



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

DATE: Tuesday 26th September, 2023

TIME: 6.30 pm

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

Member

Substitute

| | |
|--------------------------------|------------------------------|
| Councillor | Councillor |
| Councillor Hardman (Chair) | Councillor Harvey |
| Councillor Carlin (Vice-Chair) | Councillor Tweed |
| Councillor Danny Burns | Councillor Myers |
| Councillor Carragher | Councillor Corcoran |
| Councillor Evans | Councillor Lloyd-Johnson |
| Councillor Howard | Councillor Hart |
| Councillor Christopher Page | Councillor John Joseph Kelly |
| Councillor Prendergast | Councillor Brough |
| Councillor Richards | Councillor McGinnity |
| Councillor Spring | Councillor John Kelly |
| Maurice Byrne, Healthwatch | |
| Mrs Sandra Cain, Independent | |
| Advisory Member | |
| Karen Christie, Healthwatch | |
| Stuart Harrison, Diocese | |
| Joan McCarthy, Archdiocese | |
| Cheryl Swainbank, PGR | |

COMMITTEE OFFICER: Debbie Campbell/Laura Bootland
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Services Officer

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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.

We endeavour to provide a reasonable number of full agendas, including reports at the meeting. If you wish to ensure that you have a copy to refer to at the meeting, please can you print off your own copy of the agenda pack prior to the meeting.

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 - 14)

Minutes of the meeting held on 6 June 2023

4. Petition - The Voice of the Families

A petition from The Voice of the Families has been submitted containing 35 signatures. The petition states:

The Voice of the Families are petitioning Sefton's Children's Services Overview and Scrutiny Committee to ask for our representative to speak at committee regarding:

We believe that the Scrutiny Committee lacks depth in terms of lived experience. The panel does not have enough understanding of the day-to-day reality of children with learning difficulties and those children in care and those adopted. Hence when the panel receive the data, they bring their own imagined and subjective viewpoints. We wish for the Scrutiny Committee to be increased by a further three independent people who have lived experience, especially those in the crucial Early Years, Primary and Teen years.

A representative of The Voice of the Families will be allowed

to address the Scrutiny Committee on the content of the petition for a period of 5 minutes.

- 5. Cabinet Member Reports** (Pages 15 - 30)

Report of the Chief Legal and Democratic Officer.
- 6. Report for Information on Vaping Amongst Young People** (Pages 31 - 56)

Report of the Director of Public Health
- 7. Domestic Abuse Update** (Pages 57 - 106)

Report of the Assistant Director of People (Communities)
- 8. Children's Social Care Overview of Practice** (Pages 107 - 146)

Report of the Executive Director of Children's Social Care and Education
- 9. Children's Services Improvement Programme** (Pages 147 - 170)

Report of the Executive Director of Children's Social Care and Education
- 10. Executive/Scrutiny Protocol** (Pages 171 - 188)

Report of the Chief Legal and Democratic Officer
- 11. Work Programme Key Decision Forward Plan** (Pages 189 - 204)

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 6TH JUNE, 2023

PRESENT: Councillor Hardman (in the Chair)
Councillor Carlin (Vice-Chair)
Councillors Danny Burns, Evans, Howard,
Christopher Page, Prendergast and Spring

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 Harvey
Councillor Tweed
10 members of the public

1. INTRODUCTIONS

Introductions took place.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Carragher;
Councillor Richards and her Substitute Councillor McGinnity; and Ms. Joan
McCarthy, Archdiocese Representative.

3. DECLARATIONS OF INTEREST

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

4. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 6 March 2023, be confirmed as a
correct record.

5. SEFTON PLACE - COMMUNITY EMOTIONAL HEALTH AND WELLBEING SERVICES UPDATE 2022 - 2023

RESOLVED: That

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 6TH JUNE, 2023

- (1) the item be deferred, to be considered at an informal meeting of Committee Members on Microsoft Teams, on a date to be determined, in order to enable all relevant health partner representatives to attend; and
- (2) updated data be requested for the informal meeting.

6. CHILDREN'S SERVICES IMPROVEMENT PROGRAMME

The Committee considered the report of the Executive Director of Social Care and Education on progress made on the Improvement Programme. The report set out the background to the matter, indicating that the Improvement Programme continued to be comprised of the four themes, 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.
- 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 Improvement Plan also 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 set out details of progress and Improvement Plan priorities for the next quarter.

Members of the Committee raised the following questions/issues:

- Methods used to recognise that cultural change had been embedded.
- Any negative feedback received from families. A report outlining complaints received could be submitted to a future meeting of the Committee.
- Effective consideration of the presence of males in households considered to be at risk. A report on domestic abuse could be submitted to a future meeting of the Committee.
- The importance of audits undertaken to capture the voice of the child.

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 6TH JUNE, 2023

- The pace of change and how this was evidenced.
- Clarification on key priorities for the next quarter.
- The importance of administrative support for Children's Services, particularly for social workers with large caseloads. A report on the administrative support pilot scheme could be submitted to a future meeting of the Committee.
- The quality and timescales for assessments.
- Protected caseloads for newly qualified social workers.
- The importance of a good working environment for social workers.
- Methods used to encourage individuals to consider social work as a career. A report on the work being undertaken with Leeds to attract social workers could be submitted to a future meeting of the Committee.
- The quality of fast-track training for social workers.

RESOLVED: That

- (1) the progress made on the Children's Services Improvement Programme be noted;
- (2) the Executive Director of Social Care and Education be requested to report back on the following matters, in line with the Improvement Plan progress, to future meetings of the Committee:
 - (a) negative feedback / complaints received from families;
 - (b) domestic abuse;
 - (c) the administrative support pilot scheme; and
 - (d) the work being undertaken with Leeds to attract social workers.

7. CHILDREN'S SOCIAL CARE OVERVIEW OF PRACTICE

The Committee considered the report of the Executive Director of Children's Social Care and Education that set out performance management and quality assurance information in respect of Children's Social Care. The report set out the background to the matter and the following Appendices were attached to the report:

- Appendix A - Dashboard - Performance Management and Quality Assurance Report; and
- Appendix B Children's Services Analysis Tool (CHAT)

Members of the Committee raised the following questions/issues:

- Tracking and monitoring of performance management and quality assurance for Children's Social Care.

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 6TH JUNE, 2023

- The value of receiving a narrative for the Children's Services Analysis Tool (CHAT).
- The cessation of a child looked after due to death.
- Accommodation types for care leavers and high numbers of independent living.
- Children in need and complex needs.
- Pre-court proceedings and support/interventions offered prior to formal decisions being made.
- The possibility of obtaining data on individual social worker performance.
- Offers of return home interviews for looked after children following the recording of missing/absent incidents from placements.
- Performance in relation to Children in Need.

RESOLVED: That

- (1) the information provided be noted;
- (2) the Executive Director of Social Care and Education be requested to submit a further report to the next meeting of the Committee; and
- (3) the Democratic Services Manager be requested to include performance management and quality assurance information in respect of Children's Social Care, to include the CHAT report, as a standing item to all meetings of the Committee during 2023/24, and that the following information be included within future reports:
 - a narrative for the Children's Services Analysis Tool (CHAT); and
 - data on child exploitation.

8. SAFEGUARDING LEARNING AND DEVELOPMENT OFFER

Further to Minute No. 52 (3) of 6 March 2023, the Committee considered the report of the Executive Director of Children's Services and Education that provided a summary of training provided by the Safeguarding Children Partnership (SSCP) for 2022/23, in addition to agency engagement. The report provided an overview of training provided by the SSCP for 2022/23, as well as agency engagement, together with training proposals for 2023/24 for the SSCP. Appendix A to the report contained training data.

Members of the Committee raised the following questions/issues:

- Clarification on any issues regarding training could be sought from Members of the Committee.

RESOLVED: That

- (1) the report be noted; and

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 6TH JUNE, 2023

- (2) Members of the Committee be requested to consider further any issues in relation to training and to provide any feedback.

9. EDUCATION SCORECARD

The Committee considered the report of the Executive Director of Children's Social Care and Education presenting the Education Scorecard. The report provided an overview of the data.

The Education Scorecard was attached to the report and set out statistics on:

- Pupil absence
- Pupil exclusions
- Education, Health and Care Plans
- Not in Employment, Education or Training
- National and Sefton Language Data
- Ofsted breakdown by schools
- Early Years Foundations Profile
- Phonics
- Key Stage 1
- Key Stage 2
- Key Stage 4

Further to Minute No. 54 (2) of 6 March 2023, the Scorecard now included categories relating to language known or believed to be other than English and language unclassified.

Members of the Committee raised the following questions/issues:

- Spring term attendance.
- The number of schools rated as Outstanding within the Borough.
- Support offered to children waiting for Education, Health and Care Plans (EHSPs).
- The risk of permanent exclusions as a result of fixed term exclusions.
- Provision for 16–19-year-olds and the possibility of including data on young people not in education, employment or training (NEET) in future Education Scorecards.
- General trends for exclusions.
- Ofsted ratings for schools.
- The possibility of including national averages, where they are available, in future Education Scorecards.
- The benefits of the Committee receiving the Education Scorecards on a regular basis.

RESOLVED: That

- (1) the data contained in the Education Scorecard be noted;

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 6TH JUNE, 2023

- (2) the Assistant Director Children's Services (Education) be requested to include the following in future Education Scorecards:
 - data on young people not in education, employment or training (NEET);
 - national averages, where they are available; and
- (3) the Democratic Services Manager be requested to include the Education Scorecard as a regular item for meetings of the Committee during 2023/24.

10. OFSTED INSPECTION REPORTS

The Committee considered the report of the Assistant Director of Children's Services (Education) updating on recent Ofsted Inspection Reports and the work of the School Improvement Team.

The following schools had been inspected and reports received during the Spring term of 2023:

- Redgate Primary School
- Meols Cop High School
- Trinity St Peters Primary School
- St John's Waterloo Primary School
- Litherland Moss Primary School
- Great Crosby Primary School
- Kew Woods Primary School
- St Philip's Primary School
- St Elizabeth's Primary School
- Chesterfield High School
- Farnborough Road Infants School
- Melling Primary School

A Summary of Ofsted Outcomes and Support during Spring 2023 was attached to the report.

RESOLVED:

That the report be noted.

11. PARENT GOVERNOR REPRESENTATIVE

The Committee considered the report of the Chief Legal and Democratic Officer indicating that the Council's Constitution required the Overview and Scrutiny Committee (Children's Services and Safeguarding) to have two parent governor representatives who have voting rights on education matters. Representatives were normally appointed for a two-year term of office and there was currently a vacancy on the Committee.

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 6TH JUNE, 2023

The Governor Services Team within the Council had sought nominations for a new parent governor to sit on the Committee and one nomination had been received.

RESOLVED:

That the nomination received for a new parent governor representative, Gemma Armer, to sit on the Committee for a period of two years be approved.

12. 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.

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

- Children's Social Care
- Youth Justice Service (YJS):
 - Performance
 - Focus on Risk of Serious Harm and Violence
 - Oversight Framework
 - Prevention Projects

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

- Delivering Better Value in SEND Programme
- OFSTED Local Area Inspection preparation
- SEND
- School Improvement
- Early Years
- 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.

Members of the Committee raised the following questions/issues:

- The possibility of having update reports from the Cabinet Members earlier on agendas for future meetings of the Committee.

RESOLVED:

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

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 6TH JUNE, 2023

13. WORK PROGRAMME KEY DECISION FORWARD PLAN

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

- seek the views of the Committee on the draft Work Programme for the Municipal Year 2023/24;
- invite Committee Members to participate in informal briefing sessions during 2023/24, rather than establish a traditional working group;
- identify any site visits to be made during 2023/24
- identify any items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan;
- note the training proposals available from the Local Government Association and in-house; and
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

The following appendices were attached to the report:

- Appendix A - Work Programme for 2023/24;
- Appendix B – Terms of Reference for the Committee (extract from the Council's Constitution); and
- Appendix C - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee.

Members of the Committee raised the following questions/issues:

- The possibility of the Cabinet delaying consideration of the two items within the Key Decision Forward Plan, as set out in Appendix C of the report, that fell under the remit of this Committee.
- Clarification on the pre-scrutiny process could be sought from the Chief Legal and Democratic Officer.
- Clarification on the CHAT report being a regular standing item for future meetings of the Committee.
- The possibility of holding site visits for Committee Members to the Menai Wellbeing Centre and to Children's Services at Magdalen House, Bootle.

RESOLVED: That

- (1) the draft Work Programme for 2023/24, as set out at Appendix A to the report, be agreed, along with any additional items to be included and agreed;
- (2) further to Minutes numbered 5 (1), 6 (2), 7 (4) and 9 (3) above, the following items be added to the Committee's Work Programme for 2023/24:

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 6TH JUNE, 2023

- (a) the Executive Director of Social Care and Education be requested to report back on the following matters, in line with the Improvement Plan progress, to future meetings of the Committee:
 - (i) negative feedback / complaints received from families;
 - (ii) domestic abuse;
 - (iii) the administrative support pilot scheme; and
 - (iv) the work being undertaken with Leeds to attract social workers;
- (b) the Democratic Services Manager be requested to include:
 - (i) performance management and quality assurance information in respect of Children's Social Care, to include the CHAT report, as a standing item to all meetings of the Committee during 2023/24;
 - (ii) the Education Scorecard as a regular item for meetings of the Committee during 2023/24.
- (3) informal briefing sessions be held, as and when required, rather than the establishment of a traditional working group during 2023/24;
- (4) an informal meeting of Committee Members to consider the Sefton Place - Community Emotional Health and Wellbeing Services Update 2022 – 2023, be held on a date to be determined;
- (5) the following site visits be organised for Committee Members during 2023/24:
 - (a) to meet with the Making a Difference (MAD) Group;
 - (b) to visit the Menai Wellbeing Centre;
 - (c) to visit Children's Services at Magdalen House, Bootle;
- (6) the Key Decision Forward Plan for the period 1 June – September 2023 be noted;
- (7) clarification on the pre-scrutiny process could be sought from the Chief Legal and Democratic Officer;
- (8) the training proposals available from the Local Government Association and in-house be noted; and

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 6TH JUNE, 2023

- (9) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted.

14. DATES OF COMMITTEE MEETINGS 2023/24

RESOLVED:

That it be noted that the meetings of the Committee scheduled to be held during the Municipal Year 2023/24 are as follows:

- 26 September 2023, 6.30 p.m., Town Hall, Southport
- 14 November 2023, 6.30 p.m., Town Hall, Bootle
- 30 January 2024, 6.30 p.m., Town Hall, Southport
- 12 March 2024, 6.30 p.m., Town Hall, Bootle.

Agenda Item 5

| | | | |
|--------------------------------------|---|----------------------------------|-------------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | 26 September 2023 |
| Subject: | Cabinet Member Reports – June - September 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.

Agenda Item 5

(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. | |
| Impact on Children and Young People: Yes | |
| Any implications on the impact on children and young people is set out within the appendices attached to 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 | 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

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

| Councillor | Portfolio | Date |
|-------------------|--|-------------------|
| Mhairi Doyle | Cabinet Member Children’s Social Care | 11 September 2023 |

Children’s Social Care

Stability and capacity in the workforce

In line with the Corporate Plan and the Improvement Plan recruitment and retention of a stable workforce remains a priority for the service. Between April and August 2023 fifteen Social Workers commenced employment and a further fifteen people have been offered places in the second annual intake to the Academy and are due to start later in the year. Fourteen Social Workers will graduate from the first Academy intake in October 2023.

The project to recruit Social Workers from overseas has continued and thirteen international Social Workers are now in post with a further five are due to arrive in the coming weeks. A number of agency Social Workers have also applied to become permanent members of staff

In addition, the following roles have also been recruited to

- Assistant Team Manager
- Practice Improvement Managers
- Independent Reviewing Officers
- Service Manager - Fostering & Adoption
- Short Breaks Support Workers
- Missing Interventions Workers
- Missing From Home Co-ordinator
- Youth Justice Case Managers
- Targeted Family Support Worker
- Early Help Worker
- Night Care Worker
- Youth Justice Practitioner
- Youth Connector
- A number of business support roles

The Council is also working with Frontline, England’s largest social work charity, and through this scheme twelve Social Workers will join the Academy. Work is also underway with regard to the Step Up to Social Work Programme and it is anticipated that recruits via this scheme will commence in January 2024. The Council has previously approved a number of retention initiatives and the impact of these initiatives will be assessed in January 2024.

Agenda Item 5

Appendix A

Recruitment activity is continuing; however, it must be noted that recruitment of experienced Social Workers remains a challenge.

Budget

The table below provides the latest budget position as reported to September Cabinet –

| | Budget £m | Forecast Outturn £m | Variance £m | Variance to June £m |
|------------------------|------------------|--------------------------------|--------------------|--------------------------------|
| Children's Social Care | 80.081 | 85.042 | 4.791 | -0.170 |

The current forecast for the service shows a potential overspend of £4.791m. However, there are a number of significant assumptions and uncertainties that could impact on this position before the year-end. Members of the Committee will be aware that the 2023/24 approved budget included an additional £21m of investment in the service based on the requirement for additional staffing (including some temporary funding for additional agency costs whilst more permanent staff are recruited to, including International Social Workers and from staff coming through the social work academy) as well as additional resources to reflect the number of packages at the time, some potential growth as well as resource for inflationary pressures.

The current forecast for staffing is that it will broadly remain within budget as the impact of the initiatives above start to have an impact.

Certain areas of accommodation and support packages are forecast to overspend, partly due to additional packages in the late part of 2022/23 and early part of 2023/24. Recently improvements in practice have resulted in more children being placed in more appropriate settings at a lower cost. This is expected to continue throughout the year. Work is currently being undertaken to review forecasts for all types of care settings based on several children being in higher cost settings for shorter periods, which is expected to significantly impact on the forecast. In addition, where numbers and costs of Children with Disabilities has increased, specialist work is being undertaken to ensure health are making the appropriate contributions to the cost of care.

The next three-year budget planning cycle will also take place at the same time as the Council's Children's Service Improvement Plan is delivered - this is the priority for the Council. As Members will be aware, a recommendation in the Commissioner's report was that the MTFP should be aligned with that Improvement Plan for a period of five years. That process was conducted and reflected in the budget report of March 2023, and this will again be a key feature of this MTFP. Substantial ongoing work is continuing on this budget, with the Chief Executive, s151 Officer and Director of Children's Services working collaboratively on the management of the in-year position and longer-term budget plan. This service is now showing signs of stability in terms of financial management with the Council Financial Sustainability Growth Programme Capital Programme High Needs Budget General Fund

Budget Reserves Strategy Wholly owned council companies understanding the key cost drivers of each aspect within the service. These will be developed over the course of this budget planning process and will continue to be aligned to the Improvement Plan and the view of the service around future demand in order to inform the three-year budget plan. This will in turn inform budget allocation, budget realignment in the service as required and how this will influence other budgets across the Council and longer-term investment opportunities.

Elected Member Training

Following the training and development needs assessment undertaken in March 2023 by the Local Government Association (LGA) elected members have received Corporate Parenting training plus members of Overview and Scrutiny Children's Services and Safeguarding Committee have received two training sessions delivered by the LGA and a further session is scheduled for October.

Feedback from both the DFE Commissioner and council Officers has been positive in regard to the quality and tone of scrutiny in recent meetings.

Help and Protection

Early Help

Over recent weeks, Peopletoo have been engaged to undertake a review evaluation of Sefton's' Early Help Partnership which has included talking to all key stakeholders. The final report and recommendations are imminent. The plan is for the creation of a Family Hub model in which key agencies are based within the community creating easily accessible and targeted services for families. The review has also highlighted gaps in the process and practice within the partnership Integrated Front Door. An alternative model is being considered which is informed by our close working relationship with Leeds.

Alongside this work, the partnership has embarked on drawing together a comprehensive toolbox/directory of what is available to families and young people <https://www.sefton.gov.uk/earlyhelp>. This is structured under key themes and allows families and professionals to explore what is available and where to go for help.

The recent practice and system changes supported to improve the quality of and timeliness of delivering services to families and there is no longer a waiting list for families to receive a service. All incoming work is allocated within 24 hours. Since realigning with children services in April the delivery of interventions has been reviewed and has now been relaunched with a improved focus on the needs of the community.

Team Around the School

As part of our improvement journey, adopting new ways of working with partners to develop a strong, relationship-based networks which support children and families in school or the community, ultimately improving outcomes is central to adopting a team around the school pilot.

The pilot, for team around the school approach, encompassing 29 Schools within 5 clusters is to go live following an induction in early September. The team around the school approach is a mechanism for agencies, key stakeholders, and communities to come together to improve outcomes for children and young people.

Agenda Item 5

Appendix A

This approach will provide a structure for services to collaborate and meet regularly to support families alongside a cluster of schools, who will work together to offer early help and support or additional guidance. The team around the school will consist of a bespoke core team and supplementary members to wrap around a school community to address needs more efficiently and effectively. The model provides an opportunity to take this learning and develop a different and more co-ordinated way of delivering help and support, led by the right person, at the right time.

Domestic Abuse

The Sefton Safer Family Practice Hub (SSFPH) has four key strands of provision

- Support the improvement of social work practice in its response to domestic abuse
- Provision of resource to Children Social Care – Caring Dad’s programme
- Support Wider Partnership Activity
- Outcome measurement.

The team were established in April 2023 with 2 Social Workers who have expertise within the field of domestic abuse and 1 Independent Domestic Violence Advisor (IDVA) and 1 Team Manager. The team has supported over 40 families with over 80 children. The team has supported Social Work teams with reflective practice sessions to support assessment and planning for children. The team have been using Reflective supervision tools for these sessions such as the anchor principles, the Winnicott model to support the implementation of Restorative Practice within domestic abuse.

The Team has used pro social modelling with Social Workers and Family Support Workers working directly with families by supporting joint visits and completing domestic abuse risk assessments and safety plans. The Team IDVA has completed DASH Ric with a total of 16 families equating to 32 children and young people with 11 of these families being progressed to Sefton Multi Agency Risk Assessment Conference (MARAC) to establish multi-agency safety planning for these families.

The SSFPH Social Work Team has also completed 3 Domestic Abuse Risk Assessments to support safe family time for children. Completing one to one behaviour change with one female parent using harmful behaviour and one male parent using harmful behaviour. Completing one to one victim recovery work with one care experienced female. The team have completed 12 reflective practice sessions.

The team have provided training to the Social Work teams, this has included signs of domestic abuse, risk assessment and safety planning, tools to support victims, parents using harmful behaviours and children and young people. 48 Social Workers have attended the training thus far.

The team are trained and accredited Caring Dad’s Facilitators. SSFPH started to accept referrals for the programme in May 2023. An initial 12 referrals were received. The first cohort of Caring Dad’s started on June with 10 fathers equating to 26 children. The team also

providing IDVA support for 13 associated victims of the fathers. The group is within its infancy for any meaningful data to be retrieved however at the time of writing this report no participants have left the programme.

A second programme commenced in July and a third is scheduled for this month.

A related bid has been submitted to Foundations – What Works Centre for children and families: Participants in the Domestic Abuse Evaluation Accelerator Funding Call. The Project Proposal is, Caring Dad's and Training and Development for Social Workers (Starting Jan 2024 - 3month start up, 12month running programme).

Cared for Children and Care Experienced

Ofsted Monitoring Visit

Ofsted undertook a third Monitoring Visit in July, which are a regular part of the improvement journey and support the Council and partners to identify areas where more and faster progress is required and mark signs of improvement. During this two-day visit Ofsted considered cared for children.

Ofsted recognised signs of improvement in some areas of work particularly the work done to strengthen the Corporate Parenting Board, developing the Academy and the recruitment and retention of Social Workers.

The feedback from the visit also recognised the further work needed in respect of improving permanency.

Officers are actively addressing the concerns raised plan to engage additional staff to assist in the discharge applications for children who should not be in our care. Officers are developing a strategy for permanence which fits with our core values to ensure children live in stable and loving homes at the earliest stage possible. As part of this strategy, we have introduced a permanence tracker meeting to identify those children who are likely to need alternative care long term much earlier in the process so officers can divert them from long term care via alternative order

As Cabinet Member I would like to express my thanks to our partners and workforce for their continued commitment and willingness to learn so that we can improve outcomes for children and their families.

Corporate Parenting

Considerable progress has been made in area of the Corporate Parenting responsibility's the strategy and action plan are in place partners are now attending board regularly. There are discreet working parties for each key area of a cared for child's life to ensure that improvements are in place and maintained. Members have received training and are appropriately challenging officers to ensure compliance with the corporate parenting pledge.

Agenda Item 5

Appendix A

The progress was noted by Ofsted: 'The corporate parenting board has been refreshed with clear and appropriate priorities and workstreams and this is starting to improve the oversight of children in care. Management direction has significantly increased to support decision making including for children living in unregistered and unregulated placements.'

Sufficiency

The Sufficiency Strategy has now been finalised and there is now a defined project plan and working group to ensure grip on the delivery of key pieces of work across operations and commissioning and ensuring progress against the following priorities:

Priority 1 – safely and appropriately reducing the need for children to be cared for by the Council

Priority 2 - reducing the number of children 'placed with parents'

Priority 3 – proactively explore potential for Going Home

Priority 4 – supporting more children to live within their wider family network.

Priority 5 – local, loving homes for cared for children

Priority 6 – Focused, therapeutic residential care for young people with complex needs

Priority 7 – Permanency

Priority 8 – Is this good enough for my child?

Unregulated and unregistered Placements

Since May 2023 the number of children placed in unregistered settings has fallen, with clear exit plans for the majority of these. Robust scrutiny and monitoring of these placements provides greater assurance as plans to move on are progressed. There are currently caring for 4 children /young people who are living in unregistered settings, one of these young people is appropriately placed and officers are awaiting confirmation of a regulated provider to receive the transfer care contract, she is having all her needs met appropriately and she remains in her family home. Two other young people are about to be placed in registered provision and will have moved by the end of October. The fourth young person is transferring back to parental care. We have achieved this reduction through the continued support of our in-house foster carers.

Young people who are placed in what is referred to as "unregulated" is slightly misleading at this point because these are young people aged 16 to 18 who have been assessed as needing support rather than care and are therefore appropriately placed their providers under new legislation need to register by the 25th October and officers are monitoring their registration progress.

By the end of October, there should be at no more than 2 young people in an unregistered setting. This is significantly lower than most other authorities.

Safeguarding, Review and Quality Assurance

Practice Week

Practice week is planned for 02.-05 October 2023. The theme will be Family First, Firm Foundations and Fulfilling Futures. There will be practitioner led events to raise awareness of the importance of understanding family and creating genograms. Mock Family Group Conferences will be shown during the week and a new video to support care planning. Our partners in Leeds will be facilitating some face-to-face training on achieving permanence and stability.

During the month of October, there will be ongoing observations of practice assigned as part of our monthly audit to consider understanding and promotion of permanence at different points in the child's journey. Seniors Leaders and Cabinet Members will be asked to support this. The Council will also be celebrating World Mental Health Day to support staff, Black History Month as part of our commitment to being an inclusive employee and National Care Leavers week also.

Safeguarding Partnership

At present the safeguarding partnership are in the process of finalising their annual report which will be published no later than November 2023. A session is currently being planned with our colleagues from Leeds to support the development of the new Strategic Plan in response to the annual report. This will be against the recently revised SSCP priorities which, moving forward, are Core Safeguarding, Culture and Leadership and Contextual safeguarding. Against the recommendations from the independent scrutineer review, the 3 Key Leads are working together to strengthen the governance of the partnership at all levels. Their communication and commitment to this area of work has started to embed the values of the partnership and encouraged engagement by strengthening the membership representations. They have led events for partnership members to develop a positive culture of partnership working.

Quality Assurance

The Quality Assurance Framework continues support the development of a learning culture as well as ensuring a clear line of sight on practice. Audits are centred around practice conversations with workers as well as in depth reviews of case files. The views of children and families are also obtained where possible, providing as in depth a view as possible on the quality of practice. Following the latest Ofsted monitoring visit, the framework has been amended to allow for a greater volume of audits to be undertaken, a greater percentage of moderation and an increased number of practice observations. Over the last 12 months the quantum of work deemed to be inadequate has decreased dramatically and in recent month has moved closer to the target of the Children's Commissioner of no more than 10% graded inadequate. Officers are also beginning to see the first examples of cases graded as good.

In response to the recent OFSTED monitoring visit, we have reviewed the framework and will be increasing our monthly audits from 14 to 27 per month. We will also be undertaking

Agenda Item 5

Appendix A

regular thematic audits to understand better any critical concerns such as assessments which are closed without further intervention or why we are doing such high numbers of strategy meetings.

We will be delivering our focussed assessments training to all staff in children services. The training has been created in collaboration with colleagues in Leeds with the aim to improve both quality and effectiveness of social work assessments.

Youth Offending

Performance

First Time Entrants (FTE) – There has been an increase in FTE which aligns with national statistics. For Sefton, there was an increase of eight children in the Youth Justice Board data for FTE which compares Jan – Dec 2021 to same period in 2022.

Use of Custody – for some years there has been a base line rate of zero, however Sefton has two children in the secure estate. Sefton's Youth Justice Service support these children and will continue to do so until they are 18 years old. There is potential to provide support until they are 19yrs depending on their transfer into the adult secure estate.

New Key Performance Indicators (KPI's) – The service has collected data relating to the new KPI's which provide insight and information to the Youth Justice Board. Sefton is in a good position to report against the new KPI's. There has been a moderate increase of violence over the last year. The Youth Justice Service is working closely with Communities to develop and deliver Sefton's strand of the Pan Merseyside Strategic Serious Violence Plan, in line with the statutory duties placed upon the Council.

Oversight Framework

The Youth Justice Board have placed Sefton into Quadrant 2 of the Oversight Framework which is titled satisfactory performance. The Youth Justice Board will scrutinise the new key performance indicator returns along with the recently submitted Annual Plan, and complete onsite visits as part of their decision-making process on future quadrant placement. Sefton has received positive feedback for Sefton's Annual Plan 2023.

HMIP Inspection Cycle

HMIP is about to draw the current inspection cycle to a close before launching the next cycle of inspections in early 2024. HMIP are consulting with Youth Justice Services nationally about new standards and inspection proposals throughout August and September.

Prevention Projects

The Turnaround and Community Youth Connector projects continue to deliver good outcomes for children and their families. Both projects have had excellent feedback from children, parents and schools relating to improved engagement with education, diversionary activities and improved relationships at home. The Community Youth Connector project is currently being evaluated by Liverpool John Moores University and Sefton has been selected to take part in the Turnaround evaluation by the Anne Freud Research Organisation.

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

Delivering Better Value in SEND Programme

Module 3 has been completed and the final application for grant funding has been submitted to the DfE. This has passed the first stage of quality assurance with positive feedback on the quality of the application. A further stage of work is required for submission before 8th September before final grant decisions are made in the middle of September by the DfE. Further discussions are taking place with DfE and other national bodies in relation to the wider national issue that exists around the High Needs Funding Budgets for Councils.

OFSTED Local Area Inspection preparation

The SEND Improvement Consultant has led developments of the contingency planning for the pending SEND Local Area Ofsted Inspection over the past few months. The self-assessment audit has been completed and a short-term improvement plan created alongside a longer-term continuous improvement plan. A multi-agency joint vision day is being held 4th September to ensure consistency across the local area partnerships. Governance arrangements have been reviewed and refreshed and a new SEND Dashboard is to be presented to the SEND Continuous Improvement Board in September.

SEND

Compliance with the 20-week timeframe for EHC Assessments currently sits at 34.6% for the year. August monthly figures increased to 50% from 39.4% in July. The current backlog of cases is at 100. Agreement has been given to increase capacity within the SEND Team to respond to the recent performance levels and quantity of EHC Plans in the system. Interviews took place in August and 9 new SEN Casework Officers have been appointed. They will start during the Autumn Term at various stages depending on their notice periods at current employers. Agreement has also been given for an initially interim Head of Service role across the SEND and Inclusion areas to ensure greater co-ordination and strategic management.

Inclusion

By the end of the Summer Term the Inclusion Consultants were involved in completing SEND Nutshells and Health Care checks across Sefton. To help schools understand their profile of SEND needs, their strengths, and developments linked to the new OFSTED framework. This work has been recognised within recent Ofsted inspections.

Initial meeting to discuss Inclusion Strategy with key partners have been held. Priorities and next steps identified with a ‘roadmap’ developed for the Autumn Term.

Joint meetings with the Early Years SEND team to meet with school regarding the new reception cohort for Sept 2023. The focus was to prepare schools for the high levels of children entering in September and consider group funding and alternative support packages rather than individual funding.

All secondary school were involved in a roll out of behaviour training offered commissioned by the Inclusion team from Tor View behaviour hub.

Transition events held for Primary/Secondary to share information and support the high schools understand the cohorts for September 2023.

Schools have been audited by the Educational Psychology Service (EPS) for their views on Emotional Based School Avoidance (EBSA) within their settings. EBSA guidance is being developed by the EPS. Meetings are due to take place in the autumn term with a number of partners to look at the contents of this guidance and to plan further actions to address this area of need, including the development of training for schools.

School Improvement

Primary statutory assessment (testing and moderation) successfully took place across the summer term. The processes in all schools were thorough and there were no concerns reported to Standards and Testing Agency (STA).

