafting this report, a separate report of the Executive Director of Children’s Social Care and Education on the “Education Scorecard” is anticipated to appear elsewhere on the agenda.

4.3 The Committee is requested to note the information provided in the report referred to above and to consider the possible re-establishment of a Working Group to review the topic of Secondary School Performance and Attainment Working Group.

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**OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)
WORK PROGRAMME 2022/23**

| Tuesday, 5 July 2022, 6.30 p.m., Town Hall, Bootle | | |
|---|---|--------------------------------|
| No. | Report/Item | Report Author/Organiser |
| 1. | Ofsted Inspection Reports | Tricia Davies |
| 2. | Impact of Covid 19 on the Primary Curriculum Working Group - Final Report | Debbie Campbell |
| 3. | Cabinet Member Update Reports | Amy Riley/Debbie Campbell |
| 4. | Work Programme Update | Debbie Campbell |

| Tuesday, 27 September 2022, 6.30 p.m., Town Hall, Southport | | |
|--|--|--------------------------------|
| No. | Report/Item | Report Author/Organiser |
| 1. | Domestic Abuse Update | Steven Martlew/Simon Burnett |
| 2. | Children's Services Improvement Programme | Martin Birch/Jan McMahon |
| 3. | Early Help Services | Jan McMahon |
| 4. | Education Excellence Strategy for Sefton 2022-2027 | Nicola Robson/Tricia Davies |
| 5. | Ofsted Inspection Report | Tricia Davies |
| 6. | Cabinet Member Update Reports | Amy Riley/Debbie Campbell |
| 7. | Work Programme Update | Debbie Campbell |

| Monday, 7 November 2022, 6.30 p.m., Town Hall, Bootle | | |
|--|---|---------------------------------|
| No. | Report/Item | Report Author/Organiser |
| 1. | Integrated Care Systems and Start Well Update | Deborah Butcher/Eleanor Moulton |
| 2. | Children's Services Improvement Programme | Martin Birch/Jan McMahon |
| 3. | Performance Dashboard | Laura Knights |
| 4. | Summer 2022 Data | Tricia Davies |
| 5. | Children's Services Commissioner | Martin Birch |
| 6. | Cabinet Member Update Reports | Amy Riley/Debbie Campbell |
| 7. | Work Programme Update | Debbie Campbell |

| Tuesday, 20 December 2022, 6.30 p.m., Town Hall, Southport | | |
|---|---|--|
| No. | Report/Item | Report Author/Organiser |
| 1. | Maternity Services Briefing | Kerrie France, Associate Director Quality and Performance, Cheshire & Merseyside ICB Sefton Place Team |
| 2. | Children's Services Improvement Programme | Martin Birch/Jan McMahon |
| 3. | Referrals & Thresholds | Risthardh Hare |
| 4. | Cabinet Member Update Reports | Amy Riley/Debbie Campbell |
| 5. | Work Programme Update | Debbie Campbell |

| Tuesday, 31 January 2023, 6.30 p.m., Town Hall, Bootle | | |
|---|--|-------------------------------------|
| No. | Report/Item | Report Author/Organiser |
| 1 | Attendance by Improvement Board Chair | Martin Birch |
| 2. | SEND Annual Update | Tricia Davies/Christopher Lee |
| 3. | Corporate Parenting Board - Annual Report 2022 | Laura Knights to invite Cllr. Doyle |
| 4. | Children's Services Improvement Programme Phase 2 | Martin Birch/Jan McMahon |
| 5. | Recruitment & Support for Newly Qualified Social Workers | Ristardh Hare |
| 6. | Cabinet Member Update Reports | Amy Riley/Debbie Campbell |
| 7. | Work Programme Update | Debbie Campbell |

| Monday, 6 March 2023, 6.30 p.m. Town Hall, Southport | | |
|--|--|--|
| No. | Report/Item | Report Author/Organiser |
| 1. | Children and Young People Commissioned Health Services Update | NHS Cheshire & Merseyside (Sefton)/Alder Hey Reps. |
| 2. | Sefton Safeguarding Children Partnership (SSCP) Annual Report 2021-2022 | Joe Banham/Deb Hughes |
| 3. | Children's Services Improvement Programme | Martin Birch/Jan McMahon |
| 4. | Education Scorecard | Tricia Davies |
| 5. | Education, Health and Care Plans To include progress regarding compliance with statutory timescales to complete Education, Health & Care (EHC) assessments & to produce a final EHC Plan To include figures for the appeals process where parental preferences were unable to be met | Tricia Davies |
| 6. | Ofsted Inspection Reports (Termly Basis) | Tricia Davies |
| 7. | LGA Training Proposals | David McCullough |
| 8. | Cabinet Member Update Reports | Risthardh Hare /Tricia Davies/Debbie Campbell |
| 9. | Work Programme Update To include consideration of the re-establishment of the Secondary School Performance and Attainment Working Group once the Committee has considered the report of the Executive Director of Children's Social Care and Education providing information on the up- to-date test and examination data (Minute No 23 (2) refers) | Debbie Campbell |



SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 MARCH 2023 - 30 JUNE 2023

This Forward Plan sets out the details of the key decisions which the Cabinet, individual Cabinet Members or Officers expect to take during the next four month period. The Plan is rolled forward every month and is available to the public at least 28 days before the beginning of each month.