Initial analysis of primary school data has taken place and has been used to allocate school support; further analysis and response will take place once validated in October.

We have 14 Professional Partners dedicated to supporting our school improvement offer, including a secondary phase specialist to support our 3 maintained secondary schools and Pupil Referral Unit (PRU).

Our brokered CPD offer for the next academic year, funded by school improvement, has been finalised and is now available to schools. In addition, an extensive programme of training is in place to support primary statutory assessment provided by our newly appointed school improvement officer.

In response to discussions during our Standing Advisory Council on Religious Education (SACRE) meetings, school improvement has brokered subject knowledge and pedagogy training on religious education for each Key Stage at primary. Sefton SACRE are facilitating the Jewish Living Exhibition in October at the Formby PDC. Following the launch attended by local councillors and community representatives, schools have been invited over a 2-week period to a range of workshops.

We welcome 12 new Headteachers to the LA; all have been allocated a mentor and have been invited to a welcome briefing in October.

Early Years

The Early Years Transition event was well attended and feedback was positive from both PVI settings and Schools.

We have continued to support both PVIs and Schools in terms of quality improvement. Schools in the OFSTED window receive a Health Check from the Early Years Team leader and PVIs are supported to review the Quality of provision using the Quality

improvement tool on an annual basis – this then identifies the level of support required from QIOs and Early Years Quality Improvement.

In order to promote careers in childcare we have attended a number of Liverpool City region events to share best practice and ideas for promoting a career in Early Years. The Early Years Partnership and Projects Co-ordinator is working in collaboration with other professionals across sefton on promotion materials and ways in which Sefton can support those who are looking to working in childcare and to entice those who may not yet have considered a career to enter the profession.

Our SEND caseload continues to increase and we now have 600 children across the Early Years SEND service with 172 Early Years Children accessing high needs funding (HNF). We will be launching the Graduated Approach Tool Kit for providers and Schools on 20th September.

The Early Years team work closely with the inclusion service on delivering better values. The action plan has been created collaboratively with the inclusion team to ensure that it has the most impact on the service.

Virtual School

The summer school for UASC at Hugh Baird was a success, and we have agreed a new ESOL course will start in September, enabling young asylum seekers in Year 11 to go to college.

Pleasing Year 13 results, with 2 young people going on to do degrees, one doing a high-level apprenticeship and one doing a degree access course. Still analysing Year 11 results.

Regular surgeries are held in Magdalen House by Tabby Walker Simmonds for Social Workers to offer advice, guidance and support with education. The take up is slow. However, Tabby is receiving email and phone enquires and is in contact with schools.

Electronic PEPs have improved. This year, all young people from 16-18 (or Year 13 if in education) will have a PEP. There is an adapted PEP for those who are NEET.

Attendance

We have 3 early help workers now attached to the team. They will be focussing on identifying wider factors preventing attendance from a whole family perspective. They will be supporting team around the school, however, this only involves 25% of schools so they will be a supporting member rather than a core member.

Attendance has dipped and during the summer break we have undertaken over 200 visits to children and their families. There have been some complaints as addressing attendance can be a challenging role. All schools have received feedback.

We are still continuing with a first day response team for children with a social worker.

Sefton Council will be undertaking a community messaging campaign using a variety of social media platforms to reinforce the message of the importance of school

attendance. This will be to emphasise the connection between strong attendance and children achieving their full potential.

We will be addressing the issue of children being taking out on holidays during term time.

Community-wide messaging campaigns will make it easier for schools and partners to share this important information with families and for families to hear reinforcing messages everywhere they go.

Our message will also be if you are struggling to get your child into school contact the school.

The campaign will begin at the beginning of the school year and then continue throughout the year. They include strategies to address predictable attendance dips, for example, before and after the holidays, during rainy or snowy weather, or at the end of the year.

Reinforced autoclaved aerated concrete (RAAC)

One primary school and one secondary academy have been identified with possible issues with RAAC. Both schools are having detailed surveys conducted and the primary school has no issues with RAAC. We still wait the outcome for the secondary academy.

Agenda Item 6

| | | | |
|--------------------------------------|---|----------------------------------|---|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting: | Tuesday 5 September 2023 |
| | Overview and Scrutiny Committee (Childrens Services and Safeguarding) | | Tuesday 26 th September 2023 |
| Subject: | Report for information on Vaping amongst Young People | | |
| Report of: | Director of Public Health | Wards Affected: | (All Wards); |
| Portfolio: | Health and Wellbeing | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

The purpose of this report is to provide a range of relevant information about vaping amongst young people in Sefton. The content centres on presentation and discussion of findings from a recent, large survey of young people's experiences, attitudes, and behaviours towards vaping and smoking in Sefton. This report has been jointly prepared by Officers from Public Health and Trading Standards teams following a request for information from the Chair of the Overview and Scrutiny Committee Health and Social Care (Adults) at the start of the year.

Key points to note are:

- In a large survey of over 800 mostly 14- and 15-year-olds carried out in Sefton around the start of 2023, almost half had tried vaping and one in seven (14%) reported vaping regularly. National figures show that vaping rates in young people tripled in 2021-22, which coincided with the widespread availability of disposable vapes. During the first six months of 2023, Sefton Trading Standards received twice the number of complaints about underage (under 18) vape sales compared to the whole of 2022. Trading Standards have also encountered many instances of imported devices on sale, which do not comply with regulations.
- One fifth of 14- to 15-year-olds surveyed in Sefton reported ever having smoked a cigarette – an all-time low. However, 8% smoke regularly, which is above the national target for this age group of 3% or lower.
- The peak age for trying vaping in the Sefton survey sample of 14- and 15-year-olds is 13 to 14. The top four reasons for vaping were: 'to give it a try', vape flavours, enjoyment, and nicotine addiction. More than 3 out of 4 children who vape also have friends that vape. Shops and peers are the two main ways of obtaining vapes in the survey and only 21% reported being asked for identification when purchasing. Most children in the survey understood the law around vape sales.

Agenda Item 6

- There is evidence that vaping worsens childhood asthma, but not more so than smoking. It is scientifically plausible that vaping could affect healthy lung and brain development and possibly mental health.
- There is a large data gap regarding long-term toxicity from vaping. There are also notable gaps around the possible toxic effects of some flavouring compounds, and the implications of research carried out on animals for our understanding of the health effects of vaping in children and young people.
- The public health team is currently recommissioning the smoking cessation service. The current serviceⁱ benefits from having a specialist young person's advisor who has led the introduction of a range of educational and service interventions for young people, including on the issue of vaping.
- The Trading Standards Service has increased the number of surveys it carries out testing vape retailers, using underage volunteers and continues to advise businesses, and take appropriate and proportionate enforcement action when necessary.
- An excellent recent report into youth vaping from Health Watch Blackpoolⁱⁱ includes welcome and valuable insights into the issue of illicit vape use. There is a need for further research into evidence-based approaches to enabling young people to stop vaping.
- The current national policy position on vaping is best summarised in a recent official statement by the Chief Medical Officer for England, 'If you smoke, vaping is much safer; if you don't smoke, don't vape; marketing vapes to children is utterly unacceptable.' The Government has recently announced proposals for a range of legal and other measures to prevent children from vaping, whilst protecting harm reduction benefits for adult smokers.

Recommendation:

(1) To note and feedback on the content of this report.

Reasons for the Recommendation:

This report is provided to the Overview and Scrutiny Committee (Adult Social Care and Health) following a request for information about vaping and specifically trends in youth vaping, which was made at the Committee's meeting on 3 January 2023. Trading Standards and Public Health Officers have worked together to provide a thorough overview of this issue and are using this information to further develop the local response.

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

Not applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

(B) Capital Costs

This report does not seek or directly imply any additional revenue or capital costs.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):

This report discusses how relevant services are responding to youth vaping using existing resources. The report does not directly address resource implications from increased use of disposable vapes and increased vaping amongst children and young people.

Legal Implications:

This report discusses laws on vaping, but there are no legal implications from the report itself.

Equality Implications:

There are no equality implications insofar as this report is based on presenting data from a regional survey of 14- to 17-year-olds, including over 800 children from Sefton. Differences by age, sex and ethnicity are noted where data is available. Data on disability, sexuality, and gender reassignment was not available. The lack of desirable information about the socio-economic background of survey participants is noted in the report.

Impact on Children and Young People: Yes

This report is about vaping, and about vaping behaviour amongst children and young people in particular. The report describes the likely extent of this issue in Sefton and recent trends; evidence for health effects; factors that influence and motivate children to vape; and the ways in which children obtain vapes. This valuable information is being used by Trading Standards and Public Health teams in Sefton Council to guide their ongoing response to this issue.

Climate Emergency Implications:

The recommendations within this report will

| | |
|---|-----|
| Have a positive impact | |
| Have a neutral impact | Yes |
| Have a negative impact | |
| The Author has undertaken the Climate Emergency training for report authors | Yes |

This report does not identify negative or positive impacts of vaping on the environmental determinants of climate change. However, it does highlight concern surrounding environmental harm and degradation caused by littering of single-use vapes, which are rapidly growing in popularity.

Agenda Item 6

Contribution to the Council's Core Purpose:

Protect the most vulnerable:

This report focuses on the self-reported vaping and smoking behaviour of a large sample of mostly 14- and 15-year-olds who attend school in Sefton. It describes widespread experimentation with vaping and regular use of vapes and cigarettes consistent with nicotine addiction amongst many children and young people in Sefton. Current law prohibits sales (but not free trials) of vapes to under 18s and purchase by adults on behalf of someone under 18. Nevertheless, most children reported sourcing vapes from shops, followed by peers. This was also the case in the North West as a whole. Non-smokers of all ages are advised not to start vaping. This information is being used by Trading Standards and Public Health Officers to shape the local response and will be made available to other stakeholders.

Facilitate confident and resilient communities:

Strong population health is a cornerstone of community resilience. This information serves the goal of improving population health. It is very important that communities have confidence in the advice and support the Council provides. The survey information in this report includes valuable insights into the knowledge and beliefs of children and young people surrounding smoking and vaping. This is helpful to refine messages to children to avoid smoking and vaping in the first place, and that specialist support to stop smoking and vaping is available.

Commission, broker and provide core services:

This information is being fed into current work to recommission Sefton's smoking cessation service, and to inform the educational and enforcement work of Trading Standards relating to the sale of age-restricted vape products.

Place – leadership and influencer:

See comments under Cleaner Greener.

Drivers of change and reform:

This report provides a useful overview of the scale of youth vaping in Sefton, the local and national response, and areas where more information or research may be needed. It identifies key groups of professional stakeholders that are advocating for a range of policy reforms.

Facilitate sustainable economic prosperity:

Health and wealth are intertwined. Sefton's economic strategy includes population health and wellbeing as a priority area. Taking action to achieve a best start in life for all children and narrow childhood inequalities in health and wellbeing is also a cross-cutting aim in Sefton's other major strategic plans. This report contributes information

that will be used to help and improve the health of children and young people in Sefton.

Greater income for social investment:

Not applicable

Cleaner Greener:

This report notes population health issues associated with youth vaping, and also recognises the negative environmental impact from thousands of single-use vapes being disposed of on the street and in recreational, open spaces.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7343/23) and the Chief Legal and Democratic Officer (LD5543/23) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable.

This report presents the results of a survey of the health behaviours of 14- to 17-year-olds across the North West, including Sefton. It also draws on the knowledge and practice of Sefton Trading Standards Officers and staff working in the Smoke Free Sefton service.

Implementation Date for the Decision

Immediately following the Committee meeting.

| | |
|--------------------------|--|
| Contact Officer: | Helen Armitage (Public Health) |
| Telephone Number: | |
| Email Address: | helen.armitage@sefton.gov.uk |

Appendices:

There are no appendices to this report.

Background Papers:

There are no background papers available for inspection.

1. Background

1.1. Nicotine and nicotine inhaler devices

Nicotine is a very addictive, psychoactive substance. When it reaches the brain it modifies the release of several neurotransmitters, which quickly increase

Agenda Item 6

attention and focus, and reduce feelings of stress and anxiety. Human invention has devised many ways of getting nicotine into the body. For example, nicotine replacement therapies (NRT), which are used to help people stop smoking, include slower release formulations that deliver nicotine via patches placed on the skin, lozenges, and inhalators, and faster acting options e.g., chewing gum and mouth sprays. A variety of NRT products are available on open sale in supermarkets and chemists. The measured dose and delivery of nicotine from NRTs help smokers quit tobacco by reducing unpleasant withdrawal symptoms. Electronic cigarettes or ‘vapes’ are a type of nicotine inhaler device, and many people opt to use these to stop or reduce their smoking. Evidence reviews from national public health bodies have continued to produce recommendations in line with research findings, that for adult smokers the chances of quitting are highest amongst those who receive support from a stop smoking service and use both NRT products and vape products in their quit attempt.ⁱⁱⁱ

Cigarettes, cigars, and pipes for smoking tobacco are another form of nicotine inhaler device, and so are newer ‘heat not burn’ tobacco products. The well known, harmful effects of tobacco are caused by the inhalation and ingestion of microfine, cancer-causing particles and harmful gases when tobacco is smoked or heated. Smokers understand that this is a lethal habit but continue to smoke largely because they have become dependent on the rapid ‘hit’ of nicotine in tobacco to feel ‘normal’.

1.2. Introduction of vaping to the UK

The first e-cigarette was invented in China in 2003. They arrived in Europe around 2005 and grew in popularity, slowly at first and then more quickly.^{iv}

The Office of National Statistics (ONS) has surveyed the prevalence of vaping in Great Britain by age, sex, frequency of use, and smoking status since 2014. The latest results were released in December 2022^v; they show that among young adults (16-24 years old), 2017 was the peak year for the proportion who reported ever having tried vaping (31.7%), as well as for those who reported vaping daily (5.4%). In figures up to 2021, young adults have consistently reported almost the lowest rate of daily use (3.6%; lowest was in the 60 and over age group at 2.9%) but were most likely to have tried vaping at least once (19.0%). Adults in their 30s and 40s report the highest rates of regular use (9.2% in 2021), likely reflecting people turning to vaping to help them quit smoking and perhaps to save money.

As discussed in 2.4, it is illegal to sell vape products to someone under the age of 18 and to procure them on behalf of someone underage; but providing free samples has been legal, with the Government declaring its intention to close this loophole in May 2023. The ONS survey above includes 16- and 17-year-olds, but does not capture the recent, very noticeable growth in popularity of single-use, disposable vapes amongst the younger, school-age population in our communities. The next section looks at a nationwide survey of 11–17-year-olds, which shows how changes in vape technology coincided with increases in vaping in this age group.

1.3. E-cigarette technology and vaping amongst children and young people

The basic components of a vape are a battery, which powers a heated atomiser, and a reservoir of 'e-liquid' (propylene glycol or glycerol, typically with added nicotine and flavouring). When triggered, the atomiser heats the e-liquid, converting it into a mist or vapour of tiny droplets, which are carried into the mouth and lungs and dispersed into the air as the user breathes out.

Since the first 'cigalike' style vapes appeared in the UK, vape manufacturers have continued to launch new vape designs to meet demand from different parts of the market. Box kits feature larger batteries and refillable tanks; vape pens are slimmer in appearance and are also reusable; whilst pod kits are the smallest and most compact to date and include disposable vapes^{vi}, of which the Elf Bar is by far the most popular brand in use amongst children and young people nationally (50%)^{vii}.



Source: Ok Vape

Previous research suggested that when most vapes were reusable types, the 'faff factor' associated with charging, obtaining, and topping up e-liquid, may have deterred some underage users from moving beyond experimental use. Ease of use and ease of concealment are two important, but less obvious attractions of the latest disposable vapes for children and young people.

In a large-scale, annual survey of the vaping and smoking habits of 11- to 17-year-olds in Great Britain^{viii}, it is striking that the prevalence of regular use more than doubled from 1.3% in 2021 to 3.1% in 2022. This jump in regular (and occasional) use coincides with the sudden emergence of disposable vapes as the

Agenda Item 6

most frequently used type reported by this age group in 2022 (52%). Just one year earlier in 2021, only 7.7% reported using this type of device. The added appeal of single use vapes for children provides part of the rationale behind the Local Government Association's recent call for these products to be banned from sale and manufacture.^x

1.4. Legal and regulatory status of vape products

Devices used for vaping are known by various names e.g., electronic cigarettes, e-cigs, vapes, vape pens, nicotine inhaling devices. Even the legislation governing their manufacture, promotion and sale use differing terms, but a composite definition from the legislation defines them as: A device intended to enable nicotine to be inhaled through a mouthpiece but does not include:

- tobacco,
- cigarette papers,
- a device intended to be used for the consumption of lit tobacco,
- a medicinal product or medical device.

'Vape' is the term used in this report for such devices.

Trading Standards Officers are responsible for enforcing the various pieces of legislation designed to protect the public from the harms associated with using vapes. Most of the provisions are contained in the:

- Tobacco and Related Products Regulations 2016.
- Children and Families Act 2014.
- Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015.
- Children and Young Persons Act 1933.

Product compliance

The Tobacco and Related Products Regulations 2016 (TRPRs) sets out product requirements for vapes and their refill containers including:

- A maximum tank size of 2ml liquid (10ml for refill containers).
- A maximum nicotine concentration of 20 mg/ml.
- Must be child resistant, tamper evident and protected against breakage and leakage.
- Must not contain certain additives.
- All producers of vapes and refill containers must submit information about their products to the Medicines and Healthcare Regulatory Agency (MHRA). This includes ingredients and emissions information, toxicology data, information on the nicotine dose and uptake when used normally and a description of the components of the product. Producers must also notify of the withdrawal of a product from the market.
- Vapes cannot be sold until they are approved by the MHRA and details published on their website.

The TRPRs also prescribes the information required on labelling and accompanying documentation, including:

- A list of all ingredients, set out in descending order by weight.
- An indication of the nicotine content and the delivery per dose, (commonly referred to as 'puff' and often expressed as micrograms/puff or mcg/puff).
- A batch number.
- A recommendation to keep the product out of reach of children.
- The health warning '**This product contains nicotine which is a highly addictive substance**'.
- Instructions for use and storage of the product, including a reference that the product is not recommended for use by young people and non-smokers.
- Contra-indications.
- Warnings for specific risk groups.
- Possible adverse effects.
- Addictiveness and toxicity.
- Contact details of the producer/importer.

Failing to comply with the TRPRs is an offence punishable by an unlimited fine and/or 3 months imprisonment.

Underage Sales

Under the Children and Families Act 2014 and the Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015, it is an offence to sell a vape to anyone under the age of 18. It is also an offence to purchase or attempt to purchase a vape for anyone under the age of 18. Both offences are punishable by a fine of up to £2500. Exemptions are provided for vapes supplied as a medical device in accordance with a prescription.

Repeat Offenders of Underage Sales

Under the Children and Young Persons Act 1933, Trading Standards can apply to a Magistrates Court for a restricted premises order and/or a restricted sales order, if at least 3 underage sales offences have occurred in a 2-year period (at least one offence must have resulted in a conviction). These orders prohibit the sale of vapes from a premises and/or prohibit a specified person from selling vapes and from having any management function related to the sale of vapes, for a period of up to 12 months. It is an offence to contravene an order, punishable by a fine of up to £20,000.

2. Evidence of health effects of vaping on children

In 2020, the UK Committee on Toxicity of Chemicals in Food, Consumer Products, and the Environment (COT) releases its statement on the potential toxicological risks from electronic nicotine (and non-nicotine) delivery systems (ENDS)^x. The committee examined evidence on the effects on health of the main constituents in e-liquids and vapour: particulates, propylene glycol, glycerol, nicotine, flavourings and their breakdown products, and other compounds. Findings were expressed as a series of opinions that reflect absolute risk and risk relative to smoking cigarettes. The authors

Agenda Item 6

note that, 'the assessment for users was predominantly limited to effects in adults, as ENDS products are not permitted for sale to anyone under 18 years of age in the UK'. Nevertheless, the report does reflect findings drawn from its own substantial review of relevant research, however the reliance on adolescent animal studies limited what the Committee was confident to express in its conclusions. Summary points are given below:

Gaps in evidence

- There is a large data gap regarding long-term toxicity from vaping and it is not currently possible to predict the adverse health effects that could arise over the long term.
- The health effects of inhaling flavouring ingredients are an area of particular uncertainty. Evidence and concern currently focus on health risk from nicotine and inhalation of particulates, which includes a small amount of solid particles but mostly microscopic droplets of e-liquid vapour.
- Evidence relating to specific health risks amongst children and young people who vape still relies on studies carried out on animal models, e.g., adolescent rats, which have uncertain implications for humans.

Levels of risk: fresh air vs vaping vs smoking vs 'dual use'

- Non-smokers who vape have a greater risk of experiencing irritation in the throat and lung; new or worse respiratory symptoms; possible allergic reaction to substances in vapour; and nicotine addiction. Research has shown an association between worsening of asthma symptoms in adolescents and vaping. The impact of vaping was not worse than effects measured in adolescents who smoke.
- In most second-hand vapour exposure scenarios, the level of exposure to nicotine from the air would be low, but for young children levels capable of causing health effects, such as those above are considered plausible.
- An 'experienced' user of vaping products who is using a high-powered device or e-liquid with a high concentration of nicotine achieve blood nicotine levels like those from an equivalent pattern of smoking (N.B., nicotine is not regarded as carcinogenic). Inexperienced users typically show blood concentrations that are lower than those achieved from smoking.
- Compared to smoking, the relative risk of adverse health effects would be expected to be substantially lower from vaping.
- There is some evidence that smoking and vaping ('dual use') could lead to increased risk compared with smoking alone.

Serious health problems

- A cluster of recent high-profile cases of lung injury in the US related to the use of ENDS and involving young people was found to be linked to a thickening agent added to cannabis vaping products, which is banned from UK-regulated nicotine vaping products.

- Case reports in the medical literature describe poisoning from accidental ingestion of e-liquids containing nicotine. Many involved young children and resulted in vomiting, short-term metabolic problems and rarely, death.

Vaping and healthy development

- Brain development continues until around 25 years of age in humans. Nicotine is a neuroactive substance, which means it interacts with specific receptors in the brain and alters the release of neurotransmitters. Hence, adverse neurodevelopmental effects might occur. However, more work needs to be done to understand the scale of these possible effects from vaping.
- Previous research into smoking has identified a possible two-way relationship between mental disorders and nicotine dependence. It is suggested that increased prevalence and intensity of smoking amongst people experiencing mental health problems may reflect the ability of nicotine to improve focus and reduce stress in some people (so-called self-medication), whilst it can also contribute to inattention and anxiety in others (reducing mental wellbeing). This is a notable finding at a time when more young people are vaping, and more young people are experiencing poor mental health.
- The committee also concluded that there is good biological plausibility for an effect of nicotine on healthy lung development.

2.1. Cost and product warning labels

The Medicines and Healthcare Products Regulatory Agency (MHRA) requires vape products that contain nicotine or could contain nicotine to display this warning, 'this product contains nicotine which is a highly addictive substance'. The cost of disposable vapes that are popular with young people such as Elf Bar or Lost Mary is around £5 to £6 in general retailers.

The messages and images carried on cigarette packets are also regulated. Cigarettes must now carry a general warning, smoking cessation support information, a health information message, and an image. Together these should take up most of the space on the otherwise plain packaging. The cost of a packet of cigarettes in a high street retailer is around £12.

2.2. Policy developments

Tobacco Control Plan for England

The Government is continuing to pursue the ambitions set out in its most recent tobacco control plan, *Towards a Smokefree Generation (2017-2022)*,^{xi} which aimed to reduce smoking amongst 15 year-olds to 3% in 2022 from 8% in 2017. A smokefree generation is defined as a national smoking rate of 5% or less and the Government has set out to achieve this by 2030. The latest prevalence figures for England and Sefton in 2021 are 13.0% and 10.0%. Based on crude extrapolation of trend over the past decade it appears at least feasible that Sefton will reach this target, but improbable that it will be met nationally.

Agenda Item 6

The now expired national tobacco control plan had a clear stance on preventing children from smoking through effective enforcement and by maximising the availability of safer alternatives to smoking for adults. There are several commitments to continue to evaluate the evidence base for vapes and to communicate what is known about the absolute risk of vaping for children. The strategic position was to, ‘... review policy and regulation of nicotine delivery systems to provide an environment that facilitates smokers taking action to improve their health and the health of those around them, whilst minimising any risk of new nicotine addiction in children’.

Recent national developments

Recent developments in the national policy area of tobacco and vaping are well captured in a research briefing published by the House of Commons Library in June 2023.^{xii} These have a clear emphasis on preventing children from vaping, and this priority has been informed and endorsed by several recent high-profile reviews and policy updates,

- An almost 1500-page report on Nicotine Vaping in England was produced by a team at King’s College London on behalf of the Office for Health Improvement and Disparities (OHID) in 2022^{xiii}
- An independent review – The Khan review: making smoking obsolete was commissioned by OHID and published in 2022^{xiv}.
- An update to the National Institute of Health and Care Excellence aimed at smoking cessation services was published at the start of 2023,^{xv} which recommends supporting people to use vaping alongside different forms of NRT. NRT alone is also recommended for children aged 12 and over who smoke. The guideline does not address how children should be supported to stop vaping.
- The Royal College of Paediatrics and Child Health (RCPCH) produced a policy briefing on Vaping in Children in June 2023^{xvi}, which emphasised that the harms of vaping and second-hand vaping are not fully established. The briefing went on to highlight evidence that vaping can be a gateway to nicotine addiction, with young people who vape being at higher risk of taking up smoking. THE RCPCH called for tighter regulation of sales and marketing of vapes and a ban on disposable vapes, which has been echoed by the LGA^{ix} and Directors of Public Health in Cheshire and Merseyside.^{xvii}
- A nationwide call for evidence on Youth Vaping ran from April through June 2023^{xviii}.
- The Chief Medical Officer has released an official statement to the press, which he summarised in his own words as, ‘If you smoke, vaping is much safer; if you don’t smoke, don’t vape; marketing vapes to children is utterly unacceptable.’^{xix}

Tobacco control policy will now be delivered within the new Major Conditions Strategy, which succeeds the Health Disparities white paper. Whilst there will not

be a new standalone tobacco control plan, the Government has announced several measures it intends to implement, for example,^{xx}

- Increased education^{xxi} and dedicated school police liaison officers to keep illegal vapes out of schools.
- Review of rules around sale of nicotine-free vapes and fines for shops selling illicit vapes.
- Closure of the loophole that permits children to be given free samples of vapes.
- A new 'illicit vapes enforcement squad', led by Trading Standards services with additional £3 million funding from the Government.
- Introduction of a two-year national scheme to support one million smokers to 'swap to stop', by providing them with a free vaping kit, targeting settings such as job centres, homeless centres, and social housing providers.

2.3. Environmental impact

At a time when the threats to population health from all forms of environmental pollution are becoming increasingly well understood and visible in day-to-day life, vaping has come under the spotlight. For example, the Chief Medical Officer's independent report on Air Pollution in 2022, notes that vaping contributes to the chemical burden of indoor air pollution.^{xxii}

Calls to ban disposable vapes have led on the environmental pollution issues created by people throwing away over a million vapes each week in England and Wales.^{ix} Lithium batteries are not designed to be easily removable from these products for separate recycling and have been the cause of fires during waste processing and when discarded as litter. Disposable vapes are an increasingly common form of plastic pollution, visible in urban and natural environments.

3. Health effects of smoking

3.1. Tobacco-related harm across the life course

Smoking is the single biggest preventable cause of illness, chronic conditions and death affecting our population today. It is also the single biggest driver of unequal health outcomes patterned along lines of socio-economic inequality.

Cigarettes contain over 5000 chemicals, which are released as they burn. Well known toxins are tar and carbon monoxide gas and over 70 separate cancer-causing compounds have been identified, with more remaining to be discovered, despite decades of regulation aimed at reducing the health harms of cigarettes and other forms of tobacco.^{xxiii}

Exposure to these compounds affects children's health from conception onwards. There is clear evidence linking smoking in pregnancy and exposure to second-hand smoke to risk of prematurity and associated complications, sudden infant death, and respiratory infections, glue ear, and meningitis in childhood.

Cigarettes also pose a major risk of fire in domestic settings, although there has

Agenda Item 6

been more publicity surrounding vapes in this context in recent years. Parental tobacco addiction has previously been identified as an exacerbating factor in child poverty.^{xxiv} As is now being seen with vapes, tobacco waste has been an almost ubiquitous form of litter and environmental pollution for decades.

3.2. Tobacco addiction in young people

The younger someone starts to smoke, the greater the harm is likely to be, because early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.^{xxv} This explains the continued emphasis on primary prevention and early intervention in both local and national approaches to smoking policy, as well as concern about the implications of vape use amongst young people.

In *Smoking and Health*, a lengthy report produced by the Royal College of Physicians in 2021^{xxvi}, just before the take off in disposable vape use amongst young people, the authors note that,

‘There is consistent evidence that tobacco-naïve young people who use an e-cigarette are more likely to go on to smoke, although it remains unclear the extent to which this is a causal connection, reflects common risk factors, or is a combination of the two. Certainly, the risk of becoming a smoker following initial e-cigarette use is much lower than the risk of becoming a regular smoker following a single cigarette: a meta-analysis found that two-thirds of people who tried one cigarette went on to temporarily become daily smokers.’

This observation reflects the potency of the nicotine ‘hit’ from cigarettes and the susceptibility of young people to nicotine addiction and was linked to a recommendation that individual cigarettes should each carry a printed health warning.

The data discussed below, provided by over 800 young people shows that in 2023 14% of young females and 11% of young males described themselves as regular vape users (using more than once per week). This suggests widespread patterns of nicotine use, which are in keeping with dependence and which could set the scene for other nicotine containing products, including cigarettes and smoked cannabis. This possibility is already reflected in Sefton’s local response (see section 5.2).

4. Results of a survey of vaping in Sefton

4.1. Survey methodology

The data presented and discussed below belongs to a series of surveys of 14–17-year-olds that are carried out every two years in local authorities across the North West region. The series dates back to 2005, and in 2020 and 2023 a local authority level report as well as a regional analysis has been produced. The

report is jointly commissioned by Trading Standards North West (TSNW) services and the provider was Mustard Research.

The data in the latest report was gathered between November 2022 and February 2023. The survey included questions about young people's experiences with alcohol, smoking, shisha, vaping, and knives. Each of the 21 participating local authorities were responsible for disseminating the survey, and 810 anonymous responses were received from Sefton, accounting for 5.7% of the total number of surveys that were returned.

- 56% of Sefton respondents were aged 14, 42% aged 15 and, 1% 16 or 17.
- 89% were of White ethnicity and 11% recorded another ethnic group.
- 54% gave their gender as male, 43% as female and 3% gave another gender.

Some limitations of the survey process and analysis are listed in section 4.4 of this briefing report.

4.2. Descriptive statistics on vaping

The graphs below are reproduced from the latest Trading Standards North West report for Sefton, published in 2023. Commentary below each graph emphasise key points, including any important changes from the previous Sefton level survey in 2020 and comparison with data for the North West region.

Prevalence of vaping experiences

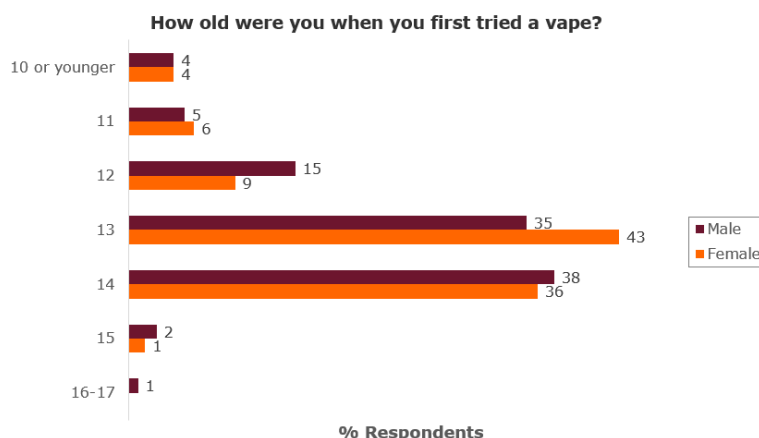


- Between 2020 and 2023 the percentage of young people surveyed who vape regularly has increased from 3% to 14% and 43% have now at least tried vaping compared to 35% in 2020.
- These statistics mirror data at North West level, and support the common perception that an increasing proportion of young people now vape.
- The shift into regular vaping (noting that 1 in 6 young women and girls reported vaping regularly) likely reflects the popularity and accessibility of fashionable brands of disposable vapes for young people.

Agenda Item 6

Age at first experience of vaping

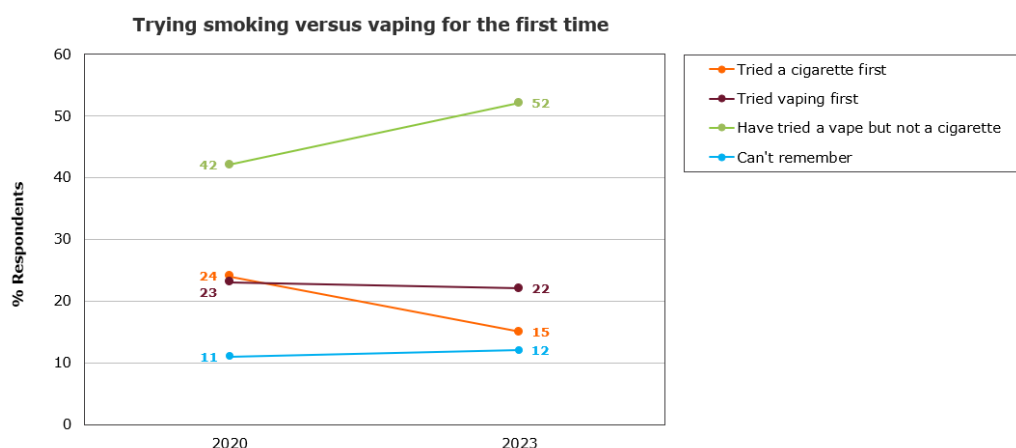
Boys and girls in Sefton are most likely to first try vaping between the ages 13 and 14.



- The peak age for trying vaping is 13 and 14; boys are more open to experimentation a little younger, at age 12, while 43% of girls first tried vaping when they were 13. This pattern is broadly similar in the North West data, except for a higher proportion first trialling vaping at age 15 (16%). This is due to the higher representation of 16-year-olds in the North West sample.

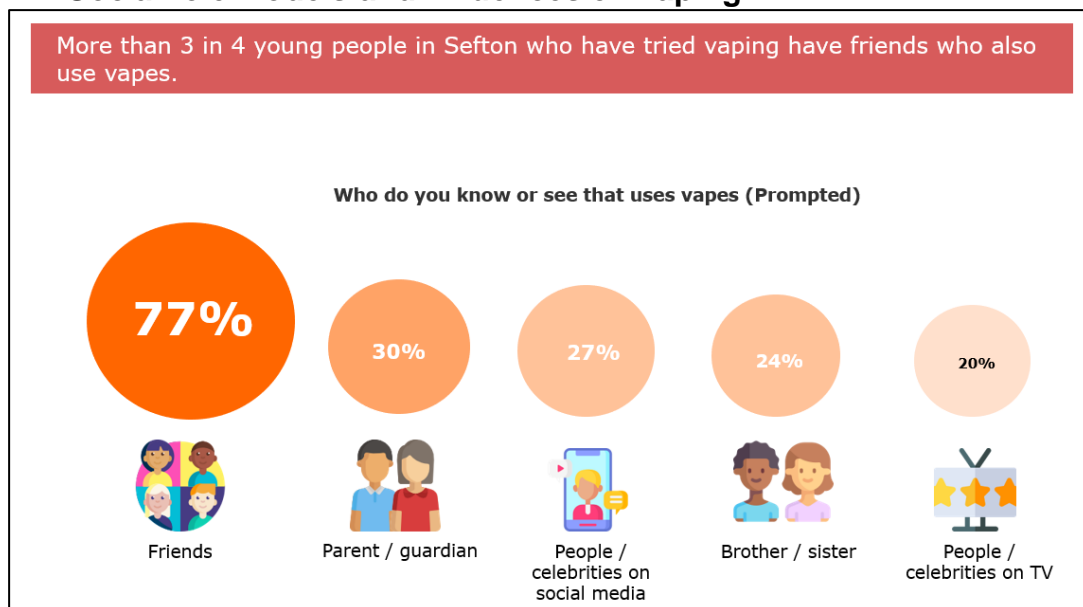
Order of trying smoking and vaping

In line with the [North West](#) overall, young people in Sefton are increasingly trying vaping rather than smoking tobacco cigarettes.



- The graph above has two lines that move in opposite directions from 2020 to 2023. The orange line shows the percentage of young people who tried a cigarette first and then moved on to vaping – 24% in 2020, down to 15% in 2023. The green line shows the percentage that started with vaping and had not ever tried a cigarette when they were surveyed – 42% in 2020, up to 52% in 2023.
- North West level data covers a longer time period back to 2015. It shows a complete reversal in the pattern of trying smoking and vaping. In 2015, 50% of survey respondent said they tried a cigarette before they tried a vape, and only 25% had tried a vape and had not tried a cigarette. Eight years later in 2023, 50% of respondents had tried vaping but not smoking, and only 18% had tried a cigarette before trying a vape.
- This clearly suggests that changes in availability, appeal and beliefs about vaping and possibly also smoking are drawing more young people to experiment with vaping at a young age, when in the past they may have first experimented with smoking.

Social role models and influences on vaping



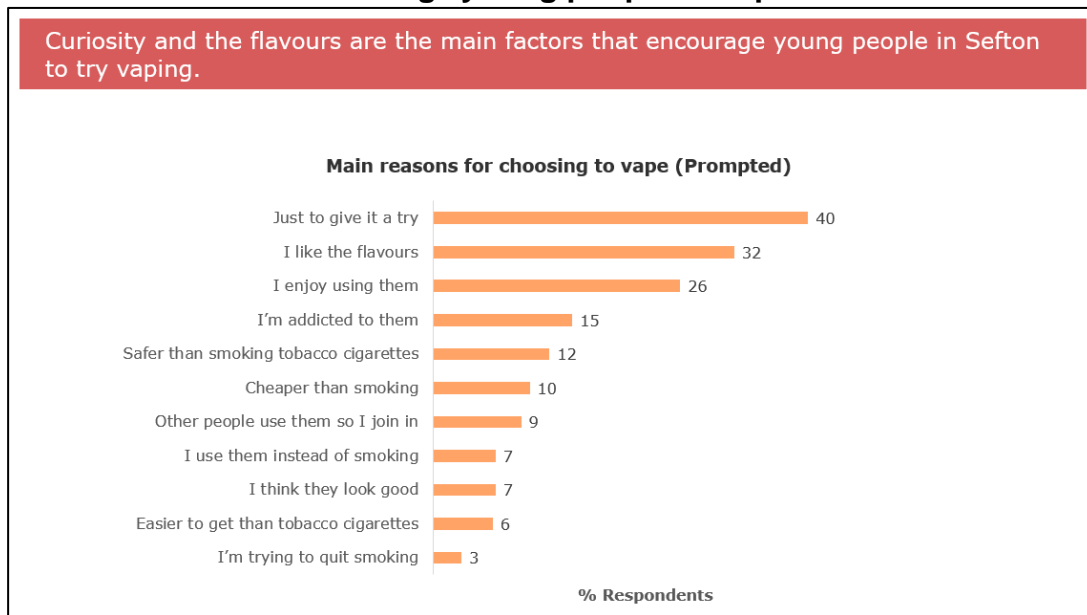
- When vaping first became popular young people often reported the availability of vaping equipment at home as an influence on early vaping.
- The statistics above align with well-established theory about social influences and cues towards health behaviours, e.g., only 23% of young people that were surveyed in Sefton reported that they had no friends who vaped. Research shows that friendship groups are a major influence on a range of health behaviours from a young age.
- Brothers and sisters, people on TV and social media are all examples of usually older peers with positive status in the eyes of children and young people. Regularly encountering these reinforcing images of

Agenda Item 6

vaping is an important way that young people internalise cultural norms for their age group and social groups.

- Not all media aimed at a youth audience will cast vaping in a positive light, but it is interesting to reflect on and contrast the changes that have come about in relation to media depictions of smoking in recent years.

Factors which encourage young people to vape

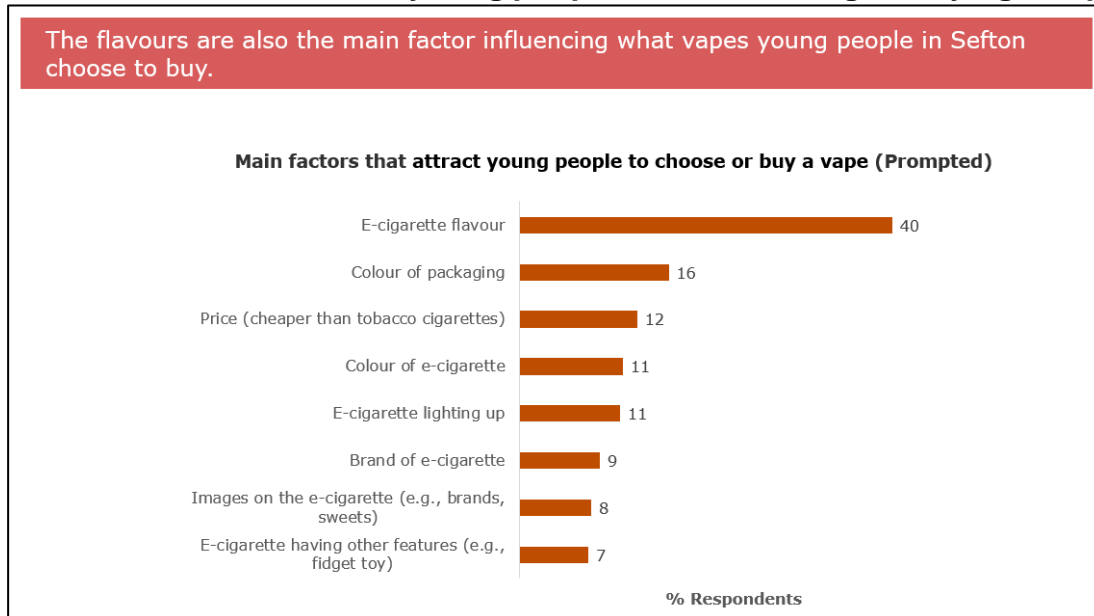


- This data deals with the young people's motivations to vape in Sefton. The findings for this question closely mirrored findings in the North West as a whole.
- The top reported reason is 'just to give it a try' (40%). This reflects a typical openness to new experiences for this age group and may be underpinned by attitudes to risk and reward.
- The second highest motivation is 'I like the flavours' (32%). The sensory reward of sweet, fruity taste is an evolutionary adaptation in growing humans, and the range of different flavours to try maintains a higher degree of novelty value, compared to traditional cigarettes, which largely relied on brand affiliation.
- The third main reason for choosing to vape is 'I enjoy using them' (26%). This partly reflects the previous point, but also identifies with the next reason 'I'm addicted to them' (15%). The positive reward neurological reward from using addictive substances experienced as enjoyment, good mood, relaxation, pleasure etc is a key first step in the pathway to developing physical and psychological dependence. It is the same mechanism as for nicotine in cigarettes.
- As noted previously, the hit of nicotine for inexperienced users of vapes is lower than that from a cigarette. Without the other motivations described above it is likely that fewer young people would maintain a vaping behaviour long

enough and with sufficient intensity to develop physical dependence/addiction, which then becomes a potent driver of continued, regular use.

- A number of the other reasons for vaping make comparisons with smoking, recognising vaping as safer, cheaper, an alternative to smoking, an aid to quitting smoking, and more available than cigarettes. Although the percentages are small, these represent a large number of young people who are rejecting or trying to reject smoking by choosing to vape. Vaping is a healthier swap for smoking, but the healthiest swap is to fresh air.

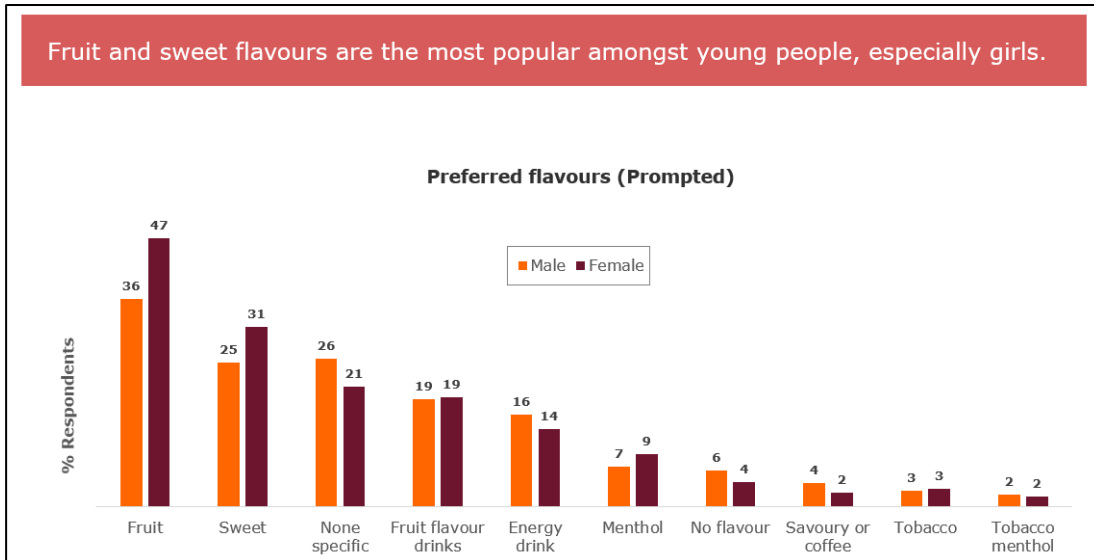
Factors that matter to young people when choosing or buying a vape



- This a question about consumer choice and preference in response to the vapes available to young people in Sefton. The prompt in the survey is about what young people choose or buy, even though none of the young people surveyed were old enough to have been sold a vape product legally.
- The biggest influence on choice was flavour, 40% mentioned this. Policymakers in favour of maximising the potential of vapes as a quit aid for adults often point to the fact that flavour choice, especially alternatives to tobacco are an important part of the appeal of vapes for people of all ages.
- The effectiveness of promoting flavour, colour, novelty, brand, and price with young people, and even children in mind (note the bottom two responses which mention images of sweets and built in toys) is borne out by these statistics.

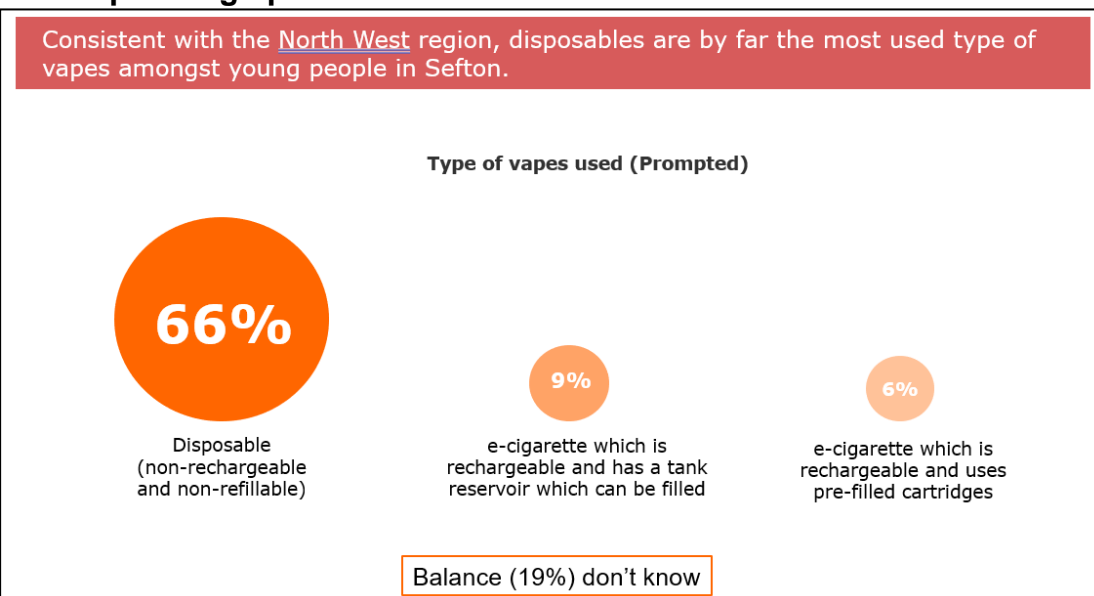
Vape flavour preference

Agenda Item 6



- Fruit flavours are the most popular with young males and females. In fact, fruit flavour is the most popular in all age groups up to age 55, after which tobacco flavour takes its place^{xiii}.
- Recent research into the health impacts of flavourings in vape products has suggested the possibility that some may strengthen the effect of nicotine, and some, though non-toxic themselves, may interact with other ingredients causing new compounds, which may have toxic potential. This is recognised as an area in need of further research^{x, xiii}.

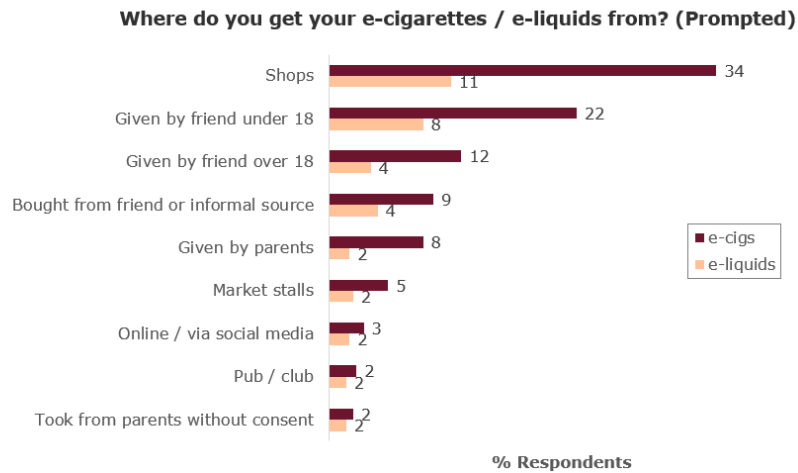
Vape design preference



- In the latest survey in Sefton, two thirds of young people were using disposable vapes, and note a further one in five could not say what type of vape they had used, so the true percentage may be even higher.
- This clearly reflects the same rapidly rising trend shown in national figures discussed in 2.3 above.

Sources of vapes and e-liquids amongst young people

Young people in Sefton are more likely to use e-cigarettes than e-liquids, and get them primarily from shops and / or friends who are also underage.



- The most common response to the question of where young people obtain vapes was 'shops' (34%), although the breakdown of purchase and free samples is not specified. The next most common response is 'given by a friend under 18'. Together these were usual sources for almost half of respondents and shows that young people are used to taking steps to obtain vapes for themselves and peers.
- It is noticeable that market stalls, online retail, and pubs/clubs are a source of vapes for just 10% of respondents.
- Parents (8%) and friends aged over 18 (12%) were the source of vapes for one in five respondents, but taking from parents without consent was mentioned by just one in fifty. This may suggest that a lack of awareness or understanding of the law, growing tolerance of this behaviour amongst young people or sympathy on the part of purchasers for the distress caused by nicotine withdrawal.
- Two thirds of the 14–17-year-olds in this survey denied shopping for vapes. Of those who did, just 21% said they were asked for identification (a similar experience was reported by young people who bought cigarettes, and slightly more were asked for identification when attempting to buy alcohol, even so, 72% were not asked for ID). Looking at the North West level figures, respondents from Sefton were slightly less likely to be asked for ID when buying cigarettes and alcohol and slightly more likely to be asked when shopping for vapes.
- Using another person's identification to facilitate purchase of vapes does not seem to be common - only 11% reported doing this. North West figures show that when shopping for vapes, cigarettes or alcohol use of fake identification is less frequent than in Sefton. This may reflect the overall younger age profile of the Sefton survey sample.
- In terms of the law, only 16% did not know that selling vaping products to under 18s is illegal, but 22% denied knowing that it is illegal for someone over 18 to buy vaping products for someone younger.

Agenda Item 6

4.3. Descriptive statistics on smoking and shisha use from the TSNW survey for Sefton 2023

To further understand the context surrounding this vaping data, it is useful to also examine survey results for the two other non-therapeutic nicotine inhaler devices that continue to attract underage users, namely cigarettes and shisha.

- It is just over 16 years since the ban on smoking in indoor public spaces came into effect on 1 July 2007. At that time 21% of respondents to this survey in Sefton reported smoking. In 2020, this figure had dropped to an all-time low of 5% of 14–17-year-olds. This may have reflected a degree of pandemic suppression, because in the current 2023 survey 8% (61/767) claimed to smoke cigarettes occasionally or daily. This suggests that Sefton came close to but missed reaching the national government target of 3% of 15-year-olds smoking occasionally or regularly by 2022.
- 79% of young people in the 2023 survey reported that they had never tried smoking (92% had never used shisha), which is an all-time high in Sefton and is in dramatic contrast to the situation at the start of this data series in 2007 when only 40% of survey respondents in Sefton said they had never tried smoking. In the current survey, just over half of respondents (57%) said they had never tried vaping, and most had not tried a cigarette before trying vaping.
- Characteristics that were more associated with having never tried smoking and shisha were, being male, being at the lower end of the 14-17 age range and being White.
- The most frequently reported age to try smoking for the first time was 13 or 14 years (59% of responses in total), which is similar to what children reported about their first experience with vaping. Surprisingly, the next most frequently reported age for smoking was under the age of 10 years (17% of respondents reported being this young when they first tried smoking). In the North West survey, the figure is 10% for the under ten age group. A substantial part of the disparity between these two sets of data likely depends on the more balanced age profile at North West level compared to Sefton, which has 1.2% of its sample in the 16 and 17 age group.
- This data suggests that some young people who would have taken up smoking by the age of 14 are now not experimenting with cigarettes or shisha but are trying out vaping. It is also clear that a proportion of children who would never have smoked are open to vaping.
- The data does not provide direct information about take-up of smoking after trying vaping, but only 14% of children in the North West survey who had tried smoking said they had first tried it at age 15, and only 2% at age 16 or 17. The typical pattern appears to be first encounter with vaping and smoking at age 13 to 14, with a significant minority of 20-30% experimenting at younger ages.
- The younger the age at which someone starts smoking habitually, the stronger the addiction tends to be. As noted in the previous section, 7% said they vaped as a replacement for cigarettes, and 3% reported vaping to help them quit smoking.

- Despite shisha use having fallen from 12% in 2020 to 8% in 2023, the most reported reason for trying shisha remained a false belief that it is safer than smoking (65%, down from 82% in 2020); other common motivators were the flavours and relaxing effect. Given the superficial similarities between shisha and vapes, it is important to ensure that young people are supported to quit shisha use and to avoid trying shisha, and this may require messaging targeted at parents as well as peers.
- As for vaping, shops and peers were the main source of cigarettes, followed by older friends. Just 10% of respondents claimed not to know that selling cigarettes to someone under 18 is against the law; 17% claimed not to know that it is illegal for someone 18 or over to buy cigarettes on behalf of someone under 18 (not understanding this law was higher for vaping – 22% claimed not to know this arrangement is illegal).
- For shisha, holidays and shisha cafes were the two main venues for using shisha but compared to 2020 there was a rise in young people who reported using shisha at home, and the influence of family and friends on using shisha was significant, especially so for minority ethnic groups.

4.4. Survey limitations

As with all population surveys, this one has some limitations. These affect how confidently data can be interpreted over time, and between Sefton and the North West, and also the ways in which the report is capable of informing the local response.

Demographic differences between samples

As shown in the example below using age, the Sefton 2023 sample of 14–17-year-olds was almost entirely comprised of 14- and 15-year-olds, and the lack of 16-year-olds is an important difference compared to the North West sample and also the previous sample from Sefton in 2020. Since the author of the report does not mention that a statistical process such as ‘weighting’ has been applied to overcome this difference in age profile it is important to recognise the possibility that some comparative differences are likely to reflect differences in age to some extent, and possibly to a large extent, as well as possible changes or differences in beliefs and behaviours. This type of issue has been highlighted in the commentary in the previous section.

| Age of respondent (years) | % of Sefton sample 2023 (2020) | % of North West sample 2023 |
|---------------------------|-----------------------------------|--------------------------------|
| 14 | 56.0 (29.0) | 33.0 |
| 15 | 42.0 (49.0) | 49.0 |
| 16 | <1.0 (22.0) | 17.0 |
| 17 | <1.0 | 1.0 |

Agenda Item 6

Omissions and question structure

Understandably, questions are added to and removed from the survey over time as new issues arise to explore. Sometimes, questions are phrased or analysed differently in different report cycles, and this can add to the difficulty of examining some trends.

Some questions and data points, which were missing from the 2023 survey include young people's experience of dual use (vaping and smoking); awareness of illicit vapes; frequency of being offered free vape samples; and an indication of socio-economic background. This last omission would help to inform comparisons over time and with the region; suggest how representative the large sample of 810 is compared to the whole population of 14- to 17-year-olds in Sefton and could be used to better understand social inequalities in smoking and vaping in the borough.

Recall

Some questions in the survey ask young people to recall the age at which they first tried smoking or vaping. Vape technology continues to develop at a rapid pace, and it is important to recognise that the age of first trying vaping for many in the survey will pre-date the widespread availability of disposable vapes, so responses for this type of question may not be a good reference for how children in primary school and the start of secondary school will respond to disposable vapes.

5. Local response

5.1. Trading standards

Trading Standards enforce the legislation around both product compliance and underage sales. However, they do not have any powers to deal with non-compliant products at the border. As the vast majority of vapes are imported, this has led to the market being flooded with non-compliant devices. Leaving Trading Standards to deal with the problem inland. In Sefton this has meant visiting retailers and examining vapes, seizing non-compliant products and advising businesses of their responsibilities under the legislation and how to ensure the vapes they sell are compliant.

Over the last 18 months the Trading Standards service has seen an increase in complaints regarding the underage sales of vapes. During the first 6 months of 2023, twice the number have been received compared to the whole of 2022. As a result, the service has increased the number of surveys it carries out testing vape retailers, using underage volunteers. The TSNW Young Persons survey has validated this action.

The service will continue to focus its underage sales activities on vapes, provide advice to businesses, and take appropriate and proportionate enforcement action when necessary, including the use of restricted premises/sales orders.

Members can encourage the public to provide intelligence to Trading Standards around underage sales and illicit vapes, via the Citizens Advice Consumer Helpline on 0808 223 1133 or email the Trading Standards service direct using etscontact@sefton.gov.uk

5.2. Public health

The Public Health team are currently recommissioning the Stop Smoking Service and updating the specification which will include a priority focus on smoking amongst children and young people. The specification is also being updated to reflect the growing prevalence of vaping amongst young people in Sefton.

The current stop smoking service provider continue to deliver workshops across secondary schools and youth groups in Sefton with clear messages around the individual and combined risks associated with smoking and vaping. This work benefits from being led by a specialist young person's advisor from the service, and support has expanded to now include,

- Train the trainer session to upskill school staff to address smoking and vaping at their school.
- Delivering assemblies to give an overview of the risks of smoking and vaping.
- A series of 6 workshops to help students understand the dangers of smoking and the benefits of quitting.
- 1:1 and group support to quit, delivered in person, over the phone or on video call.
- Offer of NRT to use during the school day for young people experiencing addicted to vaping.
- Colocation at Brunswick Youth Club, Sefton Youth Council.

Additionally, at the start of the academic year in 2022 the service commissioned a theatre company to deliver a play and associated workshops for primary pupils as a means of delivering a preventative message to younger children on the risks associated with smoking and vaping.

The Sefton Tobacco Control group also plans to introduce a stronger focus on vaping in Sefton by bringing together key partners to explore the different aspects highlighted in this report.

6. Recommendation

- 1) To note and feedback on the content of this report.

| | |
|--|---|
| Margaret Jones Director of Public Health | Peter Moore Assistant Director Place (Highways and Public Protection) |
| Helen Armitage Consultant Public Health | Steve Smith Service Manager Environmental Health & Trading Standards |
| Heather Redhead Public Health Lead | Tony Jackson Manager – Trading Standards |

Agenda Item 6

-
- i [Smoke Free Sefton – We’re here to help you stop smoking. For good.](#)
 - ii [Children and young people’s vaping report - Blackpool - Healthwatch Blackpool](#)
 - iii [Vaping in England: an evidence update including vaping for smoking cessation, February 2021 \(publishing.service.gov.uk\)](#)
 - iv [Electronic cigarettes: report commissioned by PHE \(publishing.service.gov.uk\)](#)
 - v [E-cigarette use in Great Britain - Office for National Statistics \(ons.gov.uk\)](#)
 - vi [Beginners Guide to Vaping | Vape Information Hub | OK Vape](#)
 - vii [Use-of-vapes-among-young-people-GB-2023.pdf \(ash.org.uk\)](#)
 - viii [Use-of-vapes-among-young-people-GB-2023.pdf \(ash.org.uk\)](#)
 - ix [Councils call for ban of disposable vapes | Local Government Association](#)
 - x [COT E\(N\)NDS statement \(food.gov.uk\)](#)
 - xi [Smoke-free generation: tobacco control plan for England - GOV.UK \(www.gov.uk\)](#)
 - xii [The Smokefree 2030 ambition for England CBP-9655.pdf \(parliament.uk\)](#)
 - xiii [Nicotine vaping in England: an evidence update including health risks and perceptions, September 2022 \(publishing.service.gov.uk\)](#)
 - xiv [The Khan review: making smoking obsolete - GOV.UK \(www.gov.uk\)](#)
 - xv [Recommendations on treating tobacco dependence | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)
 - xvi [Policy briefing: Vaping in young people | RCPCH](#)
 - xvii [Directors of Public Health in Cheshire and Merseyside condemn harmful disposable vapes and “disgraceful” targeting of children by tobacco companies | Champs Public Health Collaborative](#)
 - xviii [Youth vaping: call for evidence - GOV.UK \(www.gov.uk\)](#)
 - xix [Chief Medical Officer for England on vaping - GOV.UK \(www.gov.uk\)](#)
 - xx [No more free vapes for kids - GOV.UK \(www.gov.uk\)](#)
 - xxi [Vaping year 9 lesson pack \(pshe-association.org.uk\)](#)
 - xxii [Chief Medical Officer’s Annual Report 2022 \(publishing.service.gov.uk\)](#)
 - xxiii [What chemicals are in a cigarette? | What does smoking do to your body? \(cancerresearchuk.org\)](#)
 - xxiv [Parental smoking and child poverty in the UK: an analysis of national survey data | BMC Public Health | Full Text \(biomedcentral.com\)](#)
 - xxv [Young people and smoking - ASH](#)
 - xxvi <https://www.rcplondon.ac.uk/file/30236/download>

Agenda Item 7

| | | | |
|--------------------------------------|--|----------------------------------|---------------------------|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting: | Tuesday 5 September 2023 |
| | Overview & Scrutiny Committee (Regeneration & Skills) | | Tuesday 19 September 2023 |
| | Overview & Scrutiny Committee (Children's Services & Safeguarding) | | Tuesday 26 September 2023 |
| Subject: | Domestic Abuse Update | | |
| Report of: | Assistant Director of People (Communities) | Wards Affected: | (All Wards); |
| Portfolio: | Communities & Housing | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

The purpose of the report is to update Overview & Scrutiny Members on the Sefton's strategic approach to tackling domestic abuse.

Recommendation(s):

(1) Members note the content of the report

Reasons for the Recommendation(s):

It is essential that elected members understand the work of the Domestic Abuse Board and how we are responding to the requirements of the Domestic Abuse Act locally. This will provide assurance as well as provide information to enable sufficient challenge.

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

There are no alternative options as Sefton's Domestic Abuse response and the work of the Domestic Abuse Partnership Board are a statutory requirement.

Agenda Item 7

What will it cost and how will it be financed?

(A) Revenue Costs

The Council received £619,418 for 2023/24 to provide support to victims/survivors living in safe accommodation.

(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 at this time | |
| Legal Implications: | |
| The work of the board and commissioning of Domestic Abuse services is a statutory responsibility of the Council | |
| Equality Implications: | |
| The equality Implications have been identified and mitigated as part of the strategy and action plan process | |
| Impact on Children and Young People: Yes | |
| The Domestic Abuse Act 2021 defines Children as being victims of Domestic Abuse in their own right. The Strategy has a large focus on protecting children and supporting them to recover from the impacts of Domestic Abuse. Representatives from Childrens Services are an integral part of the Sefton Domestic Abuse Partnership Board | |
| 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 |

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Domestic Abuse survivors/victims and their children are some of the most vulnerable members of our communities. The work of the board will strive to ensure they have adequate support.

Facilitate confident and resilient communities: We want to create communities where Domestic Abuse is not tolerated and viewed as abhorrent and that residents have confidence in Domestic Abuse support services and the support they need

| |
|--|
| Commission, broker and provide core services: It is the responsibility of the Domestic Abuse Partnership Board to give effect to the Domestic Abuse Strategy by commissioning and decommissioning services for victims/survivors and their children. |
| Place – leadership and influencer: Not applicable |
| Drivers of change and reform: Not applicable |
| 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 (FD 7326/23.) and the Chief Legal and Democratic Officer (LD 5526/23.) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

N/A

Implementation Date for the Decision

Immediately following the Committee meeting.

| | |
|-------------------------|------------------------------|
| Contact Officer: | Steven Martlew |
| Telephone Number: | 07973 988996 |
| Email Address: | steven.martlew@sefton.gov.uk |

Appendices:

Appendix 1 - Sefton Domestic and Sexual Abuse Strategy 2023-2028

Appendix 2 – Domestic Abuse Action Plan 2023-2028

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

1.1 In September 2022 Members were provided with an update on the Domestic Abuse Act (introduced in April 2021), Sefton Council’s statutory obligations within this, and Sefton’s Domestic Abuse Partnership Board. Since then, work has continued to refresh Sefton’s Domestic and Sexual Abuse Strategy and to develop an action plan to take the prioritise within this forward.