A Key Decision is defined in the Council's Constitution as:

1. any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater;
2. any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

Anyone wishing to make representations about any of the matters listed below may do so by contacting the relevant officer listed against each Key Decision, within the time period indicated.

Under the Access to Information Procedure Rules set out in the Council's Constitution, a Key Decision may not be taken, unless:

- it is published in the Forward Plan;
- 5 clear days have lapsed since the publication of the Forward Plan; and
- if the decision is to be taken at a meeting of the Cabinet, 5 clear days notice of the meeting has been given.

The law and the Council's Constitution provide for urgent key decisions to be made, even though they have not been included in the Forward Plan in accordance with Rule 26 (General Exception) and Rule 28 (Special Urgency) of the Access to Information Procedure Rules.

Copies of the following documents may be inspected at the Town Hall, Oriel Road, Bootle L20 7AE or accessed from the Council's website: www.sefton.gov.uk

- Council Constitution
- Forward Plan
- Reports on the Key Decisions to be taken
- Other documents relating to the proposed decision may be submitted to the decision making meeting and these too will be made available by the contact officer named in the Plan
- The minutes for each Key Decision, which will normally be published within 5 working days after having been made

Some reports to be considered by the Cabinet/Council may contain exempt information and will not be made available to the public. The specific reasons (Paragraph No(s)) why such reports are exempt are detailed in the Plan and the Paragraph No(s) and descriptions are set out below:-

1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime
8. Information falling within paragraph 3 above is not exempt information by virtue of that paragraph if it is required to be registered under—
 - (a) the Companies Act 1985;
 - (b) the Friendly Societies Act 1974;
 - (c) the Friendly Societies Act 1992;
 - (d) the Industrial and Provident Societies Acts 1965 to 1978;
 - (e) the Building Societies Act 1986; or
 - (f) the Charities Act 1993.
9. Information is not exempt information if it relates to proposed development for which the local planning authority may grant itself planning permission pursuant to regulation 3 of the Town and Country Planning General Regulations 1992
10. Information which—
 - (a) falls within any of paragraphs 1 to 7 above; and
 - (b) is not prevented from being exempt by virtue of paragraph 8 or 9 above, is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Members of the public are welcome to attend meetings of the Cabinet and Council which are held at the Town Hall, Oriel Road, Bootle or the Town Hall, Lord Street, Southport. The dates and times of the meetings are published on www.sefton.gov.uk or you may contact the Democratic Services Section on telephone number 0151 934 2068.

NOTE:

For ease of identification, items listed within the document for the first time will appear shaded.

Dwayne Johnson
Chief Executive

FORWARD PLAN INDEX OF ITEMS

| Item Heading | Officer Contact |
|--|--|
| Placements North West - Children's Social Care Service Provision | Eleanor Moulton eleanor.moulton@sefton.gov.uk |
| SEND Joint Commissioning Plan | Darcy De Winter Darcy.DeWinter@sefton.gov.uk |

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

| | | | | |
|---|---|-----|------------------|----|
| Details of Decision to be taken | Placements North West - Children's Social Care Service Provision There are four regional purchasing systems in the North West managed by Placements North West, these include fostering, residential, supported accommodation and SEND provision. Sefton is a part of this framework agreement. This report seeks approval to apply an uplift to the fee offered for these services in response to market pressure. | | | |
| Decision Maker | Cabinet | | | |
| Decision Expected | 9 Mar 2023 | | | |
| Key Decision Criteria | Financial | Yes | Community Impact | No |
| Exempt Report | Open | | | |
| Wards Affected | All Wards | | | |
| Scrutiny Committee Area | Children's Services and Safeguarding | | | |
| Lead Director | Executive Director of Adult Social Care and Health | | | |
| Persons/Organisations to be Consulted | Executive Director for Adult Social Care and Health; and Executive Director for Children's Services. | | | |
| Method(s) of Consultation | Advice and guidance has been taken from the Strategic Commissioning Team, Finance team and Children's Social Care Senior Management Team. | | | |
| List of Background Documents to be Considered by Decision-maker | Placements North West - Children's Social Care Service provision | | | |
| Contact Officer(s) details | Eleanor Moulton eleanor.moulton@sefton.gov.uk | | | |

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

| | | | | |
|---|--|-----|------------------|-----|
| Details of Decision to be taken | SEND Joint Commissioning Plan To seek approval of SEND Joint Commissioning Plan (new priorities) | | | |
| Decision Maker | Cabinet | | | |
| Decision Expected | 6 Apr 2023 | | | |
| Key Decision Criteria | Financial | Yes | Community Impact | Yes |
| Exempt Report | Open | | | |
| Wards Affected | All Wards | | | |
| Scrutiny Committee Area | Children's Services and Safeguarding | | | |
| Lead Director | Assistant Director - Integrated Life Course Commissioning | | | |
| Persons/Organisations to be Consulted | Integrated Health Board; Various Staff and Stakeholders | | | |
| Method(s) of Consultation | Briefings, Meetings and Email | | | |
| List of Background Documents to be Considered by Decision-maker | SEND Joint Commissioning Plan | | | |
| Contact Officer(s) details | Darcy De Winter Darcy.DeWinter@sefton.gov.uk | | | |

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