Agenda Item 7

2. Sefton Domestic Abuse Partnership Board

2.1 Sefton Domestic Abuse Partnership Board was established in September 2021. It meets on a bi monthly basis and is made up of representatives from the following organisations:

- Sefton Council
- Merseyside Police
- Probation Service
- Sefton Women's and Children's Aid (SWACA)
- Cheshire and Merseyside Integrated Care Partnership
- Liverpool University Foundation Trust (Aintree and Royal Hospitals)
- Mersey and West Lancashire Teaching Hospitals (Southport and Ormskirk Hospital)
- Venus
- Sefton CVS
- RASA Merseyside
- One Vision Housing
- Sefton Safeguarding Adults Board
- Office for the Police and Crime Commissioner Merseyside
- Merseyside Fire and Rescue Service

2.2 Utilising the outcomes of the Sefton Domestic Abuse Needs Assessment and learning from Sefton Domestic Homicide Reviews, the Partnership Board has refreshed and updated the Sefton Domestic and Sexual Abuse Strategy. This was approved by the Partnership Board and adopted by Sefton Council in March 2023.

3. Sefton Domestic and Sexual Abuse Strategy 2023-2028 and Action Plan

3.1 The strategy outlines 3 priority themes:

1. Prevent
2. Protect
3. Repair

Further to this, an action plan has been developed which includes the additional themes of Leadership and Governance and Children and Young People. The action plan will be taken forward by two sub groups of the Board:

1. Leadership and Governance and Prevent
2. Protect, Repair, and Children and Young People

The Strategy and Action Plan are provided as Appendices to this report.

4. Cross partnership collaboration

4.1 The impact of domestic abuse cuts across all agency services. To tackle it successfully we need to work in collaboration across departments, agencies and strategic Partnership Boards. Over the past year this has included

- Clear links and sharing of related activity between the Board and the Safer Sefton Together partnership on the Violence Against Women and Girls (VAWG) agenda)
- Continued development of links with the Sefton Safeguarding Adults Board and Sefton Safeguarding Children's Partnership.
- Continued participation in and contribution to Liverpool city region partnerships such as the Merseyside Strategic Domestic Violence & Abuse Group, the Merseyside Strategic Sexual Violence Group, Community Safety Leads meetings around domestic abuse and suicide prevention, DHR learning workshops and multi agency domestic abuse perpetrator work. Information and activities are fed into the Sefton Domestic Abuse Partnership Board

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Sefton Domestic and Sexual Abuse Strategy 2023-2028



Authorised by



Agenda Item 7

Sefton Domestic and Sexual Abuse Strategy 2023 - 2028

Our partners



Contents

| | |
|---|----|
| 1. Foreword..... | 4 |
| 2. Introduction..... | 5 |
| 3. Governance | 6 |
| 4. Our Vision | 7 |
| 5. Objectives..... | 7 |
| 6. What is Domestic and Sexual Abuse? | 8 |
| 7. The Domestic Abuse Act..... | 10 |
| 8. Links to Other Legislation, Strategies, Boards and Partnerships..... | 14 |
| 9. Information and Data | 15 |
| 10. A Coordinated Community Response..... | 18 |
| 11. Strategic Themes | 19 |
| 12. Outcomes..... | 22 |
| 13. Monitoring and Measuring the Impact | 22 |
| 14. Further Information..... | 23 |
| Appendix A | 24 |

Agenda Item 7

Sefton Domestic and Sexual Abuse Strategy 2023 - 2028

1. Foreword by Councillor Trish Hardy Chair of Sefton Domestic Abuse Partnership Board



Councillor Trish Hardy

Welcome to Sefton's 2022-2027 Domestic & Sexual Abuse Strategy. This is the third version of this strategy and it reiterates our commitment and priority for tackling domestic and abuse at all levels across Sefton. It builds on the previous partnership work we have been doing over the past 7 years and includes the duties outlined in the Domestic Abuse Act (2021).

The issue of domestic and sexual abuse has rightly continued to grow in recognition both locally and nationally, including additional resources via the Government and the introduction of the Domestic Abuse Commissioner role. These resources are welcome but we know more needs to be invested in services to ensure those affected by domestic and sexual abuse get the support they need.

Sefton's Domestic Abuse Partnership Board is responsible for overseeing Sefton's strategic approach to tackling domestic and sexual abuse. One of its key priorities over the past year has been to complete a local Domestic Abuse Needs Assessment so we have an up to date picture of what we already have in place and what areas we need to develop. This piece of work has helped inform the update of this strategy. An important part of the needs assessment was to hear directly from local victims and survivors of domestic abuse so their voice and experiences are an integral element within the development and delivery of all services and systems associated with tackling domestic abuse. On behalf of the Board I would like to thank all the victims and survivors who took part and shared their views. We will continue to look at how we can develop the ways victims and survivors can continue to be involved in this work.

2. Introduction

The Sefton Domestic and Sexual Abuse Strategy 2022-2027 is a multi-agency partnership document developed by Sefton’s Domestic Abuse Partnership Board following the completion of a comprehensive local domestic abuse needs assessment which helped identify what we need in Sefton and builds on work of the previous local Domestic and Sexual Abuse strategies. The purpose of this strategy is to ensure that all key stakeholders in Sefton have a consistent understanding of the issues surrounding domestic and abuse and their roles and responsibilities in addressing them. Domestic and sexual abuse cannot be tackled in isolation. It requires joint working across a wide range of departments, agencies, and partnerships, including those beyond the usual statutory and specialist organisations associated with domestic and sexual abuse.

At its core is the need to ensure the voices and experiences of domestic and sexual abuse victims and survivors shape Sefton’s approach to the development and delivery of services so that they provide what is needed. This includes ensuring there are a range of specialist support services available to address a wide variety of needs. It means really listening to what it feels like for victims and survivors of domestic and sexual abuse and understanding the challenges and barriers they face across all services and not just related to specialist domestic and sexual abuse support. It includes being able to challenge perpetrator behaviours safely and working to hold them to account.

This strategy sets out how we will do this in Sefton over the next five years. It outlines the key themes partners will focus on and identifies priorities which will be translated

into practical areas for action which will be monitored by the Domestic Abuse Partnership Board. The strategy is based around three strategic themes:

- **Prevent** – Early intervention and prevention to reduce the cycle of abuse.
- **Protect** - Keeping victims and their families’ safe whilst challenging the behaviour of perpetrators.
- **Repair** - providing ongoing support beyond crisis intervention and developing resilience for the future.

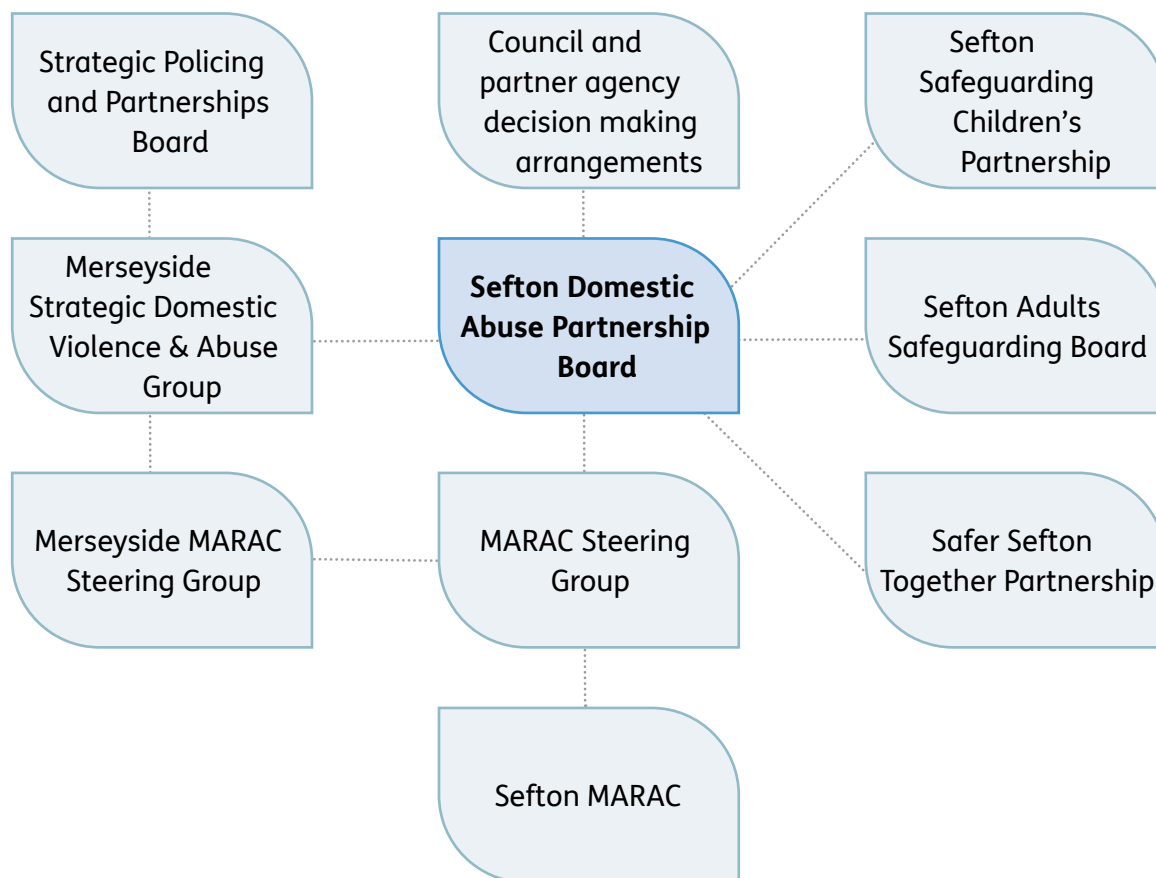
It also incorporates the elements of Sefton’s previous Safe Accommodation Strategy for victims of domestic abuse which the local authority is required to have as part of the 2021 Domestic Abuse Act.

Domestic and sexual abuse is a key element of the Violence Against Women and Children (VAWG) agenda. However, it is acknowledged that VAWG also includes a range of other linked but separate subjects, such as human trafficking and modern slavery, honour based violence harmful practices and child exploitation. These areas will be covered by Safer Sefton Together’s approach to VAWG.



Agenda Item 7

3. Governance



The links between the Partnership Board and other strategic partnership arrangements are maintained through joint membership, shared sub-groups established around specific subjects (eg training and workforce development) as well as shared action plans.

Sefton Domestic Abuse Partnership Board is made up of representatives from the following agencies:

- Sefton Metropolitan Borough Council (Elected Member, Communities, Adult Social Care, Children's Social Care, Public Health and Housing and Investment Services.)
- Sefton Women's and Children's Aid (SWACA)
- Rape and Sexual Assault Merseyside (RASA)
- Merseyside Police
- Probation Service
- Southport and Ormskirk Hospital NHS Trust
- Liverpool University Hospitals NHS Foundation Trust
- NHS Cheshire and Merseyside Integrated Care Partnership
- Mersey Care
- One Vision Housing
- Sefton Council for Voluntary Services (CVS)
- Venus
- Merseyside Fire and Rescue
- Office for the Police and Crime Commissioner Merseyside

4. Our Vision

That domestic and sexual abuse is viewed and challenged as an unacceptable form of behaviour by all our communities.

That victims and survivors of domestic and sexual abuse and their families in Sefton feel safer in their communities, are protected from harm, and are able to move forward positively

with their lives as a result of receiving the support and interventions they need.

That the behaviour of perpetrators is effectively challenged, and perpetrators are fully held to account.

5. Objectives

- To prioritise a strategic partnership approach to the reduction of domestic and sexual abuse in our communities.
- To improve the prevention, early identification and response to domestic and sexual abuse.
- To increase the reporting of domestic and sexual abuse through awareness raising and access to support services.
- To work with commissioners to ensure a wide range of services are in place to support and protect victims and survivors of domestic and sexual abuse, including children.
- To hold perpetrators to account through appropriate criminal justice sanctions and effective interventions that promote long term behaviour change.
- To safeguard children and vulnerable adults from the impacts of living within a household experiencing domestic and sexual abuse.



6. What is Domestic and Sexual Abuse?

The Domestic Abuse Act 2021 provides a definition of domestic abuse which is provided in full in Appendix A at the end of this document. In summary, it includes the following key points

The behaviour of a person towards another person is defined as “domestic abuse” if:

- both people are aged 16 or over and are “personally connected” to each other

and

- the behaviour is abusive

Behaviour is defined as “abusive” if it consists of any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other abuse

It does not matter whether the behaviour consists of a single incident or a pattern of behaviour.

Two people are “personally connected” to each other if any of the following applies:

- they are, or have been, married to each other
- they are, or have been, civil partners of each other
- they have agreed to marry one another (whether or not the agreement has been terminated)
- they have entered into a civil partnership agreement (whether or not the agreement has been terminated)

- they are, or have been, in an intimate personal relationship with each other
- they each have, or there has been a time when they each have had, a parental relationship in relation to the same child
- they are relatives

It should be noted behaviour considered as abusive towards a victim can also include conduct directed at another person eg the victim’s child/children

Children are also explicitly included within the Act as direct victims of domestic abuse. This includes circumstances where a child:

- sees or hears, or experiences the effect of, the abuse,

and

- is related to either the victim or perpetrator of the abuse

There is no one set definition of sexual violence or abuse; however, it is widely accepted as being any unwanted sexual act or activity. There are many different kinds of sexual violence and abuse, including rape, sexual assault, child sexual abuse, sexual harassment and sexual exploitation. Sexual abuse can be perpetrated by a stranger or by someone known.



Agenda Item 7

7. The Domestic Abuse Act

In April 2021 the new Domestic Abuse Act was signed into law in England. The Act is designed to raise awareness of domestic abuse and provide a range of further protections for victims/survivors of domestic abuse as well as strengthen measures to tackle perpetrators. This includes:

- the creation of a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse.
- the establishment in law of the office of Domestic Abuse Commissioner and the functions and powers within this role.
- provision for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order (currently known as Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs).
- placing a duty on local authorities in England to provide accommodation based support to victims/survivors of domestic abuse and their children in refuges and other safe accommodation.
- prohibition of perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales.
- the creation of a statutory presumption that victims/survivors of domestic abuse are eligible for special measures in the criminal, civil and family courts.
- clarifying the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989 to prevent family proceedings that can further traumatise victims/survivors.
- extending the controlling or coercive behaviour offence to cover post-separation abuse.
- extending the offence of disclosing private sexual photographs and films with intent to cause distress (known as the “revenge porn” offence) to cover threats to disclose such material.
- the creation a new offence of non-fatal strangulation or suffocation of another person.
- clarifying by restating in statute law the general proposition that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death.
- extending the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences.
- providing for a statutory domestic abuse perpetrator strategy.
- Enabling domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody.



- placing the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing.
- providing that all eligible homeless victims/survivors of domestic abuse automatically have ‘priority need’ for homelessness assistance.
- ensuring that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.
- prohibiting GPs and other health professionals in general practice from charging a victims/survivor of domestic abuse for a letter to support an application for legal aid.
- providing for a statutory code of practice relating to the processing of domestic abuse data for immigration purposes.

The Safe Accommodation Duty

Part 4 of the Act places a statutory duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation. Local authorities must:

- Appoint a multi-agency Domestic Abuse Local Partnership Board
- Assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who come from outside the area.
- Develop and publish a strategy for the provision of such support to cover their locality, having regard to the needs assessment.

Refuge accommodation

Single gender or single sex accommodation and domestic abuse support which is tied to that accommodation. The address will not be publicly available. Victims, including their children, will have access to a planned programme of therapeutic and practical support from staff. Accommodation may be in shared or self-contained housing, but in both cases the service will enable peer support from other refuge residents.

Specialist safe accommodation

Single gender or single sex accommodation, alongside dedicated domestic abuse support which is tailored to also support those who share particular protected characteristic(s) and / or who share one or more vulnerabilities requiring additional support. Accommodation may be in shared or self-contained housing, and the address will not be publicly available.

Agenda Item 7

Sefton Domestic and Sexual Abuse Strategy 2023 - 2028

Dispersed accommodation

1. Safe (secure and dedicated to supporting victims of domestic abuse), self-contained accommodation with a similar level of specialist domestic abuse support as provided within a refuge but which may be more suitable for victims who are unable to stay in a refuge with communal spaces, and/or where peer support from other residents may not be appropriate, due to complex support needs, or where older teenage sons cannot be accommodated in a women only refuge, for example. Where two or more units share any part of the accommodation, including shared hallways or access routes, provision should be single gender or single sex.

2. Safe (secure and dedicated to supporting victims of domestic abuse), self-contained 'semi-independent' accommodation which is not within a refuge but with support for victims who may not require the intensive support offered through refuge, but are still at risk of abuse from their perpetrator/s. Where two or more units share any part of the accommodation, including shared hallways or access routes, provision should be single gender or single sex.

Sanctuary Schemes

Provision of enhanced physical security measures to a home or the perimeter of the home. A Sanctuary Scheme is a survivor centred initiative which aims to make it possible for victims of domestic abuse to remain in their own homes, where it is safe for them to do so, where it is their choice, and where the perpetrator does not live in the accommodation.

Second stage accommodation

Accommodation temporarily provided to victims, including their children, who are moving on from other forms of relevant accommodation and/or who no longer need the intensive level of support provided in a refuge, but would still benefit from a lower level of domestic abuse specific support for a period before they move to fully independent and settled accommodation. Where second stage accommodation is in shared housing it should be single gender or single sex.

Other forms of domestic abuse emergency accommodation

A safe place (single gendered or single sex, secure and dedicated to supporting victims of domestic abuse) with domestic abuse support tied to the accommodation to enable victims to make informed decisions when leaving a perpetrator and seeking safe accommodation. For example, short term (e.g. 2-3 weeks) accommodation providing victims with the space and safety to consider and make informed decisions about the options available to them.

Accommodation such as Bed and Breakfast accommodation is not considered relevant safe accommodation and for this reason are specifically excluded in the Regulations.

Domestic Abuse Support in Safe Accommodation

The Domestic Abuse Act statutory guidance describes Domestic Abuse Support within Safe / relevant Accommodation as:

- Overall management of services within relevant accommodation – including, the management of staff, payroll, financial and day to day management of services and maintaining relationships with the local authority.
- Support with the day-to-day running of the service, for example scheduling times for counselling sessions, group activities (such functions may often be undertaken by administrative or office staff)
- Advocacy support – development of personal safety plans, liaison with other services.
- Domestic abuse prevention advice – support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online), and to prevent re-victimisation.
- Specialist support for victims:
 - a) Designed specifically for victims with relevant protected characteristics (also known as by and for), such as faith services, translators and interpreters within BAME-led refuges, immigration advice, interpreters for victims identifying as deaf and / or hard of hearing, and dedicated support for LGBTQ+ victims [not limited to].
 - b) Designed specifically for victims with unique and / or complex needs such as, mental health advice and support, drug and alcohol advice and support, including sign posting accordingly.
- Children’s support – including play therapy and child advocacy.
- Housing-related support – providing housing-related advice and support, for example, securing a permanent home, rights to existing accommodation and advice on how to live safely and independently.
- Advice service – financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements; and,
- Counselling and therapy (including group support) for both adults and children, including emotional support.



Agenda Item 7

8. Links to Other Legislation, Strategies, Boards and Partnerships

In addition to the Domestic Act 2021, certain elements of domestic abuse are also covered by other existing Acts:

- both people are aged 16 or over and are The Serious Crime Act 2015: coercive control is an offence under Section 76.
- The Care Act 2014: local authorities are responsible for promoting individual wellbeing, including ensuring their freedom from abuse.
- The Health and Social Care Act 2012: Regulation 13 covers safeguarding service users from abuse.
- The Adoption and Children Act 2002: “seeing or hearing the ill-treatment of another person” is a form of harm under Section 120. This clarifies the definition of harm in the Children Act 1989.
- The Sexual Offences Act 2003 outlaws causing a person to engage in sexual activity without consent.
- Housing Act 1996 Section 177
- Homelessness Reduction Act 2017

There are a number of local and national strategies, examples of practice learning evidence, research and guidance that also tie into this strategy. Locally, this includes the following:

- Safer Sefton Together Strategic Plan 2023-2026
- Children and Young People’s Plan 2020-2025
- Sefton Integrated Early Help Strategy for Children, Young People and Families 2020-2025

- Sefton Children and Young People’s Emotional Wellbeing Strategy 2021-26
- Sefton Safeguarding Adults Partnership Board Strategic Plan 2022-24
- Sefton Health and Wellbeing Strategy 2020-2025
- Homelessness and Rough Sleeping Strategy 2018-2023
- Sefton Housing Strategy 2022-2027
- Working in partnership to tackle Violence Against Women and Girls (VAWG) across Merseyside. Delivery Plan 2022-2025. Merseyside Police and Crime Commissioner.

Supporting the delivery of these strategies and the wider domestic and sexual abuse agenda are a number of multi agency partnerships. These are an integral link to the work of the Domestic abuse Partnership Board and this Strategy.

- Safer Sefton Together Partnership
- Sefton Safeguarding Children Partnership
- Sefton Safeguarding Adults Partnership
- Health & Wellbeing Board
- Merseyside Strategic Domestic Violence and Abuse Group (SDVAG) and Sexual Violence Group

The Domestic Abuse Partnership Board supports the recognition domestic abuse is being given nationally by the government, as well as the ongoing work of the Domestic Abuse Commissioner and will ensure this strategy is reviewed to incorporate any further new legislation, programmes, or best practice as required.

9. Information and Data

Domestic and sexual abuse are national issues that have an enormous impact on the lives of those it affects. Data does not accurately reflect the true scale of the issue and it is widely accepted that any figures will be an underrepresentation. However, they do provide some context on the extent and nature of the problem. Current statistics and research highlighted in Sefton's Domestic Abuse Needs Assessment include:

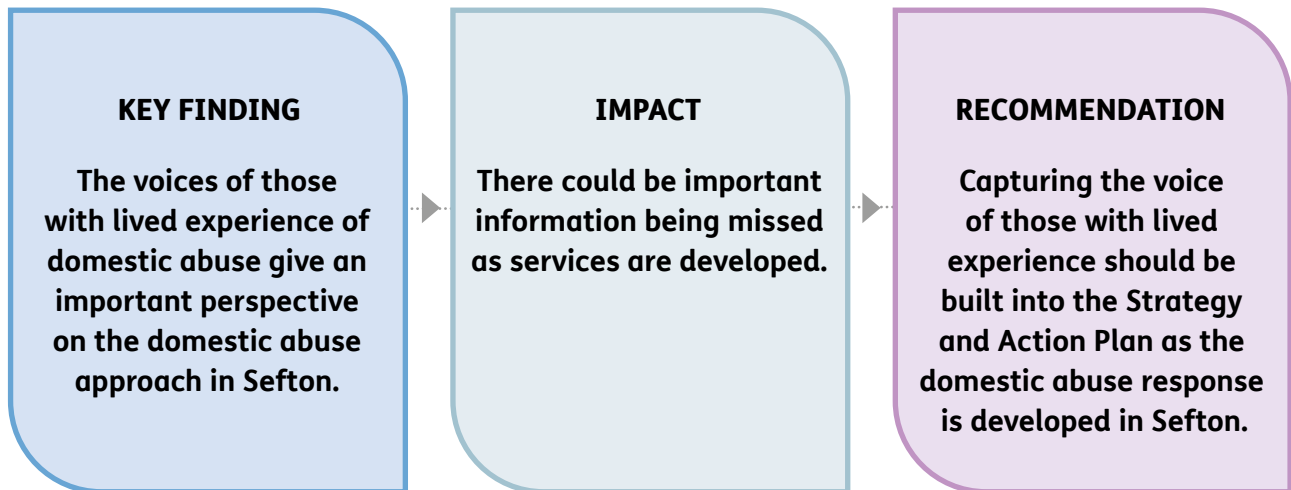
- It is estimated 5.5% of adults in England and Wales aged 16 to 74 years (2.23 million people) experienced domestic abuse in 2019/20 ([Domestic Abuse in England and Wales Overview November 2020, Office for National Statistics \(ONS\)](#)).
- In 2020/21, the police recorded 1,459,663 domestic abuse related incidents of which 845,744 were recorded as domestic abuse related crimes. This increased to 1,500,369 incidents in 2021/22 of which 910,980 were recorded as domestic abuse related crimes. ([Domestic Abuse in England and Wales Overview November 2021 and November 2022, Office for National Statistics \(ONS\)](#)).
- Female victims accounted for 73% of domestic abuse related crimes recorded by the police 2020/21 and 74% in 2021/22 ([Domestic Abuse in England and Wales Overview November 2021 and November 2022, Office for National Statistics \(ONS\)](#)).
- There were 373 victims of domestic homicide aged 16 and over in England and Wales between March 2019 and March 2021. 72% of these victims (269) were female. ([Domestic Abuse in England and Wales Overview November 2022, Office for National Statistics \(ONS\)](#)).
- Police in England and Wales made almost 245,000 referrals to social services for domestic abuse in 2020/21, with an average of 669 child protection referrals a day. ([NSPCC Record numbers of children and young people affected by domestic abuse | NSPCC](#)).
- The new Domestic Abuse Act has introduced compulsory Relationships Education for all primary school pupils and Relationship and Sex Education for all secondary school pupils in England ([Sefton Domestic Abuse Needs Assessment](#)).
- Rape Crisis England and Wales states 1 in 4 women have been raped or sexually assaulted as an adult, 1 in 6 children have been sexually abused, and 1 in 20 men have been raped or sexually assaulted as an adult ([rapecrisis.org.uk/get-informed/statistics-sexual-violence](#)).
- Rape Crisis England and Wales states 1 in 2 rapes against women are carried out by their partner or ex partner. 5 in 6 rapes against women are carried out by someone they know. [rapecrisis.org.uk/get-informed/statistics-sexual-violence](#).



Agenda Item 7

Survivor Voice

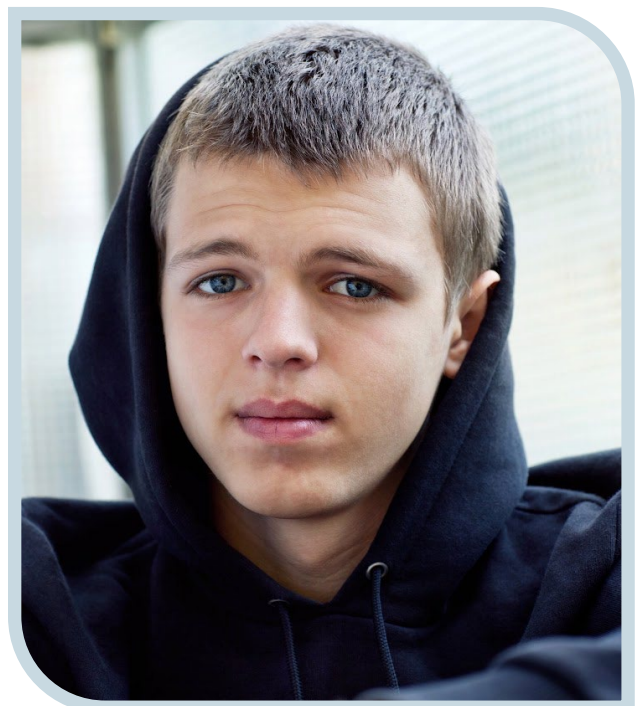
The most important element of this Strategy is ensuring victim/survivor voices and experiences are clearly captured, listened to, and enacted upon to ensure Sefton's response to tackling domestic abuse is based on their needs. This was clearly highlighted in Sefton's Domestic Abuse Needs Assessment and is an area the Domestic Abuse Partnership Board will continue to develop and work on.



The stories told by victims/survivors through the community survey and survivor interviews and group sessions highlight the difficulties and complexities involved in cases of domestic abuse and the importance of practitioners and first responders having an understanding of these complexities.

Some of the key findings from this consultation include:

- Experience of having an IDVA to provide support through the Court process was helpful, though earlier support would have been beneficial.
- Experiences of feeling unsupported by the police and the criminal justice process following reports of abuse meaning survivors felt let down and that there was no accountability for the perpetrator's actions.
- Experiences of feeling ashamed of what had happened, fear they wouldn't be believed if they told someone, and fear of what their abuser would do that stopped them from telling anybody.
- Experiences of there being a lack of support put in place for their children.



Initial findings from the Domestic Abuse Commissioner's Mapping of Domestic Abuse Services across England and Wales (August 2022) also highlights some of the challenges faced by survivors of domestic abuse. These include:

- Support services help victims/survivors to cope and to recover from the abuse they've experienced. Of those who expressed a view in the survey, there were significant differences between the two groups, with those who had accessed support more likely to report that they felt safer and more in control
- The majority of respondents stated that they wished to access a form of community-based service rather than an accommodation-based service, and it was forms of community-based services that victims/survivors were most likely to have been unable to access despite wishing to.
- The lack of support for children was particularly noteworthy. Almost all survivors who had children said that they would have wanted their children to have specific support, but just 29% said that their children had been able to access this type of support.
- Overall victims and survivors struggled to get help. Equally, they survey found significant regional variations and significant differences by sex and gender. People in the North West of England reported finding it most difficult to access help, with 45% of respondents saying it was 'quite difficult' or 'very difficult' to access help, Over two-thirds of men and over half of non-binary survivors found it 'quite difficult' or 'very difficult' to get help, in comparison to a third of women survivors.
- Victims/survivors with learning disabilities said often it was harder to recognise what was happening to them as domestic abuse, and that even where they did recognise this, they struggled to disclose



the abuse. It was difficult to know how to report it, know where to get information or advice, or understand that they could contact the police.

- Victims/survivors also talked about the lack of counselling services that had an understanding of how to work with autistic or neurodiverse domestic abuse survivors.

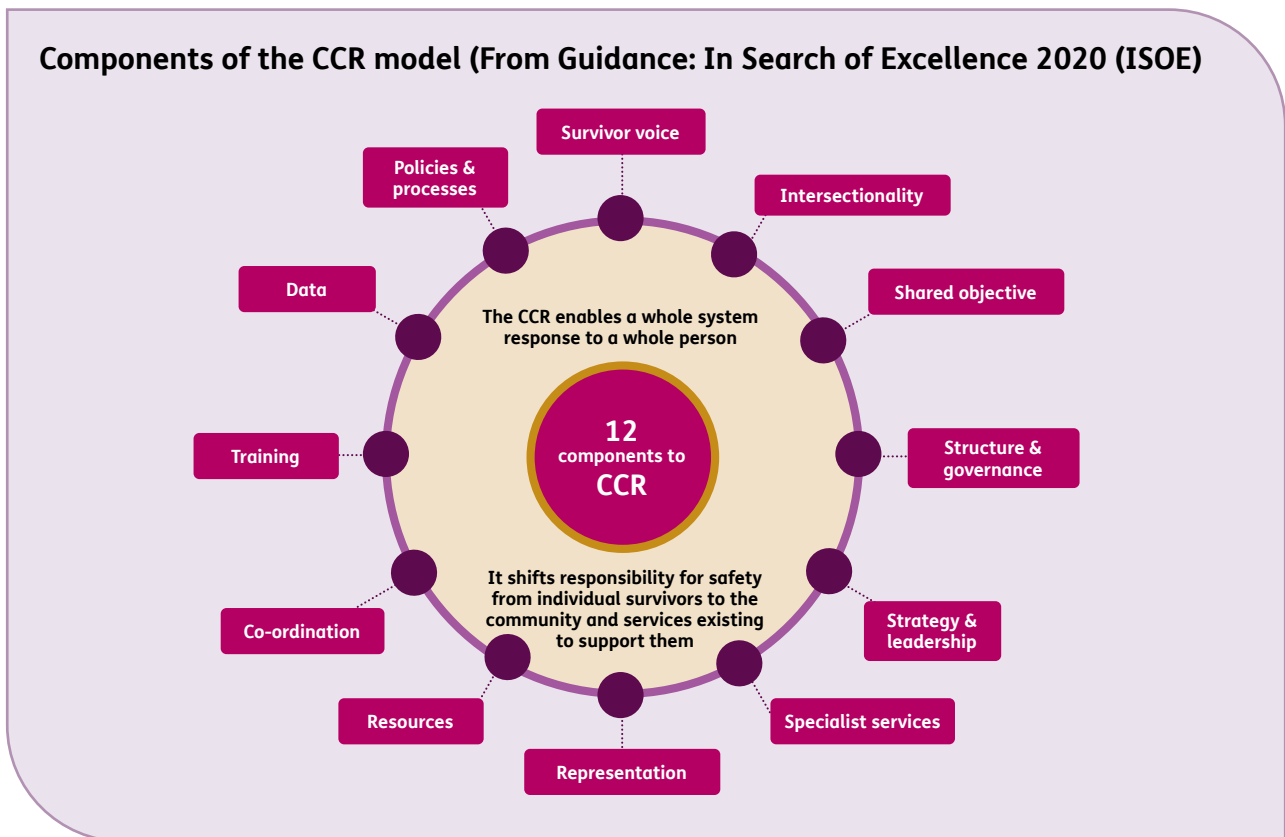
Agenda Item 7

10.A Coordinated Community Response

The co-ordinated community response (CCR) model encourages collaborative working with other agencies. The CCR is a collaborative multi-agency effort to change the culture of tolerance of domestic abuse by embedding practices and procedures which integrates victim/survivor safety and holds the perpetrator to account for abuse.

The CCR encompasses the broadest possible response to domestic abuse addressing prevention, early intervention, dealing with crisis, risk fluctuation, and long-term recovery and safety, working with a wide range of services, pathways, agencies, and systems. The fundamental premise of the CCR is that no single agency or individual can see the complete picture of the life of a family or individual within that family, but all may have insights and can provide interventions that are crucial to their safety and wellbeing. The CCR enables a whole-system response to a whole person. It shifts responsibility for safety away from individual survivors to the community and services existing to support them.

Victims/survivors of domestic and sexual abuse – adult or child – require a coordinated, multi-agency response with all agencies working collaboratively to provide a response that is effective in meeting their needs and making them safer. The model guides coordinators to build interventions within systems that are aligned with the lived experience of victims/survivors.



For the CCR to be effective, the responsibility for support and intervention must be spread across agencies, rather than held with a single agency or person. This approach is an integral part of this strategy and the key priority themes it includes

11. Strategic Themes

1. Prevent

Early intervention provision, including improving public knowledge on domestic and sexual abuse to drive a cultural shift, intervening earlier to prevent and reduce the impact of longer term poor outcomes, and breaking the cycle of abuse across generations.

- There is clear and consistent information is available to the public on domestic and sexual abuse, including practical tools, advice and the support services available.
- There is a need for all services and practitioners to be aware of the signs of domestic and sexual abuse, how to respond to these initially, and where to signpost to for more comprehensive specialist support.
- Promotional campaigns reinforce both what constitutes domestic and sexual abuse and what support services are available and ensuring links are made to appropriate regional and national campaigns.
- Educational programmes are available for children and young people focusing on healthy relationships and developing resilience to help prevent future abusive behaviours.
- There is a quality assured offer of support for children and young people causing harm to help prevent this behaviour escalating.
- Domestic abuse is considered as a routine enquiry by a wide range of agencies and practitioners across Sefton, using a trauma informed approach.
- Activities that focus on supporting positive mental wellbeing to help prevent self-harm and suicide.



Agenda Item 7

2. Protect

Keeping victims/survivors of domestic and sexual abuse and their children safe in a consistent and coordinated way, providing safe and quality assured support services, and challenging the behaviour of perpetrators whilst also offering opportunities to change.

- Victims/survivors and their families have a consistent and effective response from agencies to disclosures of domestic and sexual abuse that helps protect them from further harm.
- Agencies are consistent and effective in recognising and identifying risks associated with domestic and sexual abuse; workers proactively use professional curiosity and take action.
- Organisations have clear and easily accessible policies on domestic abuse to support their employees.
- There are a range of quality assured, evidence-based support services for victims/survivors to ensure work is delivered safely, responds to need, reduces risk and is in partnership with other agencies.
- This includes ensuring victims/survivors with additional vulnerabilities and specific needs can access support that meets their needs – specifically around those with protected characteristics, older people and those with complex lives.
- There is a range of specific support available for children and young people affected by domestic and sexual abuse.
- There is a range of safe accommodation options for victims/survivors of domestic abuse to enable them to leave abusive relationships safely and access the ongoing support they need.
- The behaviour of perpetrators is proactively challenged and held to account in a consistent and appropriate way and there are a range of interventions available to support behaviour change.

- There are effective and efficient multi agency risk management processes, including MARAC and MAPPA, that are regularly reviewed to ensure they are fit for purpose.

3. Repair

Supporting the development of resilience for families and individuals to move on and deal with future life challenges, providing ongoing support beyond crisis intervention.

- Provision of a range of ongoing support for victims/survivors and children to reduce the impact of abuse and to recover from trauma.
- Provision of wider support opportunities for perpetrators of domestic abuse to sustain positive behaviour change long term.
- Criminal justice interventions achieve positive outcomes for victims/survivors to support them to move on with their lives.
- A wide range of organisations that can provide ongoing community based support for individuals and families based on their needs.





Agenda Item 7

12. Outcomes

Based on the objectives outlined above, this strategy seeks to achieve the following outcomes:

- Service providers and front line staff are equipped to recognise and respond to domestic and sexual abuse.
- Information about the support available for domestic and sexual abuse victims/ survivors is clear, consistent, and accessible.
- Our community is educated as to what domestic and sexual abuse is, and what services are available in Sefton.
- Sefton residents feel confident and able to report incidents of domestic and sexual abuse.
- Consistent processes and systems are in place to respond appropriately to domestic and sexual abuse.
- Victims/survivors and their children are offered person centred support to address their specific needs.
- Perpetrators of domestic and sexual abuse are dealt with appropriately.
- Repeat incidents of domestic and sexual abuse are reduced.



13. Monitoring and Measuring the Impact

Sefton's Domestic Abuse Partnership Board will be responsible for the monitoring of the Strategy and will oversee the development of a Strategy Action Plan and Performance Framework which will set out the detail of how the priorities will be delivered. Service providers and front line staff are equipped to recognise and respond to domestic and sexual abuse.

- Information about the support available for domestic and sexual abuse victims/ survivors is clear, consistent, and accessible.
- Our community is educated as to what domestic and sexual abuse is, and what services are available in Sefton.
- Sefton residents feel confident and able to report incidents of domestic and sexual abuse.
- Consistent processes and systems are in place to respond appropriately to domestic and sexual abuse.
- Victims/survivors and their children are offered person centred support to address their specific needs.
- Perpetrators of domestic and sexual abuse are dealt with appropriately.
- Repeat incidents of domestic and sexual abuse are reduced.

14. Further Information

Local Strategies and Plans

Sefton Domestic Abuse Needs Assessment August 2022

Safer Sefton Together Strategic Plan 2023-2026

Safeguarding Sefton's Children: Level of Need Guidance

Children and Young People's Plan 2020-2025

Sefton Integrated Early Help Strategy for Children, Young People and Families 2020-2025

Sefton Children and Young People's Emotional Wellbeing Strategy 2021-26

Sefton Safeguarding Adults Partnership Board Strategic Plan 2022-24

Sefton Health and Wellbeing Strategy 2020-2025

Homelessness and Rough Sleeping Strategy 2018-2023

Sefton Housing Strategy 2022-2027

Appendix A - Definition of domestic abuse as outlined in the Domestic Abuse Act 2021

Section 1: Definition of “domestic abuse”

(1) This section defines “domestic abuse” for the purposes of this Act.

(2) Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if— (a) A and B are each aged 16 or over and are “personally connected” to each other, and (b) the behaviour is abusive.

(3) Behaviour is “abusive” if it consists of any of the following—

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse
- (e) psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to —

- (a) acquire, use or maintain money or other property, or
- (b) obtain goods or services.

(5) For the purposes of this Act, A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

(6) References in this Act to being abusive towards another person are to be read in accordance with this section.

(7) For the meaning of “personally connected”, see section 2.

Section 2: Definition of “personally connected”

(1) Two people are “personally connected” to each other if any of the following applies —

- (a) they are, or have been, married to each other;
- (b) they are, or have been, civil partners of each other;

(c) they have agreed to marry one another (whether or not the agreement has been terminated);

(d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated); (e) they are, or have been, in an intimate personal relationship with each other;

(f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));

(g) they are relatives.

(2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if —

(a) the person is a parent of the child, or;

(b) the person has parental responsibility for the child.

(3) In this section —

“child” means a person under the age of 18 years;

“civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004;

“parental responsibility” has the same meaning as in the Children Act 1989;

“relative” has the meaning given by section 63(1) of the Family Law Act 1996.

Section 3: Children as victims of domestic abuse (1) This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse. (2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who – (a) sees or hears, or experiences the effect of, the abuse, and (b) is related to A or B. (3) A child is related to a person for the purposes of subsection (2) if – (a) the person is a parent of, or has parental responsibility for, the child, or (b) the child and the person are relatives. (4) In this section – “child” means person under the age of 18 years; “parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act); “relative” has the meaning given by section 63(1) of the Family Law Act 1996.

<https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted?msclid=de30bb11b4ea11ecab99844c5b3e2ec2>

Agenda Item 7

Authorised by

Sefton
Domestic and Sexual
Abuse Strategy
Action Plan
2023-2028

Authorised by

Contents

| | |
|---|----|
| Foreword | 3 |
|  Leadership & Governance | 4 |
|  Prevent | 7 |
|  Protect & Repair | 11 |
|  Children & Young People | 16 |

Foreword by Councillor Trish Hardy Chair of Sefton Domestic Abuse Partnership Board



Councillor Trish Hardy

Welcome to Sefton's 2022-2027 Domestic & Sexual Abuse Strategy. This is the third version of this strategy and it reiterates our commitment and priority for tackling domestic and abuse at all levels across Sefton. It builds on the previous partnership work we have been doing over the past 7 years and includes the duties outlined in the Domestic Abuse Act (2021).

The issue of domestic and sexual abuse has rightly continued to grow in recognition both locally and nationally, including additional resources via the Government and the introduction of the Domestic Abuse Commissioner role. These resources are welcome but we know more needs to be invested in services to ensure those affected by domestic and sexual abuse get the support they need.

Sefton's Domestic Abuse Partnership Board is responsible for overseeing Sefton's strategic approach to tackling domestic and sexual abuse. One of its key priorities over the past year has been to complete a local Domestic Abuse Needs Assessment so we have an up to date picture of what we already have in place and what areas we need to develop. This piece of work has helped inform the update of this strategy. An important part of the needs assessment was to hear directly from local victims and survivors of domestic abuse so their voice and experiences are an integral element within the development and delivery of all services and systems associated with tackling domestic abuse. On behalf of the Board I would like to thank all the victims and survivors who took part and shared their views. We will continue to look at how we can develop the ways victims and survivors can continue to be involved in this work.

Leadership and Governance -

Ensuring that the Sefton Domestic Violence and Abuse Partnership has an effective structure and membership that is fit for purpose and can develop and ensure delivery of the strategy.

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|---|-------------------------|---|---|--|--|--|--------------------|
| 1 | To agree the structure of the Partnership with a Sefton Implementation Board and four 'Task and Finish' groups that are responsible for particular areas of the strategy. | DA Act 2021 | Membership of the Implementation Group and Task and Finish groups are fit for purpose with appropriate representation and input from all agencies and groups including service users. | Chair of the Partnership to write to suggested representatives to invite them to sit on the Implementation Board. Board to then be established. | Steve Martlew as Lead Officer to the Partnership | Implementation Group and Task and Finish Groups set up and appointed lead officer to report back to the partnership. Progress of the strategy escalated and reported to the DA Commissioner. | May-23 | |
| 2 | Raise awareness of the Partnership led review of Domestic Abuse and establish a way forward with the recommendations. | DA Act 2021 | All relevant Boards fully aware of the review and their role in taking forward the recommendations. | Lead Officer to attend the Overview and Scrutiny Committee to attend various groups e.g. Community Safety Board, Children's young People Board, Adult Safeguarding Board, Children's Safeguarding Board, Health & Wellbeing Board, to highlight and take forward the recommendations from the Partnership led review. | Steve Martlew as Lead Officer to the Partnership | Connectivity and regular reporting mechanisms between various boards is established. Comms strategy created | Sep-23 | |
| 3 | Review the Terms of Reference for the Partnership. | DA Act 2021 | Provide clarity around the role and purpose of the partnership and how it operates. | In consultation with all partnership members agree revised Terms of Reference document. | Steve Martlew as Lead Officer to the Partnership | TOR Document agreed at next Partnership Board in May 2023. All partners clear on the role and purpose of the DAPB | May-23 | |
| 4 | Develop an annual reporting framework for the Partnership. | DA Act 2021 | All stakeholders are updated on achievements and activities to date, and are able to plan activity for the next 12 months. | Produce an annual report for stakeholders on the partnerships membership, priorities, actions and activity to date based on the report developed by the LSCB. | Steve Martlew as Lead Officer to the Partnership | Annual Report produced by September 2023. Comms Strategy in place. Partnership awareness of performance which is disseminated through the partner organisations. | Sep-23 | |
| 5 | Develop and agree partnership branding. | Good Practice | The partnership has a clear and recognisable identity. | Agree a new partnership logo that can be used on all partnership documentation. | Steve Martlew as Lead Officer to the Partnership | Branding established. Comms Strategy in place | May-23 | |
| 6 | Develop a Victim Survivor focus group that helps shape DA survivors and ensures victims/survivors are at the heart of everything we do | DA Act 2021 | An expert by experience group is formed that uses membership from previous resilience building programmes that will represent victims/survivors views on the LDAPB, help shape future services and deliver ongoing support for fellow victim/survivors. | Develop and support group. | Implementation Group | An expert by experience group is formed in 2023. Service User voice is embedded in strategy development | Dec-23 | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|---|-------------------------|--|--|--|--|--|--------------------|
| 7 | To develop a commissioning sub group for 3rd sector providers. This group will be informed and report to the DVA Implementation Group | Good Practice | Separate commissioning group which will support the implementation of the action plan. The group will gain best value whilst retaining measurable and effective outcomes for residents of Sefton | Work in partnership with Sefton's Executive Commissioning Group to develop a commissioning model for Sefton | Commissioning Group | Commissioning Group Set up and commissioning plan in place | May-23 | |
| | To develop a reporting framework with the Health and Wellbeing Board and other relevant partners. | Good Practice | The Health and Wellbeing Board and other relevant partners receive reports on progress of the Action Plan within timescales and in a format that has been agreed with them. | Provide agreed reports within agreed timescales | Steve Martlew as Lead Officer to the Partnership | Health & Well Being Board assured of progress | Sep-23 | |
| 8 | To ensure relevant links and cross overs are made with other strategies e.g. LSCB, Health & Wellbeing, , Child Poverty strategies. | Good Practice | On-going quarterly meetings and engagement with other Partnership Managers via the Partnership Managers Meetings. | Domestic Abuse Partnership Board representation on the Sefton's Partnership Group chaired by Yet to be established | Steve Martlew as Lead Officer to the Partnership | Work of DAPB visible across other Partnerships. Comms Strategy in place | Sep-23 | |
| 9 | To review current arrangements within the SDAPB for the management and recording of all domestic abuse issues. | Good Practice | Recommendations to be produced that clarifies and strengthens the SDAPB reporting domestic abuse arrangements. | This will include the identification and review of established practices, such as attendance at Multi Agency Risk Assessment Conferences. As domestic abuse is not limited to any particular group or class, and is found to occur across the whole social spectrum, the report will seek to encompass issues arising for not only service users across the partnership, but also staff members. | Steve Martlew as Lead Officer to the Partnership | To be included in the SDAPB annual report. Assurance that emerging themes are identified and addressed at the earliest opportunity. | Sep-23 | |
| 10 | To develop a Communications Strategy for the Partnership. | Good Practice | Awareness raised of the work of the partnership and the causes of domestic abuse. Increased reporting of domestic abuse and more responsible media reporting. | Utilise the press and other media to raise awareness of the causes of domestic abuse, encouraging responsible reporting and ensuring that press messages are not purely criminal justice focussed. | Steve Martlew as Lead Officer to the Partnership | Communications Strategy and awareness raising plan produced | Sep-23 | |
| 11 | To develop a Risk Register to monitor progress of the Action Plan. | Good Practice | Potential risks and threats to delivery of the Action Plan are identified and mitigating actions are put into place where required. | Develop a Risk Register and consult all Partnership members with their views on potential risks to delivery. | Steve Martlew as Lead Officer to the Partnership | Risk Register produced and updated for each DAPB to provide transparency that risks to service delivery are being highlighted and mitigated. | May-23 | |
| 12 | To undertake an biennial needs assessment for Domestic Abuse service provision. | DA Act 2021 | All partners have a clear understanding of the level of need and resources required for services in Sefton The Partnership is able to plan the use of its resources effectively. | Update needs assessment submission biennially. | Steve Martlew as Lead Officer to the Partnership | Needs Assessment updated biennially. Services will meet need effectively | Apr-24 | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|--|-------------------------|---|--|--|--|--|--------------------|
| 13 | To arrange a peer review of Sefton partnerships approach to DVA. | Good Practice | The Partnership receives an independent perspective on how the Partnership operates including its strengths and areas for possible improvement. | Peer Review to be carried out by December 2023 by other LA or identified 3rd Sector agency | Steve Martlew as Lead Officer to the Partnership | Peer Review completed and reported back by December 2023. Our services will have a clear view of performance and areas for development. | Dec-23 | |
| 14 | The Partnership has adopted the Home Office definition of domestic violence and abuse | DA Act 2021 | Partnership using the Home Office definition. | Partnership adopts Home Office definition and ensures there is a common understanding of it across agencies. The partnership report back to the O&S Committee | Steve Martlew as Lead Officer to the Partnership | Testing to see if definition included in training materials and has a common understanding and clarity across the partnership | Apr-24 | |
| 15 | The Chair of the domestic violence and abuse partnership Implementation Group should periodically report progress made in tackling domestic abuse to the O&S Committee. | Good Practice | Overview and Scrutiny Committee receive regular comprehensive updates on the progress made in tackling domestic abuse. | Produce reports on progress every 6 months. | Steve Martlew as Lead Officer to the Partnership | Reports produced to O&S to ensure effective scrutiny of the work of the partnership. | Sep-23 | |
| 16 | Where commissioning opportunities arise, the Partnership will look to do this jointly to extract maximum value from limited resources. A pooled budget will also be established to facilitate and provide a focus for joint working. | Good Practice | Pooled budget established and held by the partnership. | The partnership will highlight any gap in provision for discussion at the Implementation board. The pooled budget to be held with new commissioning sub group | Commissioning Group | Commissioning undertaken using pooled budget. Partnership resources are used effectively | Apr-24 | |
| 17 | Partners will develop common data standards and ensure that these are adopted, monitored and managed. | Good Practice | All partners agree a minimum data standard to collect, share and report on their own data. | The partnership will identify those agencies not currently reporting and highlight this to the O&S Committee. | Implementation Group | Consistent data collection and sharing established across the partnership. Data collected will be meaningful and used to develop services. | Sep-23 | |
| 18 | The Partnership will investigate ways of domestic abuse and sexual violence collecting data about the overall success of interventions from the victims perspective. | Needs Assessment | An understanding across the partnership of the effectiveness of interventions. | Initial Scoping exercise to be done with the new health IDVAs on how this information could be captured. This could then inform how to collect this information from other services. | Health IDVAs | Test of concept around data collection completed by Health IDVAs. Service user feedback and voice is embedded in service design. | Sep-23 | |
| 19 | Implementation board to review the Action Plan and prioritise actions for delivery. | DA Act 2021 | All actions are appropriately prioritised and all partners are clear on which actions to work on delivering first. | Implementation Board to review and prioritise all actions and inform all other Task and Finish Group Chairs of the order of priorities. | Implementation Group | Action plan reviewed and reported at each SDAPB meeting. The strategy is successfully implemented. | May-24 | |

Prevent -

Early intervention provision, including improving public knowledge on domestic and sexual abuse to drive a cultural shift, intervening earlier to prevent and reduce the impact of longer term poor outcomes, and breaking the cycle of abuse across generations.

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|--|---------------------------------|---|--|---------------------|--|--|--------------------|
| 1 | There is clear and consistent information is available to the public on domestic and sexual abuse, including practical tools, advice and the support services available | Needs Assessment & DHR Learning | A range of information both written, online and e-learning modules and helpline are available for all that live or work in Sefton. | A blended, building block, learning approach with a resource available and accessible to everyone that works and lives in Sefton. IT offer needs working up. | T & F Group 1 | An increase in people's awareness of DA and the support services available. Biennially needs assessment data and feedback from experts by experience group, surveys, as proof. | Dec-23 | |
| 2 | There is a need for all services and practitioners to be aware of the signs of domestic and sexual abuse, how to respond to these initially, and where to signpost to for more comprehensive specialist support. | Needs Assessment & DHR Learning | A range of information both written, online and e-learning modules and helpline are available for all that live and work in Sefton. Staff are equipped with the skills, knowledge and confidence in what to do when receiving a DA disclosure | A blended, building block, learning approach with a resource available to enable workforce development across the partnership and further. Workforce Development project to be delivered in conjunction with SSAB Sub Group. | T & F Group 1 | An increase in staff across the partnership and further, have differing levels of knowledge of Domestic Abuse dependent on their role. A reduction in the common themes being apparent in DHR learning | May-24 | |
| 3 | Promotional campaigns reinforce both what constitutes domestic and sexual abuse and what support services are available and ensuring links are made to appropriate regional and national campaigns. | Needs Assessment & DHR Learning | Linked to Item 1 & 2 | Develop our own local campaigns via the various PR & Comms Teams across the partnership and promote/ take part regional and national campaigns. LDAPB & Sefton Comms Team | T & F Group 1 | An increase in engagement linked to priorities 1 & 2 | | |
| 4 | Educational programmes are available for children and young people focusing on healthy relationships and developing resilience to help prevent future abusive behaviours. | Needs Assessment & DHR Learning | A range of educational sessions using a variety of programmes such as Expect Respect Toolkit, Recovery Toolkit, Hope to Recovery and Freedom Flowers as a free offer to all schools and colleges in Sefton. | Commission a provider to work in schools and with pastoral teams to roll a blended learning offer out as a free offer to all schools and colleges in Sefton. New service provider | T & F Group 1 | A reduction in children progressing from Level 1 through to Level 4 with DA prevalent in their case | May-24 | |
| 5 | There is a quality assured offer of support for children and young people causing harm to help prevent this behaviour escalating. | Needs Assessment | A scale up of current CoPVA programme in order to reach more households. Design clearer referral/access pathways and awareness raising of the subject | Place current commission on a longer term more secure financial footing and allow for scale up. New service provider | T & F Group 1 | A reduction in repeat cases referred through to CoPVA services | May-24 | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|---|-------------------------|--|--|--|--|--|--------------------|
| 6 | Domestic abuse is considered as a routine enquiry by a wide range of agencies and practitioners across Sefton, using a trauma informed approach. | Needs Assessment | Linked to Item 1 & 2 - ensure that selective or routine enquiry are established across the partnership and beyond and that frontline practitioners adopt a trauma informed approach to practice | Trauma informed practice becomes the norm across the partnership. | T & F Group 1 & SSAB SSCP Training Sub-Groups | Increase in individuals accessing DA services at an earlier stage. | | |
| 7 | Activities that focus on supporting positive mental wellbeing to help prevent self harm and suicide. | DHR Learning | Recognition round the linkages between DA and suicide. Equip frontline professionals with the skills, knowledge and confidence to recognise risks. Develop a risk stratification model to identify those at risk. Develop a number of tools including self help tools to support those at risk | Complete this work as part of a wider approach to suicide prevention with suicide prevention group. | T & F Group 1 and Suicide Prevention Group | More individuals accessing help, reduction in DA related suicides | Sep-24 | |
| 8 | To ensure that service users inform the development and delivery of awareness material and campaigns. (links to action 1.6 of this Plan) | DA Act 2021 | Service user engagement and input in developing materials. | Work with Fully integrated commissioned provider | T & F Group 1 | Experts by experience group co-design, co-produce and co-deliver materials | May-24 | |
| 9 | To agree a framework for targeting work that ensures information reaches diverse groups Travellers, Learning Disabilities, Older People, LGBT+ and other ethnic groups, and identified hidden groups. | DA Act 2021 | Vulnerable and diverse groups identified, targeted and awareness in these groups raised - 'hidden groups' cease to be hidden. | Work with relevant agencies and services to identify who the hidden groups are. Audit current publicity materials to ensure are available and accessible to all diverse groups. Research range of material available from Government, charities and voluntary organisations. Write new material for dissemination as applicable. Carry out public survey to ascertain current attitudes. Setup and launch a DV helpline and website to be investigated. Timely awareness campaigns run. Appropriate telephone support available. Website developed to provide accessible and up to date information. Use by and for groups for service delivery. | T & F Group 1 , specialist services, by and for groups | Hidden Groups cease to be hidden | Sep-25 | |
| 10 | Develop a reduction of harm pack for GP surgeries across Sefton | DHR Learning | All GP safeguarding leads have received reduction of harm pack. | Harm reduction pack includes awareness and care pathway materials from IDVA, SWACA, IFD and MARAC | T & F Group 1 - GP Safeguarding Leads | Reduction in harm packs provided | Dec-23 | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|--|-------------------------|---|---|--|--|--|--------------------|
| 11 | Develop the Domestic Violence and Abuse pages of the Sefton's website. | Needs Assessment | SDAPB Microsite developed hosted on the Sefton website containing relevant information and contacts to enable visitors to the site to access the most up to date and useful information. | Research relevant and appropriate information to be added to the website including production of a Sefton wide Domestic Abuse Directory of Services and include relevant links. | Steve Martlew as Lead Officer to the Partnership | Microsite and content developed and kept up to date | Sep-23 | |
| 12 | To adopt a tool to help the non-specialist workforce with screening/ identification/ referral/ advice/ signposting. | DHR Learning | Tool available and disseminated to identified non-specialist workforce. Linked to 2.2 | Research and disseminate appropriate tools for use by non specialist workforce. Update and utilise the Sefton Council website as a source of information. | Steve Martlew as Lead Officer to the Partnership | Microsite and content developed and kept up to date containing tools and advice for non-specialist workforce | Sept 23 and ongoing | |
| 13 | Concise information on support services for domestic abuse and sexual violence distributed across Sefton | Needs Assessment | Partner agencies have a clear understanding of support services available across Sefton | Existing A5 laminate on support services available across Sefton is updated and distributed across partner agencies. | Steve Martlew as Lead Officer to the Partnership | Easily printable pdfs contained within the microsite | Sept 23 and ongoing | |
| 14 | To audit current training packages for domestic abuse resulting in a plan regarding which standardised packages to use for which audience. (Inc. training to universal, targeted and specialist workforce) | DHR Learning | Current training packages audited and DVA trainers forum established linked to 2.1 and 2.2 | Domestic Abuse Prevention Education & Training Coordinator to scope all Sefton DVA training and establish and chair DVA trainers forum. | DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups | Audit completed and forum established | Dec-23 | |
| 15 | To introduce and implement a modular training package across the Sefton to ensure that delivery is consistent. | DHR Learning | Foundational DVA Awareness training in situ with specialised modules available as need identified e.g. for sexual violence, health, for police, for drug & alcohol services, MARAC, early years, education etc. Linked to 2.2 | DV trainers forum established to work in line with identified strategic aims. Training plan delivered to Cabinet and Children's Service Management Team etc. | DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups | Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place | Dec 23 and on going | |
| 16 | To deliver an agreed number of training sessions throughout Sefton to a consistent, measurable standard. | DHR Learning | Agreed number of training sessions delivered and evaluated. | Develop foundational awareness training and modular specialist add-ons. Standardised evaluation and assessment tool developed for trainers to use to assess training delivered. | DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups | Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place | Dec 23 and on going | |
| 17 | To implement a framework for auditing training outcomes on workforce/ agency performance following training. | DHR Learning | Training outcomes audited | Framework established & follow up surveys re effectiveness developed and use of identified tools completed and submitted monitored | DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups | Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place | Dec 23 and on going | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|--|-------------------------|--|--|--|--|--|--------------------|
| 18 | To consider the development of a 'Brief Intervention' training e.g. e-learning | DHR Learning | E learning package available to all front line staff sefton wide | Work in partnership to agree package. Package sourced/commissioned | DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups | Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place | Dec 23 and on going | |
| 19 | To encourage managers of non specialist services to prioritise training within their agency and ensure that training is refreshed periodically and new staff are trained in a timely manner. | DHR Learning | Increased uptake of training by diverse/wide range of non-specialist services | Liaise with identified agencies to promote, encourage and raise awareness of need for induction & periodic refresher training | DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups | Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place | Dec 23 and on going | |
| 20 | To increase the knowledge base of members of the Partnership on domestic violence and abuse | DHR Learning | All Partnership members have a good general awareness and understanding of domestic abuse and sexual violence in order for them to make more informed decisions. | Utilise and expand a future Partnership Implementation Board to run training sessions for all members on domestic violence and abuse | DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups | Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place | Dec 23 and on going | |
| 21 | To draft a Strategy on engaging local businesses with the domestic violence and abuse partnership. | Needs Assessment | A clear Strategy in place for the Sefton and local businesses engaged. | The Strategy will aim to encourage employers to act on domestic abuse and sexual violence incidents. Support them with any necessary training and with writing policies. Utilise them to cascade out information. Offer volunteering opportunities for survivors to support this work. | T & F Group 1 & Integrated service provider | Engage with business to support in DA training and policies and procedures | May-24 | |
| 22 | Explore how twitter and other media opportunities work and how the partnership could utilise this. Investigate any other information portals used by GPs / health professionals. | Needs Assessment | Increased awareness of domestic abuse issues and support through utilising this site. Linked to 2.11 and 2.12 | Explore with Comms | T & F Group 1 | Develop communication streams using Social Media and possibly an App | May-24 | |

Protect -

Keeping victims/survivors of domestic and sexual abuse and their children safe in a consistent and coordinated way, providing safe and quality assured support services, and challenging the behaviour of perpetrators whilst also offering opportunities to change.

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|---|---------------------------------|---|--|---------------------|--|--|--------------------|
| 1 | Victims/survivors and their families have a consistent and effective response from agencies to disclosures of domestic and sexual abuse that helps protect them from further harm. | Needs Assessment & DHR Learning | A fully integrated offer for all victims/survivors is available irrespective of risk rating. The offer should include risk assessment, safety planning, needs assessment and be led by the victim/survivor. The offer should include therapeutic counselling and resilience building support and be delivered from a trauma informed practice perspective | Commission a new service | Commissioning Group | There will be positive feedback from service users and reduced repeat incidents of Domestic Abuse as resilience and understanding is created | Sep-23 | |
| 2 | Agencies are consistent and effective in recognising and identifying risks associated with domestic and sexual abuse; workers proactively use professional curiosity and take action. | Needs Assessment & DHR Learning | Staff are equipped with the skills, knowledge and confidence in what to do when receiving a DA disclosure | A blended, building block, learning approach with a resource available to enable workforce development across the partnership and further. Workforce Development project to be delivered in conjunction with SSAB Sub Group. | T & F Group 1 | An increase in staff across the partnership and further, have differing levels of knowledge of Domestic Abuse dependent on their role. A wider range of appropriate source referrals from partnership organisation are received at MARAC and into DA services. | May-24 | |
| 3 | Organisations have clear and easily accessible policies on domestic abuse to support their employees. | Needs Assessment | Advice and guidance to roll out effective DA HR Policies across the partnership, organisations and beyond | Create a baseline offer with SSAB workforce development group and roll out across the partnership | T & F Group 1 | HR DA policies are in place across Sefton organisations. | Dec-23 | |
| 4 | There are a range of quality assured, evidence-based support services for victims/survivors to ensure work is delivered safely, responds to need, reduces risk and is in partnership with other agencies. | Needs Assessment & DHR Learning | A range of support, including safety planning, risk reduction, therapeutic counselling and resilience building support and should be provided as part of an integrated approach to Domestic Abuse | Commission a new service - Sefton Council | Commissioning Group | There will be positive feedback from service users and reduced repeat incidents of Domestic Abuse as resilience and understanding is created | Sep-23 | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|---|---------------------------------|--|---|---------------------|--|--|--------------------|
| 5 | Ensuring victims/ survivors with additional vulnerabilities and specific needs can access support that meets their needs – specifically around those with protected characteristics, older people and those with complex lives. | Needs Assessment & DHR Learning | A range of support, including safety planning, risk reduction, therapeutic counselling and resilience building support is provided as part of an integrated approach to Domestic Abuse. The offer should be made irrespective of who the victim/survivor is and any protected characteristics. The Victim should be at the heart of everything that happens to them. | Commission a new service - Sefton Council | Commissioning Group | There will be positive feedback from service users and reduced repeat incidents of Domestic Abuse as resilience and understanding is created. Victims with additional vulnerabilities or protected characteristics are supported. | Sep-23 | |
| 6 | There is a range of specific support available for children and young people affected by domestic and sexual abuse. | Needs Assessment & DHR Learning | A range of support, including safety planning, risk reduction, therapeutic counselling and resilience building support is provided as part of an integrated approach to Domestic Abuse | Commission a new service - Sefton Council | Commissioning Group | There will be positive feedback from service users (children and Young People) and reduced repeat incidents of Domestic Abuse as resilience and understanding is created. Children and Young people access services and receive support. | Sep-23 | |
| 7 | "There is a range of safe accommodation options for victims/survivors of domestic abuse to enable them to leave abusive relationships safely and access the ongoing support they need." | Needs Assessment & DHR Learning | A range of accommodation options is available to victims/ survivors of domestic abuse that are covered under the safe accommodation criteria of the Domestic Abuse Act 2021 | Work with RPs across Sefton and possibly LCR to develop a range of accommodation offers including Refuge, dispersed accommodation and sanctuary schemes. Sefton Council Housing Strategy Team | T & F Group 2 | A wider range of accommodation offers are available than currently. Homelessness due to Da is reduced | Sep-24 | |
| 8 | The behaviour of perpetrators is proactively challenged and held to account in a consistent and appropriate way and there are a range of interventions available to support behaviour change. | Needs Assessment & DHR Learning | A range of perpetrator programmes and behaviour change programmes are available for those that are willing to change their behaviour. A range of support measures for current partners and ex-partners are put in place throughout attendance on these programmes as risk increases. | Develop a range of Behaviour Change and Perpetrator programmes. These in addition to the statutory programmes managed by the Probation Service. | T & F Group 2 | A range of programmes both statutory and voluntarily are available | Dec-23 | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|--|---|--|---|--|--|--|--------------------|
| 9 | There are effective and efficient multi agency risk management processes, including MARAC and MAPPA, that are regularly reviewed to ensure they are fit for purpose. | Needs Assessment & DHR Learning | MARAC & MAPPA are an effective risk management process and are quality assessed regularly. Consideration should be given to developing MATAAC (linked to item 8) and other ad-hoc problem solving risk management meetings. | MARAC regularly reviewed by MARAC Steering Group & T & F Group 2. MAPPA regularly reviewed by Ministry of Justice Investigate whether MATAAC should be developed Implementation Group | Implementation Group T & F Group 2 | Annual reviews undertaken and reported back to Implementation Group / LDAPB | Sep-25 | |
| 10 | Provision of a range of ongoing support for victims/survivors and children to reduce the impact of abuse and to recover from trauma. | Needs Assessment DHR Learning Ofsted Inspection | A range of support, including safety planning, risk reduction, therapeutic counselling and resilience building support is provided as part of an integrated approach to Domestic Abuse | Commission a new service - Sefton Council | Commissioning Group | A new service is commissioned in 2023. That will provide a range of support mechanisms to reduce impact and recovery. | Sep-23 | |
| 11 | Provision of wider support opportunities for perpetrators of domestic abuse to sustain positive behaviour change long term. | Needs Assessment | A range of perpetrator programmes and behaviour change programmes are available for those that are willing to change their behaviour. A range of support measures for current partners and ex-partners are put in place throughout attendance on these programmes as risk increases. | Develop a range of Behaviour Change and Perpetrator programmes. These in addition to the statutory programmes managed by the National Probation Service. Sefton LDAPB | T & F Group 2 | A range of programmes both statutory and voluntarily are available | Sep-23 | |
| 12 | Criminal justice interventions achieve positive outcomes for victims/survivors to support them to move on with their lives. | Needs Assessment | Use a range of enforcement powers available to the partnership in order to protect victims/survivors wherever possible | A blended approach of support for victims/survivors and enforcement against perpetrators of harmful behaviour that is victim centred. LDAPB | T & F Group 2 | An increase in enforcement action with more innovative use of enforcement powers taken. An increase in DA convictions for perpetrators | Sept 23 and ongoing | |
| 13 | A wide range of organisations that can provide ongoing community based support for individuals and families based on their needs. | Needs Assessment | A network of community based support organisations that provide support to increase resilience once DA interventions are complete | Develop a network of organisations that provide generic family support once DA interventions are complete. LDAPB | T & F Group 2 | Resilience of families is increased and repeat referrals are reduced. | Sept 23 and ongoing | |
| 14 | To hold an annual specialist domestic violence and abuse practitioner and interested professionals forum. | DHR Learning | Front line workers and interested professionals meet to share information and effective practice. | Organisation of an annual forum. | Steve Martlew as Lead Officer to the Partnership | Annual Festival of Practice is held | Apr-24 | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|---|-------------------------|--|--|---|---|--|--------------------|
| 15 | To increase the delivery of support and interventions for victims and offenders by Health providers. | Good Practice | Embed 2 full time health IDVAs in Southport & Ormskirk Hospital and develop clear referral pathways | Roll out of health IDVAs project across wider hospital footprint | Implementation Group T & F Group 2 | Establish Health IDVA network | Dec 23 and on going | |
| 16 | To collate, promote and embed best practice on addressing domestic abuse and sexual violence. | DHR Learning | Partnership is more innovative and informed of best practice. | Gather and disseminate case studies. Utilise the Sefton microsite as a tool for sharing best practice examples. Include best practice as a standing agenda item on all T&F Groups. | Implementation Group | Good Practice briefings are disseminated | Sept 23 and on going | |
| 17 | To develop the opportunity for survivors of domestic abuse and sexual violence to come together and benefit from mutual peer support. | DA Act 2021 | Survivors build up support networks and feel less isolated. | Set up network of support groups across Sefton - led by Experts by experience group | Experts by experience and new Commissioned provider | Network established | Dec 23 and on going | |
| 18 | To explore the support options to victims attending court. | DA Panel | Increased support to victims going to court (criminal, county and Family Court). | Identify the support options currently available and ensure that victims can access the support. Embed DA Support at IFD | Implementation Group T & F Group 2 | Establish current support mechanisms and increase support offer. Reduction in failed (cracked) court hearings | Dec 23 and on going | |
| 20 | To identify appropriate domestic abuse champions in relevant agencies. | DHR Learning | All relevant agencies have a single point of contact to champion the issue of domestic abuse and to disseminate information across their agency as required. | Produce a role description of an effective domestic abuse champion and provide support to them as required. Produce a map of all domestic abuse champions across the Sefton | Implementation Group T & F Group 2 | Champion Network established | Dec 23 and on going | |
| 21 | Explore the possibility of getting local businesses to become Safe Places e.g. pharmacies and dentists. | Good Practice | Increased support for domestic violence and abuse by local businesses becoming Safe Places. | Explore getting local businesses on board with this action. Offer training and support where required on domestic abuse awareness and zero tolerance. Utilise them as a place to disseminate information on available support services across Sefton | T & F Group 2 | Network of safe places established | May-24 | |
| 22 | Raise awareness of domestic abuse across faith based groups. | Needs Assessment | Faith based groups are aware of domestic abuse and sexual violence services in Sefton and can help to promote their availability and contact details. | Offer volunteering opportunities to survivors to support this work. Disseminate information to faith groups. Explore ways for front line services and faith based groups to work together. | T & F Group 2 | Faith Groups linked into the Champion network | May-24 | |
| 23 | To extend prevention work by the use of outreach services | Good Practice | Greater prevention of domestic violence and abuse and fewer victims of these crimes. | Outreach services will meet and produce a plan to develop preventative work and build capacity in our communities to combat domestic abuse. | T & F Group 2 | Number of DA incidents reduces | Dec-24 | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|---|-------------------------|---|--|---------------------|---|--|--------------------|
| 24 | To develop a process to monitor the effectiveness of perpetrator programmes across Sefton and to encourage its use by all agencies operating perpetrator programmes. | Ofsted Report | An understanding gathered of the effectiveness of perpetrator programmes in Sefton. Evaluation of these programmes to assist in gathering effective practice and identifying any need for improvements. | Develop and evaluate the process via monitoring of the Caring Dads pilot | T & F Group 2 | Linked to 3.8 a range of evaluated perpetrator programmes exist | Sep-23 | |
| 25 | To develop and embed clear thresholds for support and intervention (in line with the Threshold Document) for children and young people at risk of domestic abuse and/or sexual violence across all tiers of need for children and young people aged 0-18. | Ofsted Report | That there is a coherent range of preventative interventions and an appropriate and protective safeguarding response to children affected by DVA or That assessment and interventions with children/YP at risk of domestic abuse are embedded within the wider context of safeguarding and early intervention in Sefton | Mapping of all services for children and young people at risk of domestic abuse across Sefton at preventative level schools; localities; community health; CAMH. | T & F Group 2 | A reduction in children progressing from Level 1 through to Level 4 with DA prevalent in their case | Sep-23 | |
| 26 | To set up a voluntary sector forum to support the work of the partnership. | Good Practice | Voluntary sector given an opportunity to engage with the work of the partnership. | To recognise the value of the voluntary sector and to seek their engagement in delivery of the action plan. Explore the potential of the voluntary sector to bring in funding. | T & F Group 2 | Linked to 3.22 and Faith network | May-24 | |
| 27 | To pilot the Whole family approaches to DVA | DA National Panel | Delivery and evaluation of a whole family approach | Source relevant resources, deliver pilot in areas of highest need and evaluate | T & F Group 2 | Carry out pilot and evaluate Whole Family Approach | Dec-24 | |

Children and Young People:

Improving and extending support and interventions for children and young people affected by domestic abuse / sexual violence. (Stated as a gap in the 2008/11 strategy and highlighted in the JSNA).

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|---|-------------------------|---|---|---------------------|---|--|--------------------|
| 1 | To map across Sefton the responses and interventions offered to Children and young people effected by to DVA by schools; localities; children's social care; health visiting; school nursing; CAMH and the voluntary sector | Ofsted Inspection | That there is a clear picture of this which will inform service planning and identify any gaps | | T & F Group 2 | Audit Completed | May-23 | |
| 2 | Creation of a multi-agency DVA team to support better practice with those affected by DVA | Ofsted Inspection | New team will lead on practice improvement and implementation of new ways of working. This is in response to practice gaps highlighted in recent OFSTED inspections | T&F group to co-ordinate the structure and membership of the team. This will include IDVA, Mens worker and other relevant services. | T & F Group 2 | Team in situ | May-23 | |
| 3 | To ensure there are clear protocols and practice guidance in place to enhance understanding of process and support multi-agency work of all those working with adults and children/ YP at risk of domestic violence and abuse | Ofsted Inspection | That operational staff are supported in making appropriate referrals, assessments and interventions with CYP at risk of DA and Violence by clear up to date practice guidance and protocol. | Review of LSCB DV protocol. Embedding of use of CAADA risk and Barnardo's risk assessment tool in the IFD. Review of all procedures and protocols by LSCB PPP sub-group post Working Together revision. Revision to MOSI and CSC thresholds document. | T & F Group 2 | Review and recommendations completed | May-23 | |
| 4 | To develop and deliver flexible service provision for C&YP which facilitates engagement (i.e. location/ opening times/ method and approach) through awareness-raising activities and training of staff. | Ofsted Inspection | That children and YP received effective support and intervention, and that the impact of this can be measured. That there is an increase in CYP that can access either individually or in groups. | Gaining feedback of service users – ongoing development by LSCB Communication and Engagement T and F Group. Mapping exercise and LSCB QEG DA audit to measure existing services and gaps. Considering work in different communities e.g. children from Eastern Europe. DA training T and F Group – new DA training framework. | T & F Group 2 | Mapping exercise completed and training framework established | Sep-23 | |

| No. | Priority | Why is this a priority? | What will we deliver? | How will we deliver it? | Who is responsible? | How will we know we've been successful? | What are the key milestones & Completion Date? | Progress RAG Rated |
|-----|--|-------------------------|---|---|---------------------|---|--|--------------------|
| 5 | To foster a commitment to multi-agency working across all partner agencies working with children and young people at risk of domestic abuse/ sexual violence. | Ofsted Inspection | That information/intelligence is shared consistently and appropriately across the multi-agency network at all stages of agency involvement so that partnership work is consistent across Sefton | LSCB multi-agency training and procedures. CAF framework – ongoing review. Audit activity – LSCB/ CSC ‘step-down’ audit. LSCB QEG DA Audit to reflect 'journey of DA cases. | T & F Group 2 | Audit activity underway and recommendations made | May 23 and on going | |
| 6 | To work with all schools (including academies) to promote preventative interventions and approaches in the curriculum (this may be covered in the ‘awareness’ or ‘training’ strategic aims) This needs to include a focus on safe relationships including appropriate sexual behaviour. There should be a standardised training package for teachers Linked to 2.4 | Ofsted Inspection | That there is a consistent and agreed Sefton response to CYP at risk of domestic abuse and violence in all schools in Sefton . | Mapping exercise as per 4.1 | T & F Group 2 | Consistent approach with Sefton schools in place as per 2.4 | May 24 and on going | |

Agenda Item 7

Authorised by

Agenda Item 8

| | | | |
|--------------------------------------|--|----------------------------------|---------------------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | Tuesday 26 September 2023 |
| Subject: | Children's Social Care Overview of Practice | | |
| Report of: | Executive Director of Children's Social Care and Education | Wards Affected: | (All Wards); |
| Portfolio: | Children's Social Care | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

This Overview Practice report contains performance management and quality assurance information in respect of Children's Social Care.

Recommendation(s):

Members of the Committee are asked to

1. Consider and note the information provided
2. Request the Executive Director of Social Care and Education to submit a further report to the next meeting of the Committee

Reasons for the Recommendation(s):

To support members of the Committee to fulfil the functions of an Overview and Scrutiny Committee as they relate to Children's Services and Safeguarding.

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.

(B) Capital Costs

There are no direct capital implications with this report.

Agenda Item 8

Implications of the Proposals:

| | |
|--|-----|
| Resource Implications (Financial, IT, Staffing and Assets): | |
| Legal Implications: | |
| Equality Implications: | |
| There are no equality implications associated with this report. | |
| Impact on Children and Young People: Yes | |
| This report provides an overview of system health for safeguarding children. | |
| 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: The Improvement Programme and management oversight seek 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 commission and provide services to support children and their families. |
| 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.7365/23.....) and the Chief Legal and Democratic Officer (LD.5565/23....) 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 with regard to the Improvement Programme and case auditing. The voice of children, young people and their families will be integral to delivering change and audit work.

Implementation Date for the Decision

Immediately following the Committee meeting.

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

Appendices:

The following appendices are attached to this report:

Appendix A Dashboard

Appendix B Children's Services Analysis Tool (CHAT)

Background Papers:

There are no background papers available for inspection.

Agenda Item 8

1. Background

- 1.1 This Overview Practice report contains performance management and quality assurance information in respect of Children's Social Care.
- 1.2 The data sets presented are those felt to provide as concise a view as possible of 'System Health' and were selected in consultation with the Improvement Board Chair. They have been divided into subsets which speak to Demand, Timeliness, Effectiveness, Management and Outcomes.
- 1.2 The data is continually being developed in terms of how officers feel it supports understanding and also what level of data is available to use.
- 1.4 Data sets are presented with a direction of travel, and where possible a regional comparator, these are drawn in the main from the CHAT report (Appendix B). It is important to bear in mind that regional data in this report often lags some months behind the Council's sets so comparisons need to be regarded in that context.
- 1.5 Direction of travel for each data set is indicated as well as any commentary or actions in place. The data presented is often as a rolling 12 month figure, this is in line with the CHAT presentation and enables a clearer understanding of direction of travel. What this does mean is that significant changes recorded over a month or two (for example as in assessment timeliness) have a less significant impact on the 12 month figure.
- 1.6 Running alongside the performance information is detail and analysis of recent QA activity. This includes an overview of what was reviewed, what the outcomes were and any specifics around findings, plus any improvement actions this has informed.
- 1.7 Due to the report cycle it may be that up to date information in respect of those cases which have been moderated is provided verbally at the Overview and Scrutiny meeting.

Quality Assurance and Performance Management

Summary

June and July have witnessed a continuation of the trend around demand and triage at the 'front door'. The continued decrease in the 'contacts to referral' rate is removing approx. 100 referrals a month from social care, an impact which should begin to 'work' through the system as backlog assessments are cleared (see analysis). S47 enquires also continue to reduce in number and the impact of this is best illustrated in the analysis of 12 months' worth of CHAT data in the table below.

Assessment Timescales

Assessment completion timescales continue to decrease, moving further away from the SN rate. The impact of the need to complete many out-of-date assessments gives some confidence that this figure will now begin to move in a positive direction. It is of note that the stock of open assessments held within the 'Assessment Service' has more than halved since April 2023, a reduction fuelled by the decreased referral rate and a reduced backlog of 'out of date' assessments. As of 25/08/23 there were 21 'out of date' assessments within this service compared to 214 on the 15th of June. This significant reduction in out-of-date work will free up resource in the Assessment Service, this combined with robust performance management from within the service should see the figure begin to climb back towards the SN rate. The high agency occupancy and staff turnover in this service remains an ongoing risk. Since December 2022 the 4 teams within this service have had a total of 9 managers. The same period has seen a social work turnover of 120%. The impact upon families of this staff churn remains a key finding from QA and is a clear driver of reduced performance.

Outside of the Assessment service a number of new assessments have been opened as a result of having not been renewed for 12 months (the majority of these apply to our cared for children). Although these are updated rather than 'new' pieces of work, they nevertheless count against the overall completion rate if they take over 45 days to conclude.

The impact of the reduced number of referrals on capacity continues to be offset by the large number of assessments which are completed with a conclusion of 'no further action'. A focused analysis of this is required with the hypothesis that at least some of these interventions need not have taken place, been signposted elsewhere or dealt with by other services. Alternatively, a number of these assessments may have been defensibly closed at the 10-day review stage following team manager oversight. – This analysis will take place and be presented to the next Board.

Missing

The current system of recording and reporting children and young people missing from home, care and education is problematic and not reliable. Therefore, the validity and the quality of data is inaccurate. A Task and Finish Group has been set up to review the recording and reporting functions on LCS. It became evident that the children and young people that go missing frequently, their Return Home Interview offers were not captured and closed on LCS in order to record the most recent Return Home Interview episode therefore the previously open missing episodes showing as RHI not offered. We have now amended the system to ensure all missing episodes capture RHI being offered. In addition, the Missing

Policy is also out of date, and this is being updated.

Chat Data

The table below provides a comparison of KPIs presented in the CHAT reports from Jan 23 and July 23. Combined they represent 12 months' worth of performance information with a third column providing a comparator with statistical neighbours (where this is available). Of note are the steady decrease in s47 enquiries over the period as well as the increased rate at which those s47 enquires are converted into ICPCs - the hypothesis being that more effective application of threshold and decision making is being applied as the s47 stage.

The data illustrates that whilst the last 12 months have seen decreased rates of both 'Child in Need' and 'Child Protection' cases, the number of 'cared for' children has remained static and high. The rate of 114 children per 10,000 remains above the SN rate of approx. 90, the North west rate of 97 and the national rate of approx. 60. At present there of 617 cared for children in sefton, were this at the same rate as our statistical neighbours this number would be 487, a reduction of 130 children.

97 cared for children are placed at home on Care Orders. Sefton rates for this cohort are significantly above national and SN rates but are in line with those in the Northwest region where this practice is frequent. Considerable activity is now underway to identify those children where it would be safe and appropriate to apply to discharge these orders.

Of these 97 children, 61 are the subject of full care orders the other 36 are on interim care orders i.e the subject of ongoing proceedings before the Family Court. Of the 61 children on full care orders, 16 have active discharge applications before the court, with a further 13 identified and awaiting sign off.

In addition to these children, approximately 20 have been identified living either in long term foster placements or residential settings, where plans can be progressed to rehabilitate to parents of family members.

Since May 31st the number of children placed in unregistered settings has fallen to 4, with clear exit plans for 3 of these. Robust scrutiny and monitoring of these placements provides greater assurance as plans to move on are progressed.

Review of Chat Data: Aug 22 – Jan 23/Feb – July 23

| Data | Jan 23 | July 23 | SN rate * | Comment |
|-------------------|--------|---------|-----------|---|
| Referrals per 10K | 829 | 611 | 579 | Significant decrease which brings the figure closer to the SN rate of 579 |
| Re-referrals | 26% | 26% | 21% | Rate remains static and |

| | | | | |
|---|-------------|-----------|-----|--|
| | | | | above the SN rate Of 21% |
| Assessments per 10K | 897 | 840 | 622 | Decrease of approx. 6%. This would need to be a reduction of 30% to match SN rates |
| Assessments completed 45 days | 74% | 56% | 89% | Decreasing performance see analysis |
| S47 per 10k | 348 | 260 | 207 | Significant decrease of over 25% |
| Number of s47 enquires in period | 941 | 703 | NA | See above |
| Number of ICPCs resulting from S47 | 193 (20.5%) | 171 (25%) | NA | Decreased number of s47 enquires with increased rate of ICPC suggestive of more appropriate triage |
| CP conference per 10K | 71 | 63 | 74 | 11% decrease |
| Cin Per 10K | 426 | 371 | 382 | 13% decrease |
| CP per 10k | 66 | 59 | 50 | 11% decrease |
| Cared for 10k | 114 | 114 | 90 | Static |
| Cared for missing in period | 11% | 10% | 11% | |
| Cared for dental checks | 62% | 75% | 71% | 13% increase |
| Cared for annual health assessment | 88% | 94% | 93% | 6% increase |
| Ceased Cared for and adopted | 3% | 3% | 11% | Static and below SN rates |
| Ceased cared for SGO | 20% | 15% | 17% | |
| Care leavers 19-21 suitable accommodation | 93% | 86% | 90% | |
| EET | 47% | 45% | 52% | |

- Caution to be expressed re SN rates which are applicable to year 21/22

| | |
|---|---|
| 1 | Overall Good or Improving Situation |
| 2 | Overall Improving but Impact Still Concerning |
| 3 | Not Improving |

The table below represents a selection of performance data agreed with the Chair of the Improvement Board as representative of service performance across the service. Most data sets are presented as rolling 12-month figures back from the date specified. This report details June and July 2023. For 12 month figures monthly variations have limited impact on the overall figure, but direction of travel is observable.

| | Status | Metric Description | Previous Metric Value (June) | Current Metric Value (July) | Statistical Neighbours Avg Rate | Direction of Travel (DoT) Description | DoT Difference Indicator | Comment | Action |
|---------------|--------|--|------------------------------|-----------------------------|---------------------------------|---------------------------------------|--------------------------|---|--|
| Demand | 2 | MASH Contact Starts in last 12 Months (Nos) | 14014 | 14213 | | <i>Change from Previous Month</i> | ▲ | Contacts throughout June and July (the period covered in this report) show a slight increase on the 2 months previous, although this is not a consistent trend. In the six months between Feb – July an average of 1251 contacts each month have been received into the IFD, with a high of 1482 in March and a low of 1101 in May. Contact Sources remain broadly consistent, with the Police Contact (37%) making up the biggest source followed by schools (13%) and health (11%). | |
| | 2 | Referral Starts in last 12 Months (Nos) | 3943 | 3808 | | <i>Change from Previous Month</i> | ▼ | The pattern of decreasing referrals now appears consistent with approx. 100 approx. 100 less referrals into social care each month. The impact of this is notable in the decrease of open assessments within the Assessment Service. This number stood at a 6-month high of 499 in April 2023, but has decreased markedly to a six-month low of 216 in July 2023. Whilst the number of contacts into the service remains steady, the decrease continues to be driven by the reduced percentage of contacts converted into referrals each month. | |
| | 2 | Contact to Referral Conversion Rate Last 12 Months (%) | 28.4 | 27.0 | | <i>Change from Previous Month</i> | ▼ | See above | |
| | 3 | Referral Starts in last 12 Months (Rate per 10,000 children) | 728.9 | 703.9 | 579.3 | <i>Change from Previous Month</i> | ▼ | See above, this figure has decreased steadily over the last quarter: April: 769.2 May: 746.2 June: 728.9 July 703.9 These changes continue to bring the figure closer to the SN number of 579.3. Although Hypothetical, the current rate of reduction would see this figure reached in approx. 6 months. It needs to be borne in mind that all SN figures quoted in these reports are now approx. 12 months out of date . | |
| | 3 | Assessments Completed in last 12 Months (Nos) | 4756 | 4673 | | <i>Change from Previous Month</i> | ▼ | Although reducing, number of assessments completed within Sefton remains high, and seemingly out of sync with the reduction of work entering the system. This is of relevance when considered alongside the high number of assessments which continue to conclude with no further action. | There needs to be a focused piece of QA around the issue of NFA assessments which considers: <ul style="list-style-type: none"> • Decision making and triage at the point of allocation. • Quality of analysis • Oversight and review of assessment by TM |
| | 3 | Assessments Completed in last 12 Months (Rate per 10,000 children) | 879.1 | 863.8 | 622.0 | <i>Change from Previous Month</i> | ▼ | See above | |
| | 2 | Children in Need Plans - Currently Open (Nos) | 766 | 745 | | <i>Change from Previous Month</i> | ▼ | Number of open CiN plans shows a gradual if not consistent reduction. QA evidence clearly that this | CiN review project has now been up and running for a month. Dip |

| | Status | Metric Description | Previous Metric Value (June) | Current Metric Value (July) | Statistical Neighbours Avg Rate | Direction of Travel (DoT) Description | DoT Difference Indicator | Comment | Action |
|--------------|--------|--|------------------------------|-----------------------------|---------------------------------|---------------------------------------|--------------------------|---|---|
| | | | | | | | | cohort of work shows variable quality as well as compliance | samples of cases reviewed in this manner give positive early indications of quality and compliance. A focused analysis of the impact of this can be presented at next IB when project is more embedded. |
| | 3 | Children Subject to Section 47 Enquiries in last 12 Months (Nos) | 1882 | 1808 | | <i>Change from Previous Month</i> | ▼ | | |
| | 3 | Children Subject to Section 47 Enquiries in last 12 Months (Rate per 10,000 children) | 347.9 | 334.2 | 207.5 | <i>Change from Previous Month</i> | ▼ | The rate of children subject to S47 enquiries continues to decrease at a steady rate although it continues to exceed the SN figure. The analysis in the summary section of the report illustrates the direction of travel over the previous twelve months in terms of the number of enquires as well as the rate at which they are converted into children protection conferences and subsequent CP plans | |
| | 2 | Child Protection Plans - Currently Open (Nos) | 333 | 324 | | <i>Change from Previous Month</i> | ▼ | CP numbers have dropped slightly since the last reporting period but have remained roughly static over the last quarter and broadly in line with SN rates. Given the relatively low numbers of children involved, small changes have notable impacts upon the rate. | |
| | 2 | Child Protection Plans - Currently Open (Rate per 10,000 children) | 61.6 | 59.9 | 63.5 | <i>Change from Previous Month</i> | ▼ | See above | |
| | 3 | Cared for Children - Currently Open (Nos) | 610 | 617 | | <i>Change from Previous Month</i> | ▲ | SEE ANALYSIS IN SUMMARY SECTION OF REPORT | |
| | 3 | Cared for Children - Currently Open (Rate per 10,000 children) | 112.8 | 114.1 | 89 | <i>Change from Previous Month</i> | ▲ | SEE ABOVE | |
| Timelessness | 2 | MASH Contacts Actioned within 24 Hours - in last 12 Months (%) | 23.6 | 24.7 | | <i>Change from Previous Month</i> | ▲ | | |
| | 3 | Assessments Completed within 45 Working Days - in last 12 Months (%) | 68.2 | 66.5 | 89.2 | <i>Change from Previous Month</i> | ▼ | SEE ANALYSIS IN SUMMARY SECTION OF REPORT | |
| | 1 | Initial Child Protection Conferences held within 15 Working Days - in last 12 Months (%) | 86.3 | 83.5 | 82.5 | <i>Change from Previous Month</i> | ▼ | | |
| | 3 | Children in Need (Open) with a Visit within the last 20 Working Days (%) | 62.8 | 62.0 | | <i>Change from Previous Month</i> | ▼ | See below in relation to challenges with CiN Cohort | |
| | 1 | Child Protection (Open) with a Visit within the last 20 Working Days (%) | 92.5 | 89.5 | | <i>Change from Previous Month</i> | ▼ | | |
| | 1 | Cared for Children (Open) with a Visit within Statutory Timescales (%) | 91.0 | 92.2 | | <i>Change from Previous Month</i> | ▲ | | |
| | 3 | Children in Need Plans Authorised within the last 20 Working Days (Localities Teams) (%) | 52.1 | 52.0 | | <i>Change from Previous Month</i> | ▼ | Compliance in respect of CiN work remains challenged, although there is some evidence of improved figures around planning. | Decreasing staffing pressures in localities service as well as the embedding of independent oversight of CiN cohort |

| | | | | | | | | | |
|---------------|---|---|------|-------|------|----------------------------|---|--|---|
| Effectiveness | 2 | Children with a Previous Referral within 12 months of their latest Referral - Rolling 12 Months (%) | 26.5 | 26.5 | 21.1 | Change from Previous Month | ▲ | | |
| | 2 | Assessments Completed in last 12 Months with Outcome of No Further Action (%) | 49.0 | 48.2 | | Change from Previous Month | ▼ | Figure continues to drop but at a slow rate. See analysis | |
| | 1 | Children who became the subject of a Child Protection Plan for a subsequent time in last 12 Months (%) | 16.4 | 18.3 | 25.1 | Change from Previous Month | ▲ | | |
| Management | 2 | Open Cases (CIN,CP,CfC) with Appropriate Case Supervision Recorded (%) | 72.8 | 63.4 | | Change from Previous Month | ▼ | July has seen a slight dip in supervision figures compared to the 6 month high of 72%. This figure was achieved as a result of the focused prep work prior to the Ofsted visit, with the increase being driven by increases in cared for supervisions. | Ongoing focus on supervision compliance and quality as well as transition from 'inspection prep' uplifts to this being business as usual. |
| | 2 | All Open Cases (CIN,CP,CfC) with Appropriate Management Oversight Recorded (%) | 67.7 | 56.1 | | Change from Previous Month | ▼ | See above | |
| | 2 | Average Caseload (NB: this data does not use FTE as it is not currently available and hence actual average caseload will be slightly higher than the figures reported here) | 15.7 | 14.5 | | Change from Previous Month | ▼ | Although this figure is dropping, caseloads are not consistent across the service and areas of pressure remain. The number presented in this report is a simple calculation based upon number of cases divided by workers. It does not take into account working hours or roles (e.g. ATM with reduced caseload). Within the localities service few if any full time permanent workers have caseloads below 20 | As of 31 st of August the first 7 international social workers will move into the localities service having completed their induction. Their development is continuing, and they will be allocated work at a pace that supports the development of their practice. Moving forward case load pressure will begin to be mitigated by the increasing number of these new workers. |
| | 2 | Vacancy Rate | | | | Change from Previous Month | - | Between April and 24th August 2023 15 Social Workers commenced employment and 15 people have been offered places in the Academy to start later in the year. | The Improvement Team to baseline staffing for future reporting, This will take account of changes e.g. Early Help. |
| | 2 | Agency | | | | Change from Previous Month | - | | |
| | 2 | Sickness Absence | NA | 7.74% | | Change from Previous Month | ▼ | | |
| | 2 | Cared for Children (Open) with 3 or more Placements (%) | 10.3 | 10.5 | | Change from Previous Month | ▲ | | |
| Outcomes | 2 | Cared for Children (Open) with 3 or more Social Workers (%) | 14.1 | 16.0 | | Change from Previous Month | ▲ | This number has increased slightly over the last period, a number of these changes have been accounted for by planned changes of SW agreed by AD corporate parenting. | |
| | 2 | Care Experienced aged 19-21 Currently in Education, Employment, or Training (%) | 45.6 | 45 | 50 | Change from Previous Month | ▼ | | |

Quality Assurance

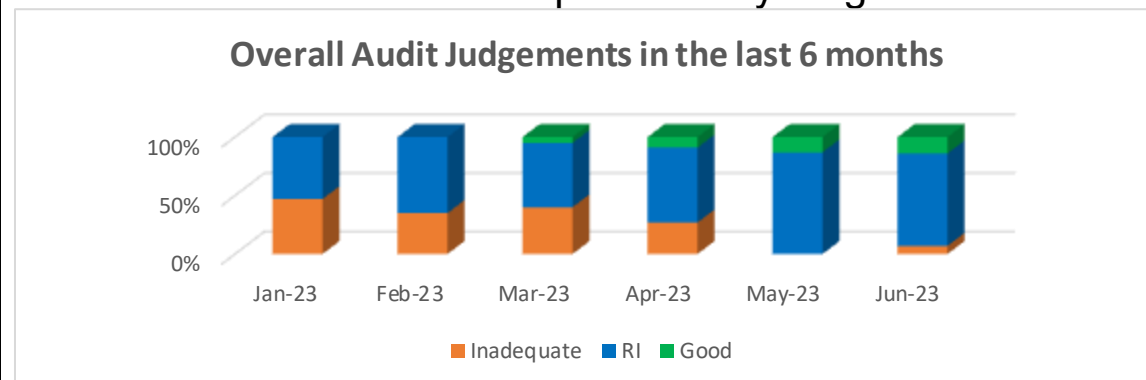
Quality Assurance

In **June 2023**, **14 children's records** were audited from across the service. The theme was Children and Young People's contribution to plans and decision making which affects them. We knew from learning from previous audit that consultation and input from children and young people was not routinely obvious on their records and so we wanted to explore this further to inform practice improvement as their involvement is imperative to planning for their lives. The cohort selected for June 2023 consisted solely of cared for children and young people.

The overall audit judgements post moderation in **June 2023** were as follows:

| June 2023 | No. of Audits | % |
|------------|---------------|-----|
| Good | 2 | 14% |
| RI | 10 | 71% |
| Inadequate | 2 | 14% |

For the fourth consecutive month, we have seen audits with an overall judgement of 'Good' post moderation. In June, both good audits related to our involvement with care experienced young adults.



We saw our first grade of '**outstanding**' recorded for 'Relationship Based Practice and Direct Work' audit domain in June audit and a further **21%** of audits were judged '**Good**' in this area. This continues to be the strongest area of practice in Sefton.

Assessment and Multi Agency Planning, Review and Decision Making continues to be the key area for improvement. In Assessments for cared for children in June 2023, no audits were judged 'good' and **21%** of audits were graded 'Inadequate.' In planning, **21%** were graded 'Inadequate'. In addition to audit, 6 observations of practice were undertaken by the IRO Team Manager with a focus on children's and young people involvement in their cared for review meetings. We are routinely assigning observations as part of monthly audit activity to triangulate audit findings and increase opportunity to gain family and child feedback.

Key Findings

Strengths

- Evidence of Personal Advisors building trusting relationships with young adults, providing high levels of support, and empowering them to make informed choices about their future.
- Evidence from observations of children/young people attending their review meetings and having the opportunity to share their wishes and views.
- Evidence of the child/young person's wishes and feelings being well understood, and this has contributed to effective care planning.
- Evidence of good multi-agency working to improve outcomes for the child and promote stability.

- Examples of children being well cared for within their family network or in a foster home together with their sibling/s meeting their identity needs.
- Some parents, carers and young people reporting that they feel well supported by their Social Workers, feel listened to and that their views are reflected in the plan.
- Evidence of reflective supervision which enabled the worker to think differently about their approach to working with a young adult.

Areas for Improvement

- Absence of up-to-date assessment for cared for children which reflects their current situation and support needs. Some assessments lack analysis into the family history and the parents' own childhood experiences and how this impacted on the child's lived experience.
- Gaps in multi-agency care planning meetings to track progress with the child's care plan and prevent drift and delay.
- Delays in the child/young person achieving permanence. For some, reflective discussions on a more regular basis could have assisted in the decision to issue care proceedings at an earlier stage.
- General recording and visits would benefit from analysis of the information and actions to include timescales and ownership.
- From audit discussions, it is clear the Social Workers know the child/young person well and have an understanding of their likes/dislikes/wishes and feelings, but this is not always represented in the child's records and there is not always evidence of direct work to gather the child/young person's voice.
- Cared for Reviews/Pathway Plan reviews and recording of these are not always timely.
- There are examples of Cared for Reviews which are recorded in a child friendly way however some review notes include older language that is less child friendly e.g., "placement, approved foster carer, settled arrangements, proposed plan."
- Delays in Placement with Parents approval which could have impacted on stability for the child/young person.
- Supervision does not always track actions to prevent drift and does not evidence challenge regarding the gaps in care planning meetings.

In **July 2023**, 9 children's records were considered as part of audit from across the service. The low number of audits was due to the holiday season and priorities linked to Ofsted monitoring visit. 7 have been graded Requires Improvement to be Good and 2 Inadequate pre moderation. We saw some audits graded good in all domains save for management oversight and supervision and overall outcomes and impact. 22% of the sample were graded good for Relationship Based Practice and Direct Work which remains a strength. The domain for management oversight and supervision was 100% Requires Improvement to be Good; no Inadequate grades which is a notable improvement.

Pace of Practice Improvement

Assessment and planning are a known area for improvement across the service. Training is being delivered to relevant teams and managers to improve practice in this area with an emphasis on building relationships, ensuring, and creating safety, planning sessions with children and families with direct work, ongoing engagement from partners, regular check in points with managers and robust quality assurance. Plans should be co-produced with families who are clear why they are being assessed families should be provided with copies of assessments and plans. Assessment should not be a one-off event.

New information has been produced with support from education and health partners which will support family engagement and understanding moving forward. A pilot session has been delivered to our new International Social Workers and a first session to our Academy staff. A comprehensive delivery plan has been created with input from our Leeds partners who will support delivery alongside relevant Service Managers until December 2023. Dip sampling before and after training will support measurement of progress and follow up work on an individual and group basis depending on need. The Practice Improvement team will support this work.

The Quality Assurance and Impact Framework is now well embedded however close the loop activity needs to be improved with individual practitioners, Team Managers and Service Managers taking ownership for ensuring tasks are completed in a timely way to benefit children and families. Work is ongoing to embed this process.

Practice week is planned for 02.-05 October 2023. The theme will be Family First, Firm Foundations and Fulfilling Futures. There will be practitioner led events to raise awareness of the importance of understanding family and creating genograms. Mock Family Group Conferences will be shown during the week and a new video to support care planning. Our partners in Leeds will be facilitating some face-to-face training on achieving permanence and stability.

During the month of October, there will be ongoing observations of practice assigned as part of our monthly audit to consider understanding and promotion of permanence at different points in the child's journey. Seniors Leaders and cabinet members will be asked to support this. We will also be celebrating World Mental Health Day to support staff, Black History Month as part of our commitment to being an inclusive employee and National Care Leavers week also.

Capturing good practice

From October 2023, we will reintroduce quarterly Performance and Practice Meetings with staff. This will allow for data to be considered, audit outcomes and good practice example to shared and discussed. A new Quality Assurance and Practice Improvement newsletter will launch in October 2023 to coincide with this first meeting. Top Tip papers will also be created and shared as appropriate and Practice Alerts. When managers audit, we know this improves their own awareness, practice, and oversight. Sessions are planned for September 2023 with the expectation that attendance will be prioritised.

Data and observation will continue to influence future thematic audit and dip sample which will be undertaken by Managers across the service, as well as the Quality Assurance and Practice Improvement Team.

Following the Ofsted monitoring visit some amendments have been made to the Quality Assurance Framework which will increase the number of people engaged in auditing, support and training offered to them to complete and the percentage of those cases which are subject to moderation. Observations will run parallel to audits, giving a richer view of practice, supporting the developing learning culture and giving a clear line of sight on practice.

Children's services Analysis Tool (ChAT)

Based on Ofsted's ILACS Annex A dataset (2020) / Inspection Report

Sefton

31 July 2023

| | |
|---|---------|
| Headline figures | Page 3 |
| Contacts in the last 6 months | Page 4 |
| Early Help in the last 6 months | Page 4 |
| Referrals in the last 6 months | Page 5 |
| Assessments in the last 6 months | Page 6 |
| Section 47 enquiries in the last 6 months | Page 7 |
| Children in Need (CIN) - total, started, and ceased in the last 6 months | Page 8 |
| Children in Need (CIN) with an open episode of need | Page 9 |
| Child Protection Plans (CPP) started and ceased in the last 6 months | Page 10 |
| Child Protection Plans (CPP) currently open | Page 11 |
| Children Looked After (CLA) started and ceased in the last 6 months | Page 12 |
| Children Looked After (CLA) with an open episode of care | Page 13 |
| Children Looked After (CLA) placements | Page 14 |
| Children Looked After (CLA) health and missing/absent from placement | Page 15 |
| Care leavers currently in receipt of leaving care services | Page 16 |
| Care leavers accommodation suitability and type | Page 17 |
| Care leavers activity (Education, Employment, or Training) | Page 18 |
| Children adopted, waiting to be adopted, or had an adoption decision reversed in the last 12 months | Page 19 |
| Adoption benchmarking | Page 20 |
| Prospective adopters in the last - 12 months NOTE from April 2018 RAA (AIM) data | Page 21 |
| Demographics of children across all areas of children's social care | Page 22 |
| Comparisons of headline figures and performance data to published statistics | Page 23 |

Headline figures

Contacts

Contacts in the last 6 months 5,601

Early Help / Common / Targeted Assessments

Early Help in the last 6 months 3,157

Referrals

Referrals in the last 6 months 1,653

Social Care Assessments

Total assessments in the last 6 months 2,837

Assessments completed in the last 6 months 2,272

Ongoing assessments 565

Section 47 enquiries and Initial Child Protection Conferences (ICPCS)

Section 47 enquiries in the last 6 months 703

ICPCs that started from an S47 in the last 6 months 171

Children in Need (CIN)

Total CIN in the last 6 months 2,501

CIN started in the last 6 months 523

CIN ceased in the last 6 months 496

Current children in need (snapshot) 2,005

Child Protection Plans (CPP)

Total CPP in the last 6 months 524

CPP started in the last 6 months 168

CPP ceased in the last 6 months 203

Current children subject of a child protection plan (snapshot) 321

Children Looked After (CLA)

Total CLA in the last 6 months 692

CLA started in the last 6 months 86

CLA ceased in the last 6 months 75

Current children looked after (snapshot) 617

Care leavers

Care leavers currently in receipt of leaving care services 594

Adoptions

Children adopted, waiting to be adopted, or had an adoption decision reversed in the last 12 months 51

Children adopted in the last 12 months 7

Children waiting to be adopted (snapshot) 41

Children with decision reversed in the last 12 months 3

Adopters

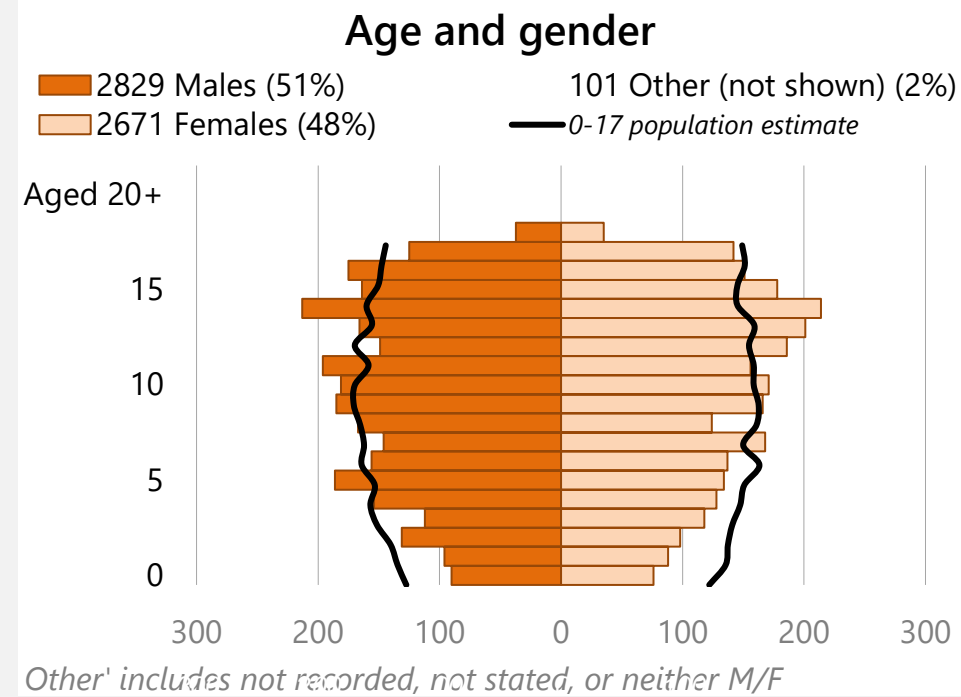
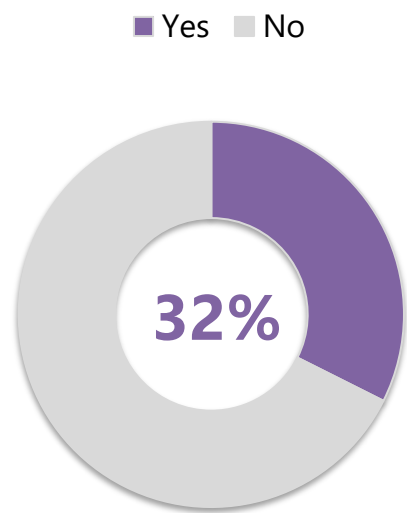
Prospective adopters in the last - 12 months NOTE from April 2018 RAA (AIM) data 261

Contacts in the last 6 months

from 01/02/2023 to 31/07/2023

5601 contacts

Contacts for children who also appear on Referrals list

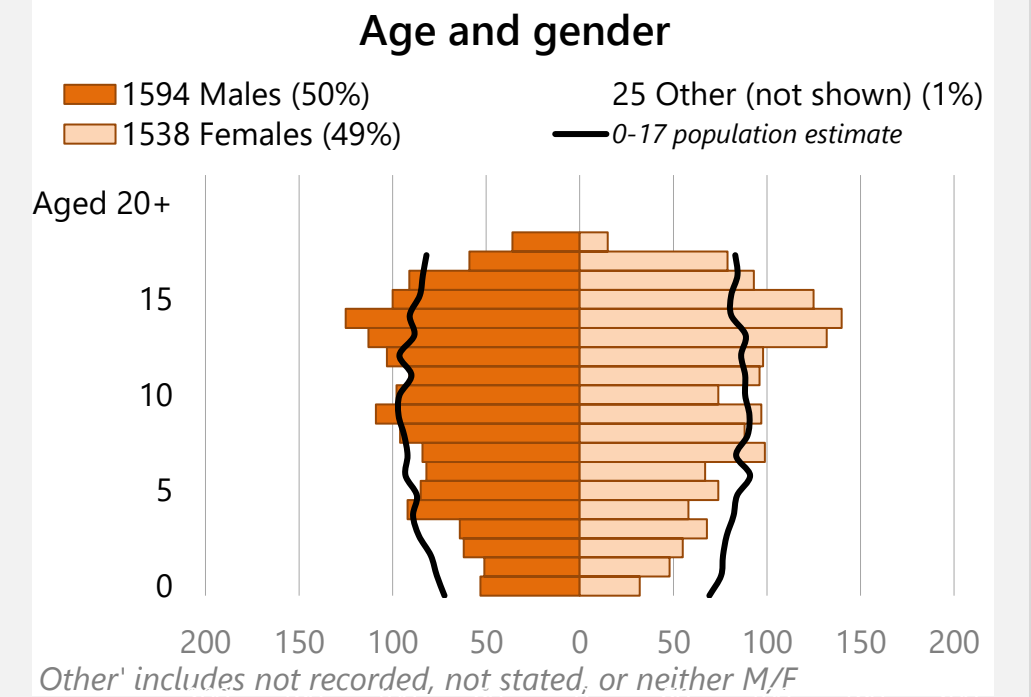
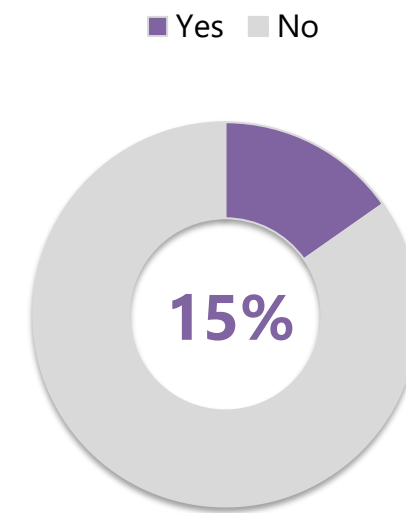


Early Help in the last 6 months

from 01/02/2023 to 31/07/2023

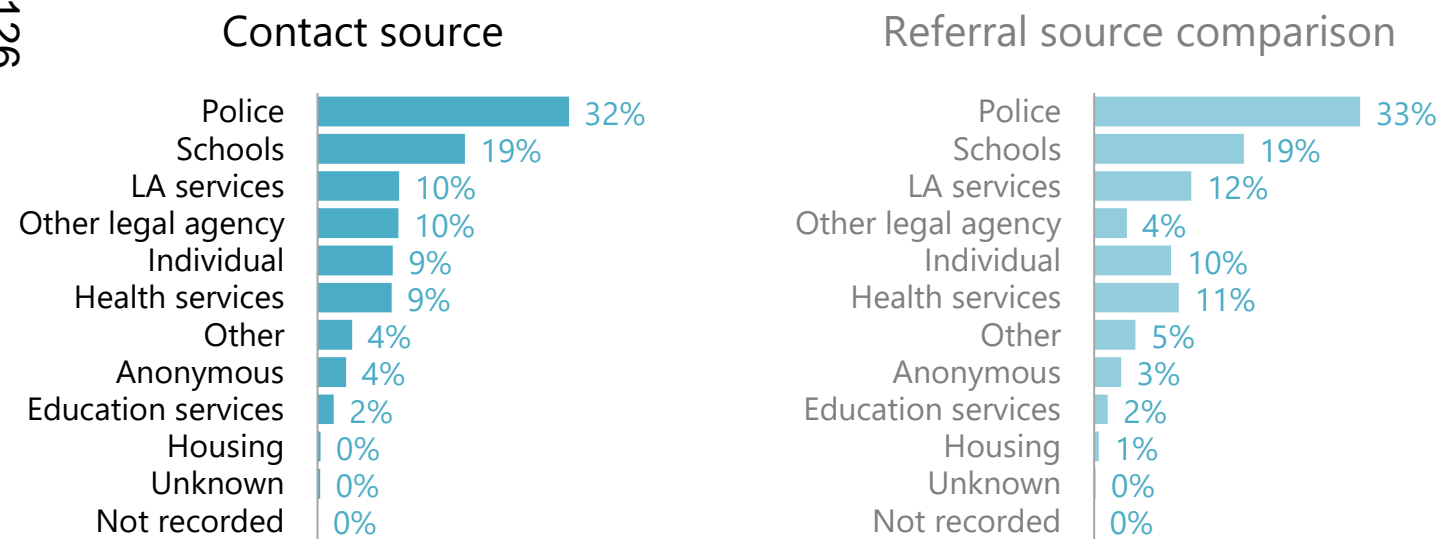
3157 Children with an Early Help Episode

Early Help cases that also appear on the Referrals list

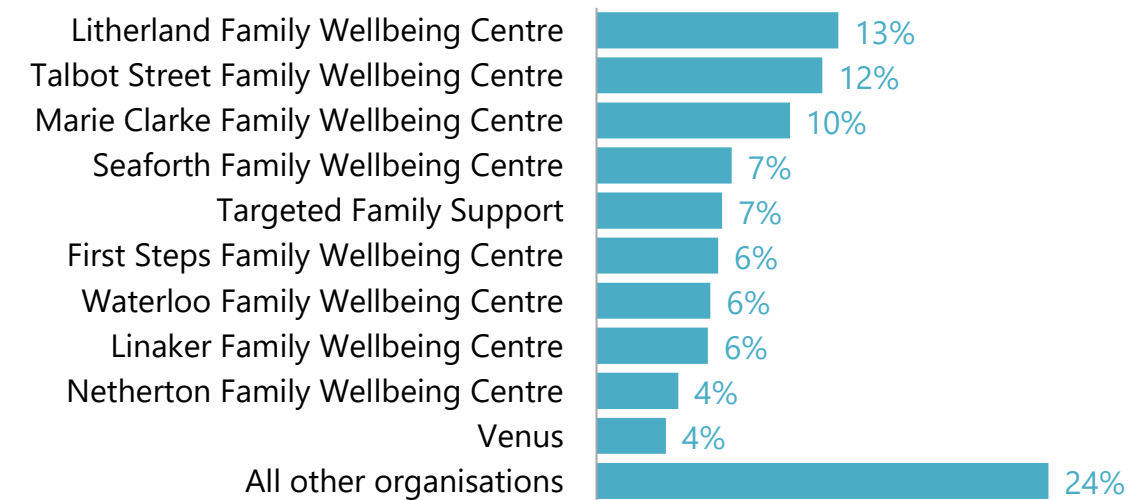


Page 126

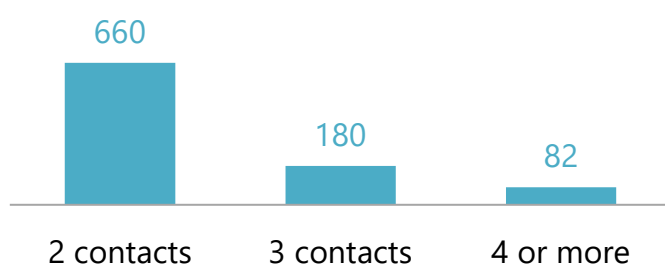
Source of contacts compared to source of referrals



Lead Organisation



Children with multiple contacts in period



Ethnic backgrounds

| | |
|------------------------|-----|
| White | 69% |
| Mixed | 3% |
| Asian or Asian British | 1% |
| Black or black British | 1% |
| Other ethnic group | 1% |
| Not stated | 26% |
| Not recorded | 0% |

See page 22 for comparisons

Children with multiple episodes in period



Ethnic backgrounds

| | |
|------------------------|-----|
| White | 66% |
| Mixed | 3% |
| Asian or Asian British | 0% |
| Black or black British | 1% |
| Other ethnic group | 1% |
| Not stated | 29% |
| Not recorded | 0% |

See page 22 for comparisons

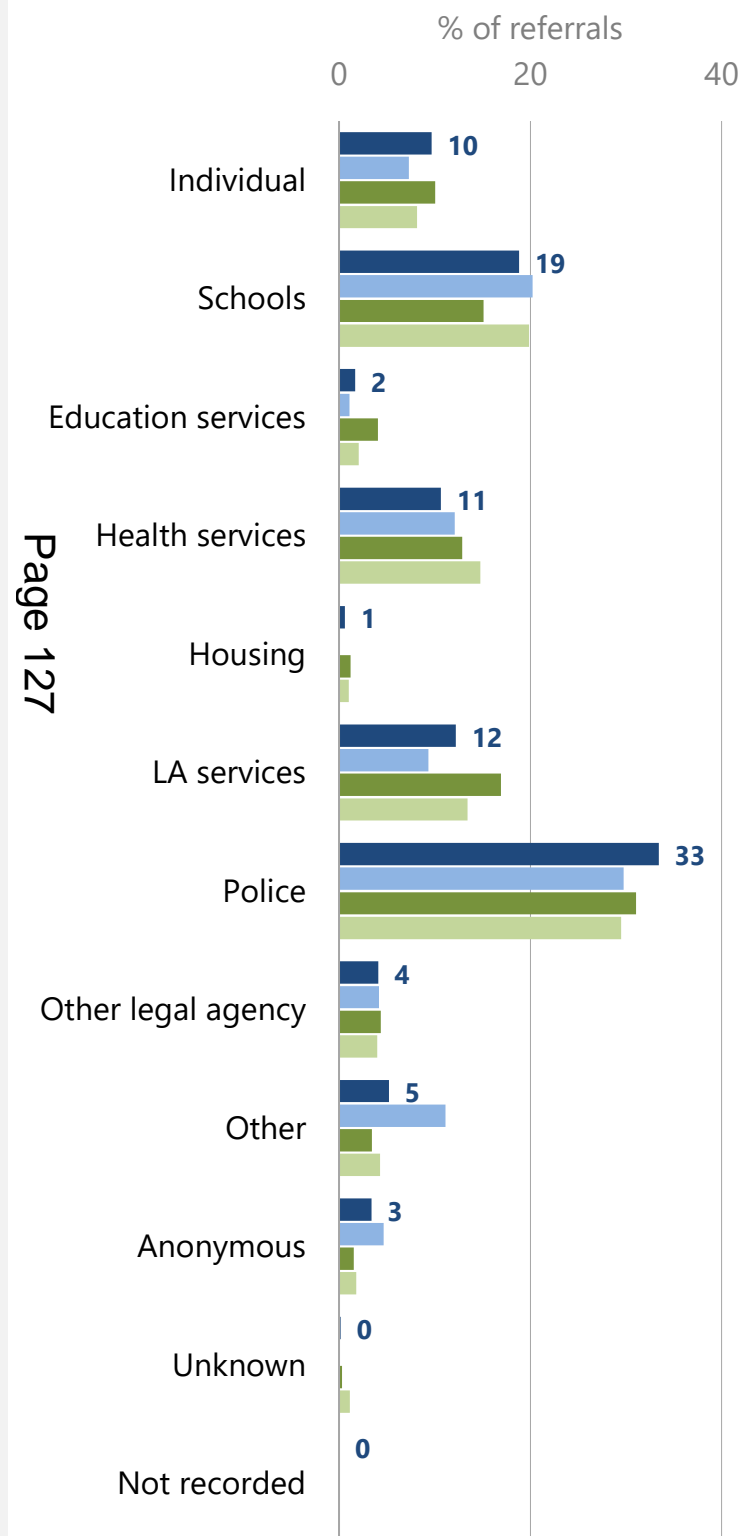
Referrals in the last 6 months

from 01/02/2023
to 31/07/2023

1653 referrals

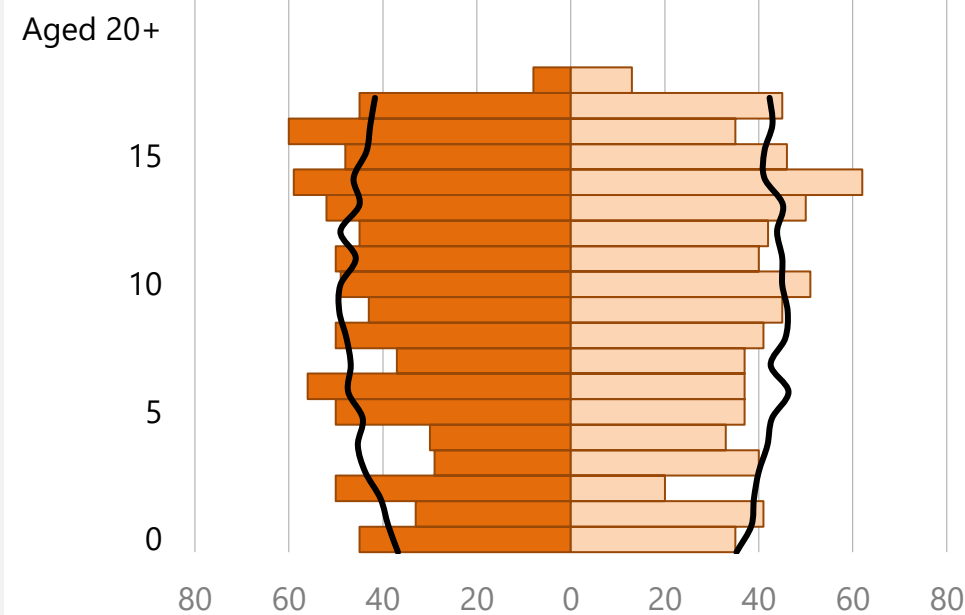
Source of referral

■ Last 6 months ■ LA 21-22 ■ SNs 21-22 ■ Eng 21-22



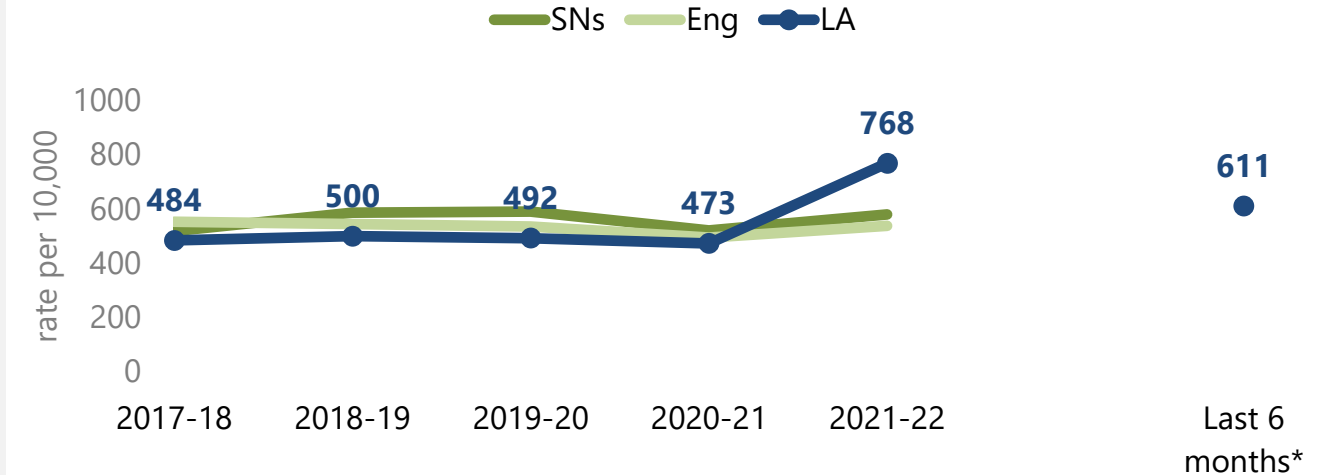
Age and gender

839 Males (51%)
750 Females (45%)
64 Other (not shown) (4%)
— 0-17 population estimate



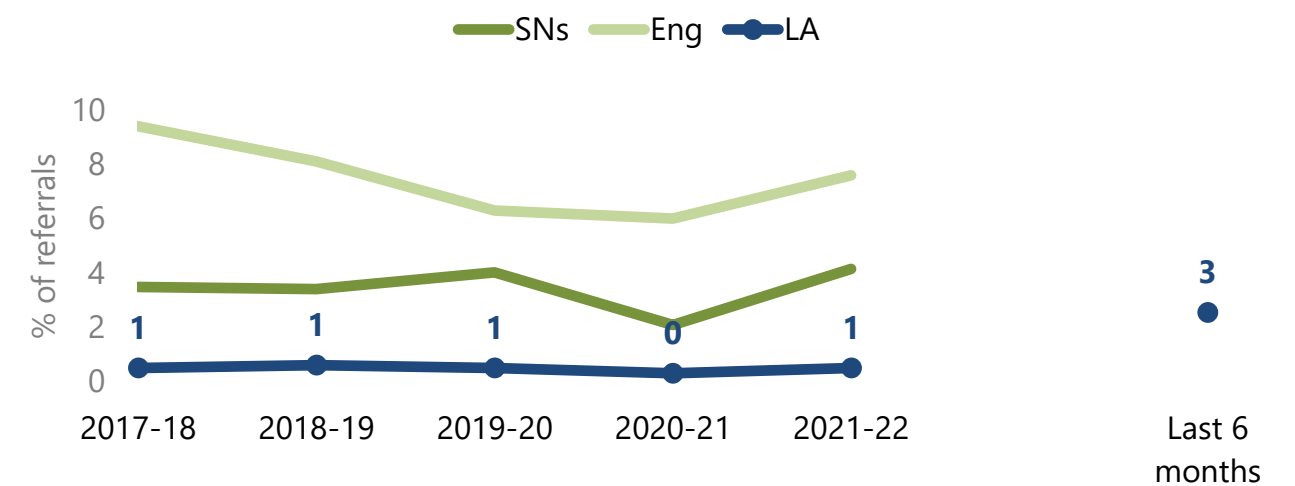
Other' includes not recorded, not stated, or neither M/F

Rate of referrals per 10,000 children aged 0-17



*Annualised rate for comparison purposes

Referrals with No Further Action (NFA)



Ethnic backgrounds

| | |
|------------------------|-----|
| White | 76% |
| Mixed | 4% |
| Asian or Asian British | 1% |
| Black or black British | 3% |
| Other ethnic group | 2% |
| Not stated | 15% |
| Not recorded | 0% |

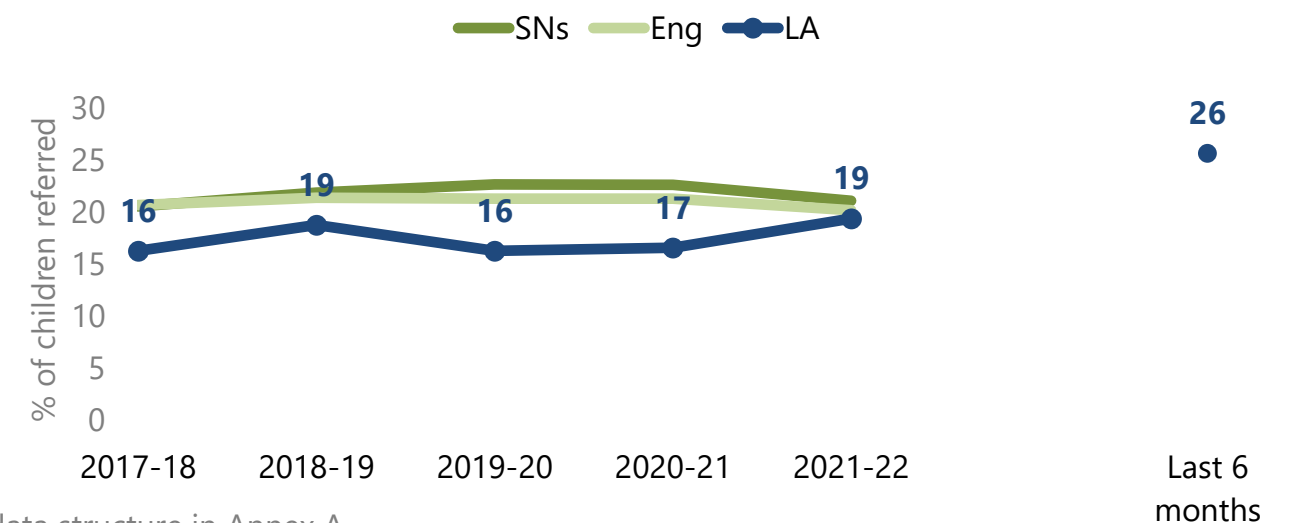
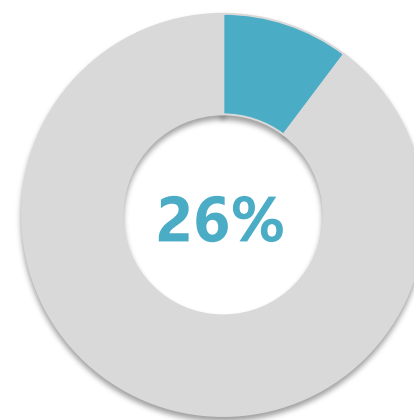
See page 22 for comparisons

Re-referrals: children with a previous referral within 12 months of their latest referral

409 children with previous referrals within 12 months of latest referral

■ Re-referral ■ First referral ■ Not recorded

| | |
|-------------------|-------|
| First referral | 1,184 |
| 1 prev referral | 367 |
| 2 prev referrals | 34 |
| 3 prev referrals | 6 |
| 4+ prev referrals | 2 |
| Not recorded | 0 |



*"Last 6 months" calculation differs slightly from national statistics, due to data structure in Annex A

Assessments in the last 6 months

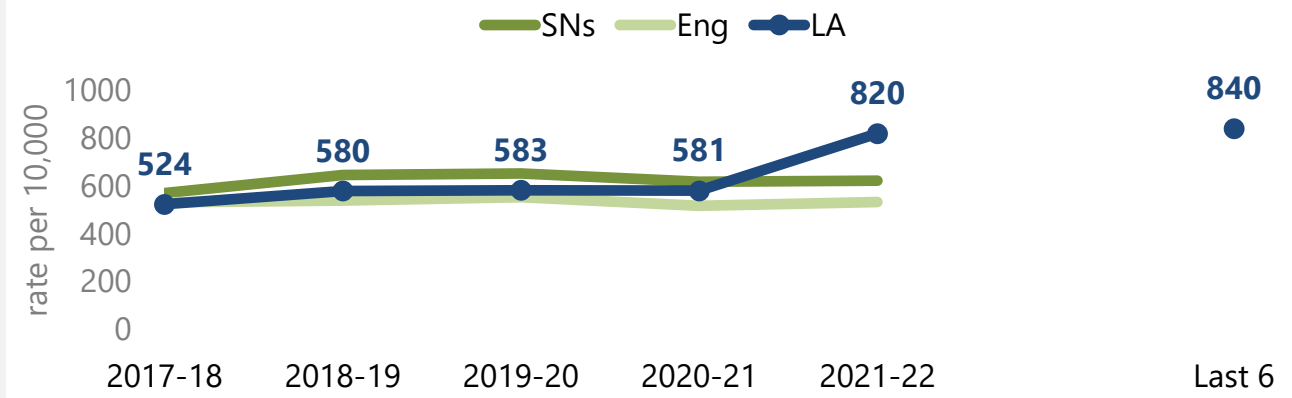
from 01/02/2023
to 31/07/2023

2837 total assessments

565 open assessments

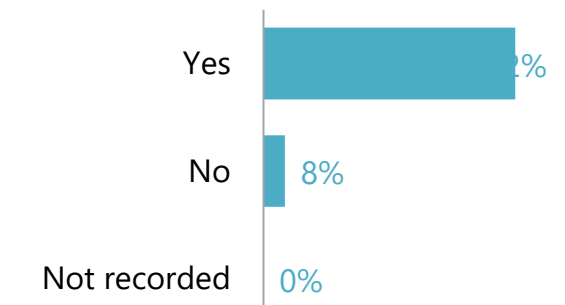
2272 completed assessments

Rate of completed assessments per 10,000 children aged 0-17



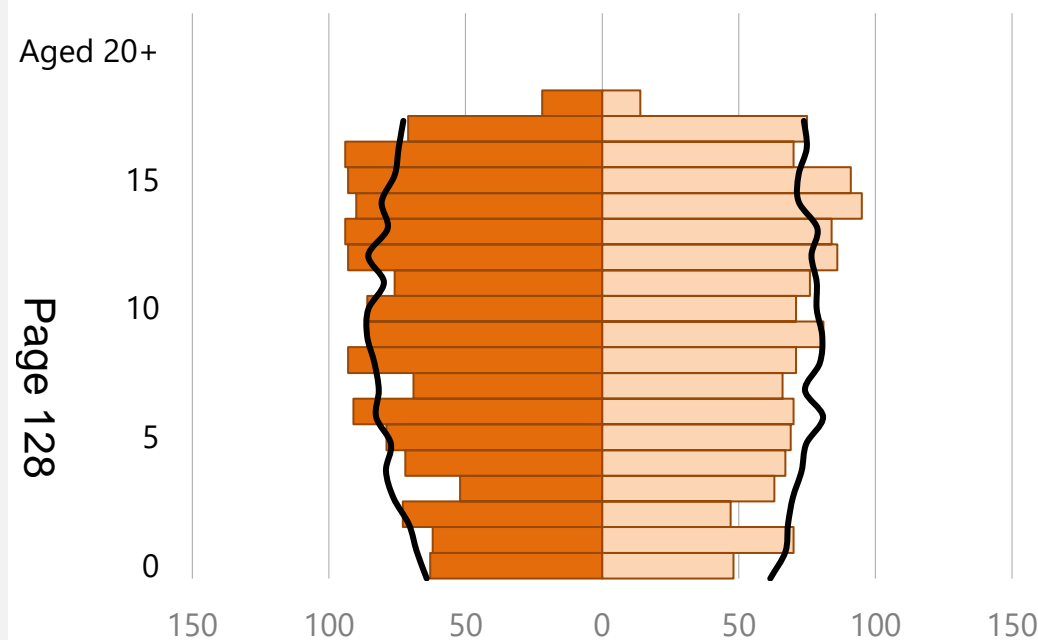
*Annualised rate for comparison purposes

Child assessed as requiring LA children's social care support



Age and gender of all assessments

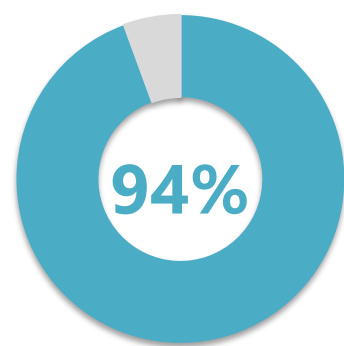
1459 Males (51%)
1314 Females (46%)
64 Other (not shown) (2%)
— 0-17 population estimate



Other' includes not recorded, not stated, or neither M/F

Assessments completed where child was seen

■ Child seen
■ Not seen
□ Unknown



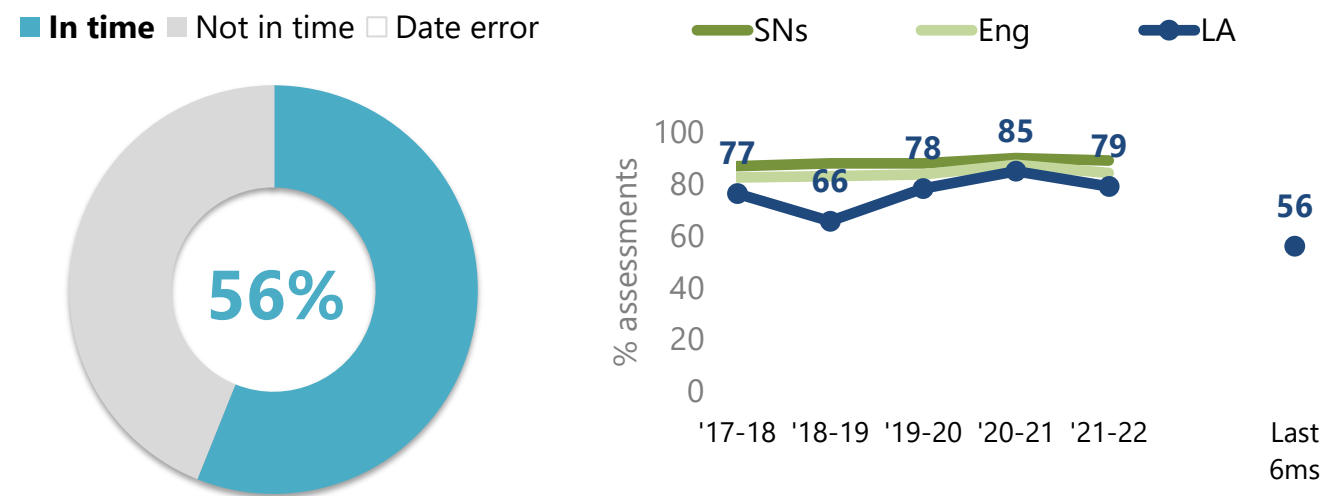
Ethnic background

| | |
|------------------------|-----|
| White | 87% |
| Mixed | 4% |
| Asian or Asian British | 1% |
| Black or black British | 2% |
| Other ethnic group | 1% |
| Not stated | 4% |
| Not recorded | 0% |

See page 22 for comparisons

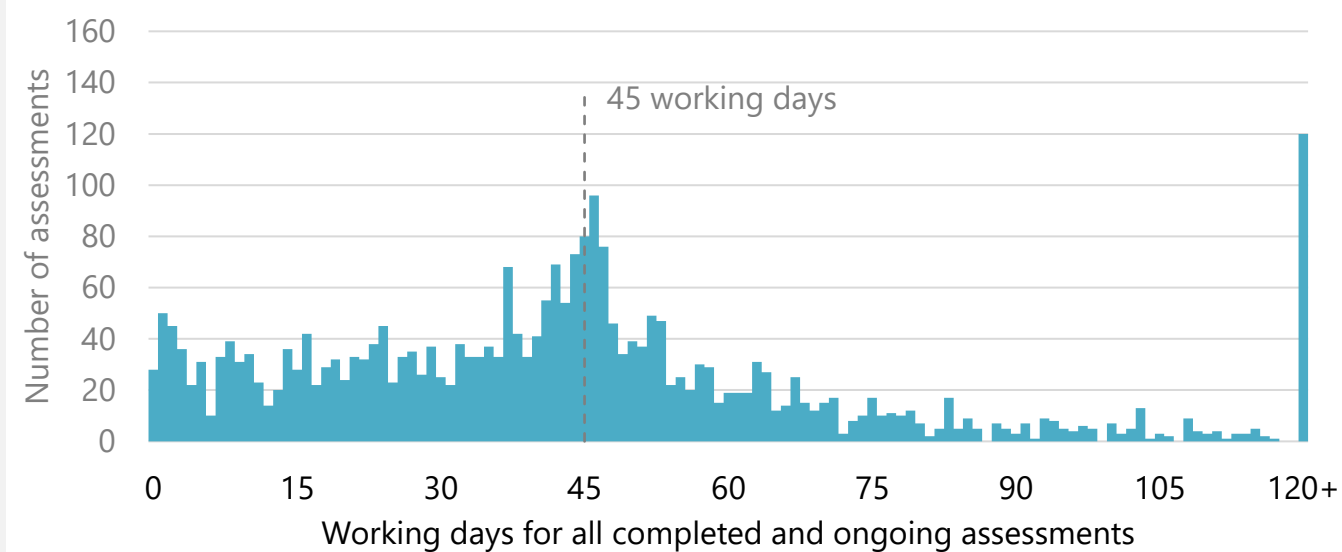
268 assessments (9%)
for children with a disability

Assessments completed in 45 working days



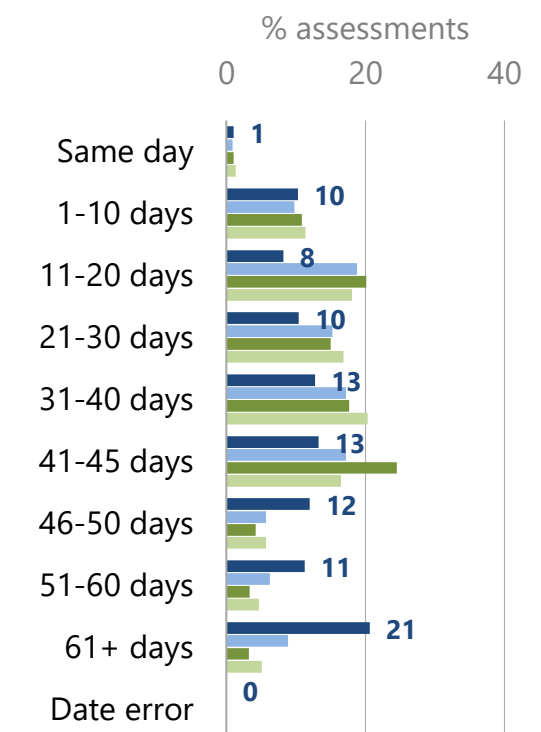
Durations for all completed and open assessments

Average duration of completed assessments was 46 working days

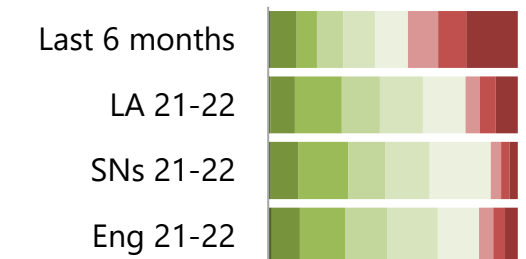


Comparing timeliness

■ Last 6 months
■ SNs 21-22
■ LA 21-22
■ Eng 21-22



Duration categories as above



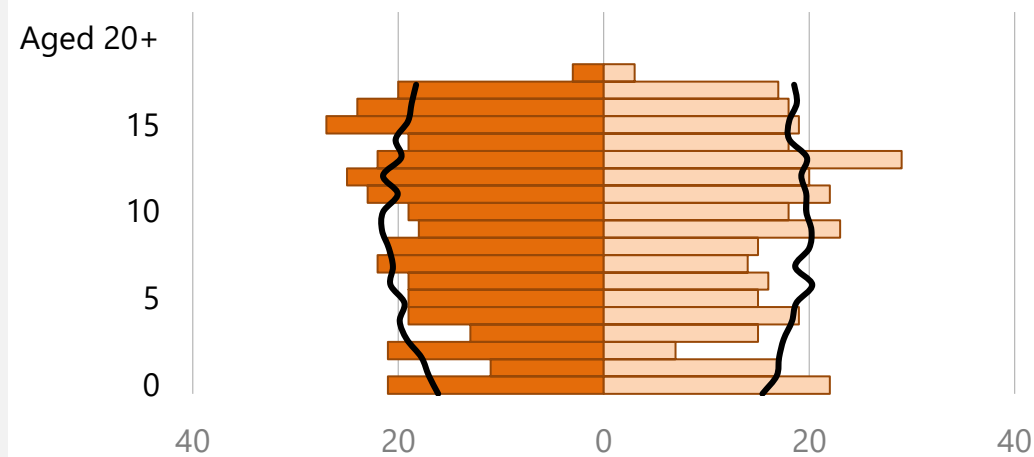
Section 47 enquiries in the last 6 months

from 01/02/2023
to 31/07/2023

703 Section 47 enquiries

Age and gender

366 Males (52%)
327 Females (47%)
10 Other (not shown) (1%)
— 0-17 population estimate



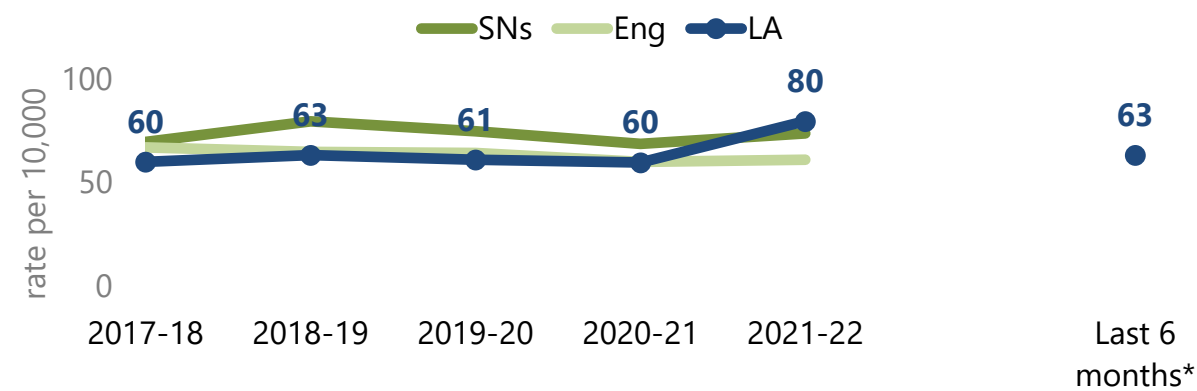
Other' includes not recorded, not stated, or neither M/F

171 Initial Child Protection Conferences (from S47 in period)

69% of completed S47s **did not require an ICPC**

ICPC not required may include S47s for open CPP where ICPC was not required, and may exclude children where an ICPC was required but has not yet occurred

Rate of ICPCs per 10,000 children aged 0-17



*Annualised rate for comparison purposes

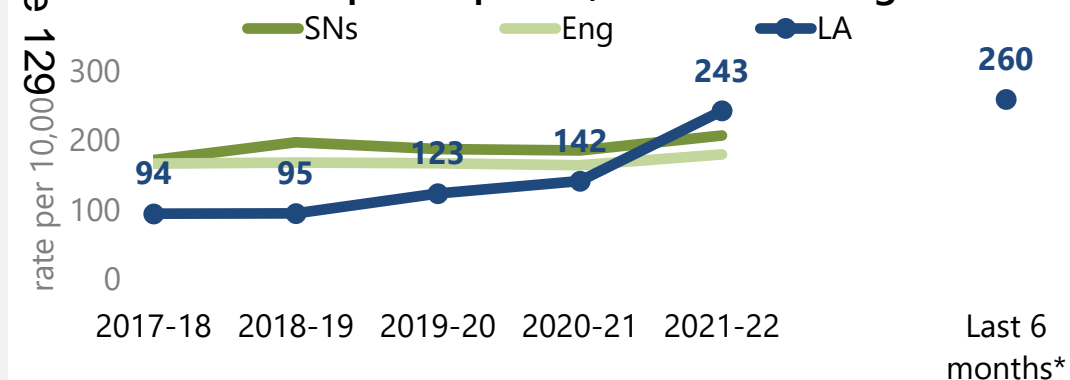
63 child(ren) with an ICPC in the 12 months preceding the latest S47*

*Including where latest S47 did not result in ICPC

77%

of ICPCs resulted in a child protection plan

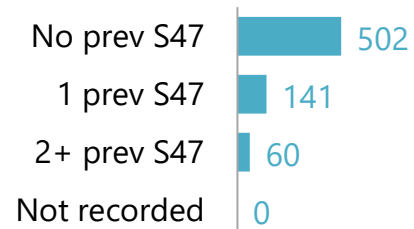
Rate of S47 enquiries per 10,000 children aged 0-17



*Annualised rate for comparison purposes

48 S47s (7%) for children with a disability

Children with a S47 in the 12 months preceding the latest

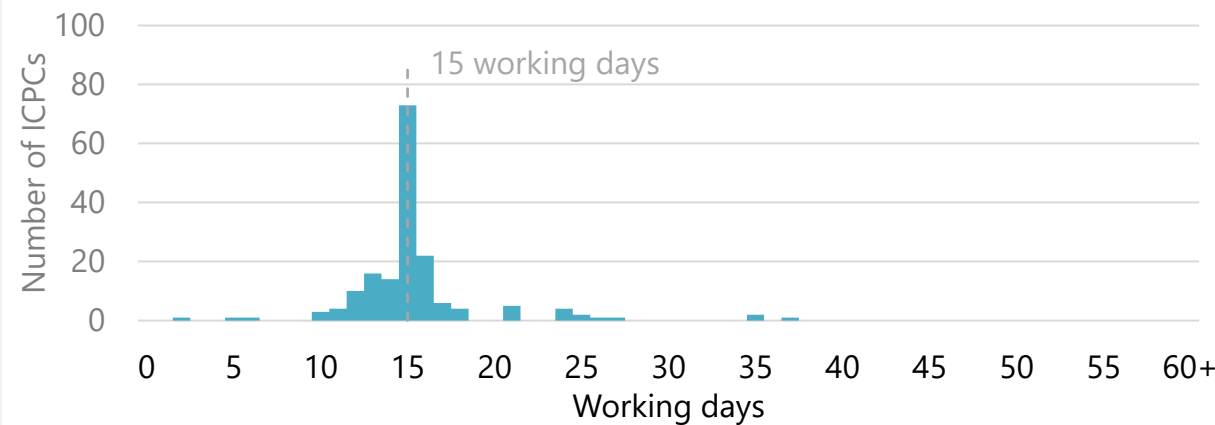


Ethnic background

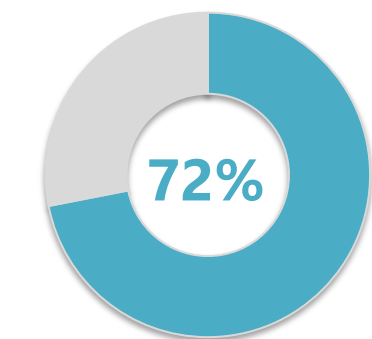
| | |
|------------------------|-----|
| White | 86% |
| Mixed | 5% |
| Asian or Asian British | 1% |
| Black or black British | 2% |
| Other ethnic group | 2% |
| Not stated | 4% |
| Not recorded | 0% |

See page 22 for comparisons

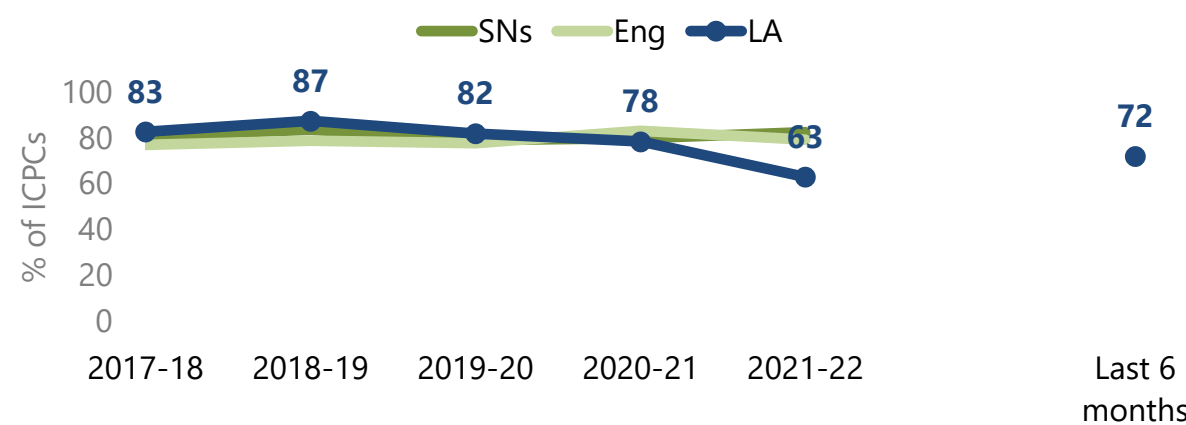
ICPCs occurred within 15 working days of the strategy discussion date



In time
Not in time
Date error

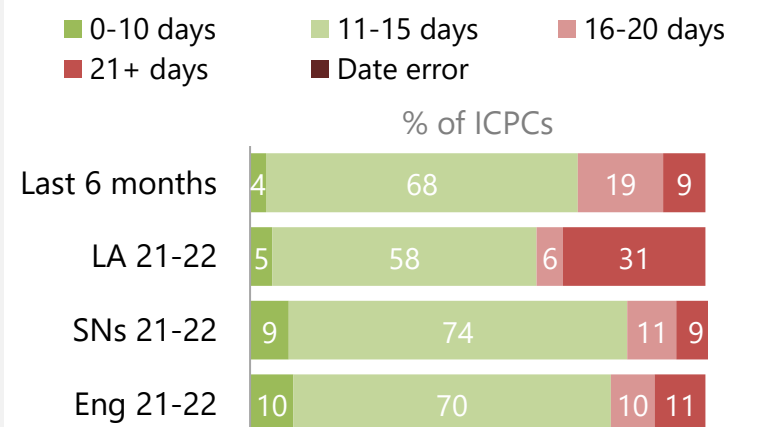


Trend of ICPC timeliness (within 15 days of S47 start)



* Published comparator data includes transfer-in conferences

Comparing ICPC durations



Children in Need (CIN) - total, started, and ceased in the last 6 months

from 01/02/2023
to 31/07/2023

2501 total CIN in 6 months*

***Note: the numbers of children in need reported in ChAT are not directly comparable to published CIN census statistics due to an undercount of referrals and care leavers.**

The children in need census includes any child referred to children's social care services in the year as well as any open case for whom the local authority was providing services. Ofsted's Annex A List 6 largely covers this cohort, with the exception of those with only an open referral and those accessing leaving care services.

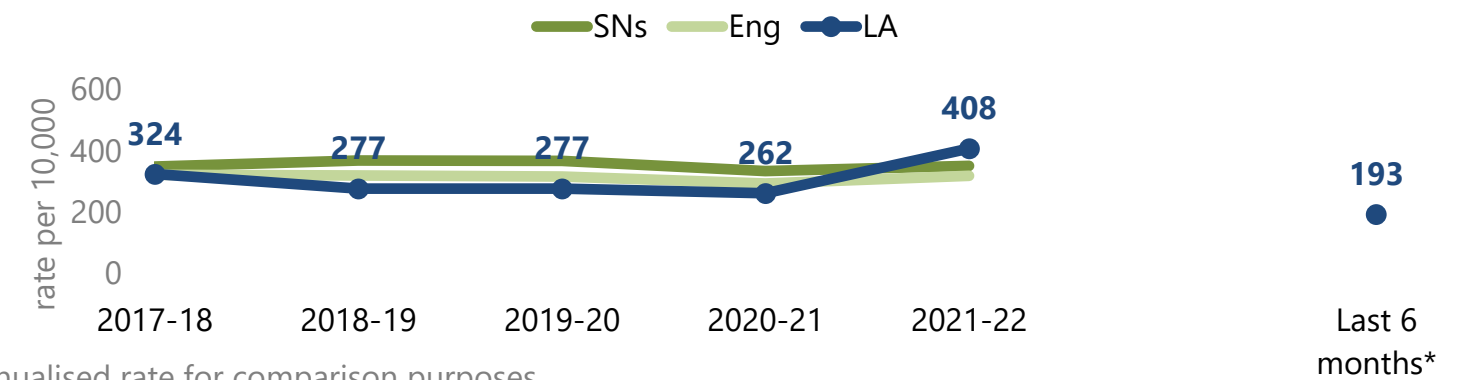
For this reason the published children in need census statistics are not directly comparable to ChAT, however there is considerable overlap with ChAT undercounting the true value as it excludes open referrals and care leavers.

Cases included in Annex A / ChAT

| Case status of children on CIN list | Number | Percentage |
|--|--------------|-------------|
| Looked after child | 619 | 25% |
| Child protection plan | 315 | 13% |
| Child in need plan | 742 | 30% |
| Open assessment | 329 | 13% |
| Closed episode | 496 | 20% |
| Case status not recorded | 0 | 0% |
| Total (excluding case status unknown) | 2,501 | 100% |

523 CIN started in 6 months

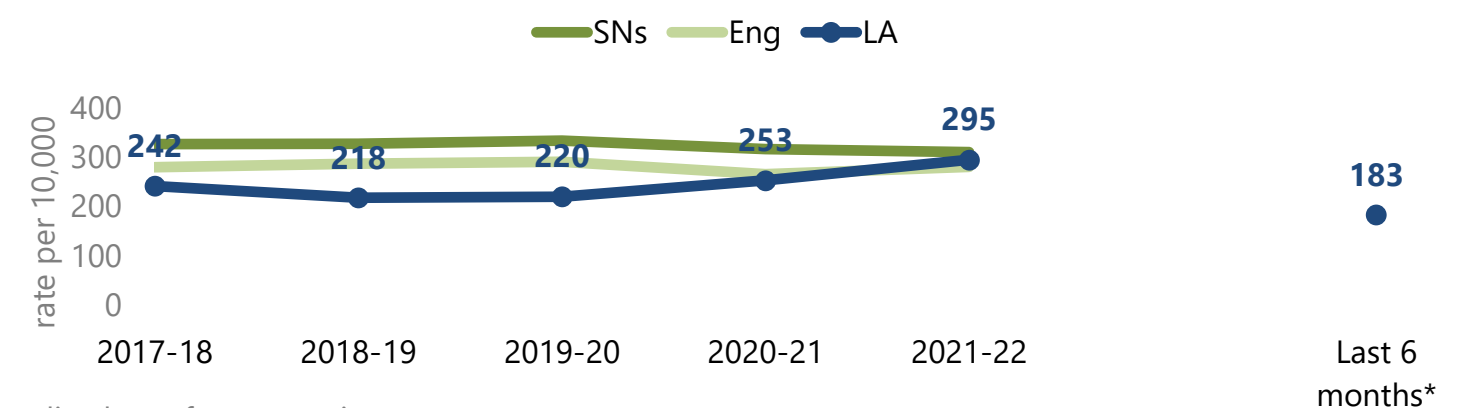
Rate of children who started an episode of need per 10,000 children aged 0-17



*Annualised rate for comparison purposes

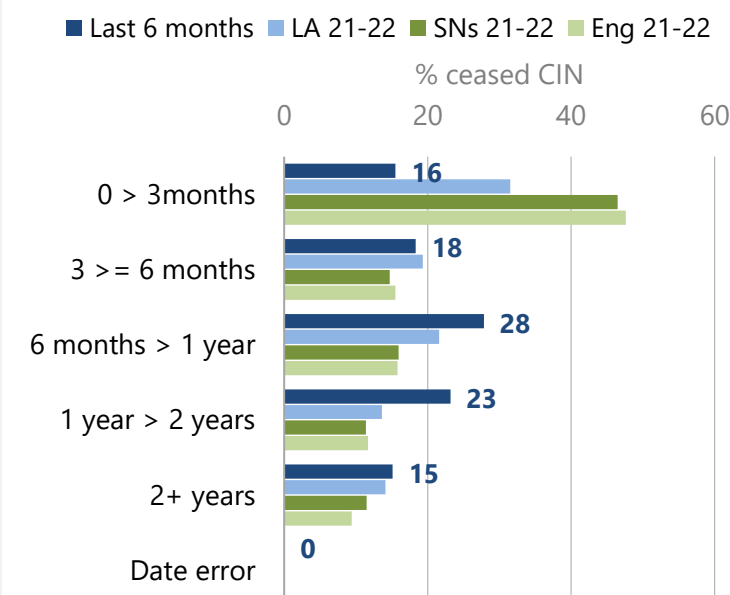
496 CIN ceased in 6 months

Rate of children who ended an episode of need per 10,000 children aged 0-17

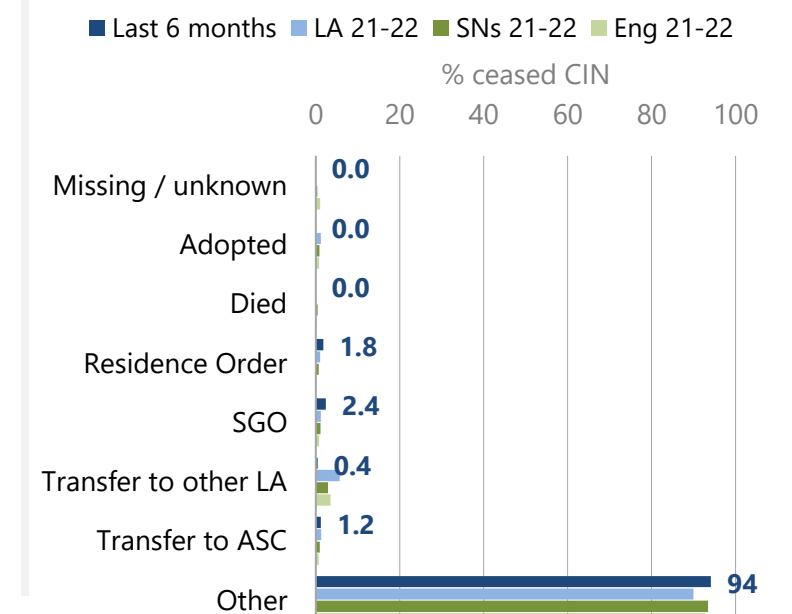


*Annualised rate for comparison purposes

Comparing CIN ceased durations



Comparing CIN ceased reasons



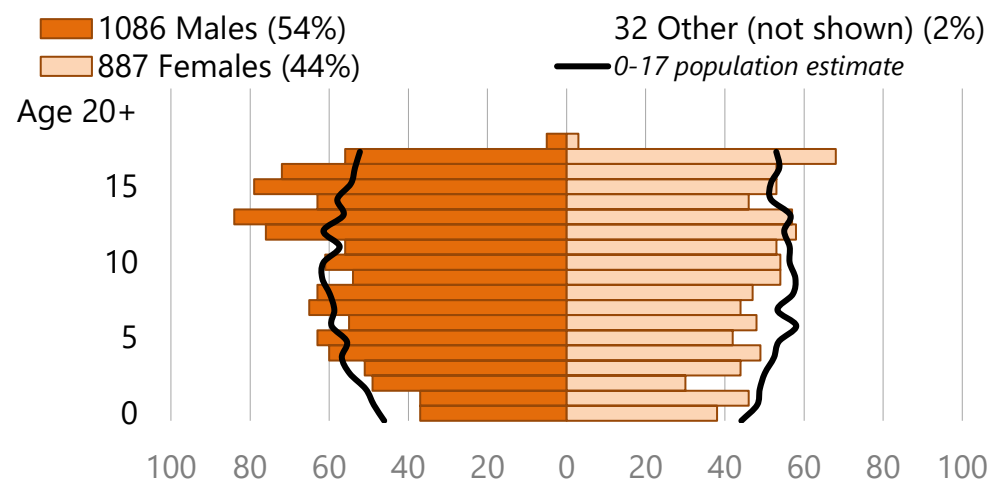
Children in Need (CIN) with an open episode of need

Snapshot 31/07/2023

2005 Children in Need with an open episode of need*

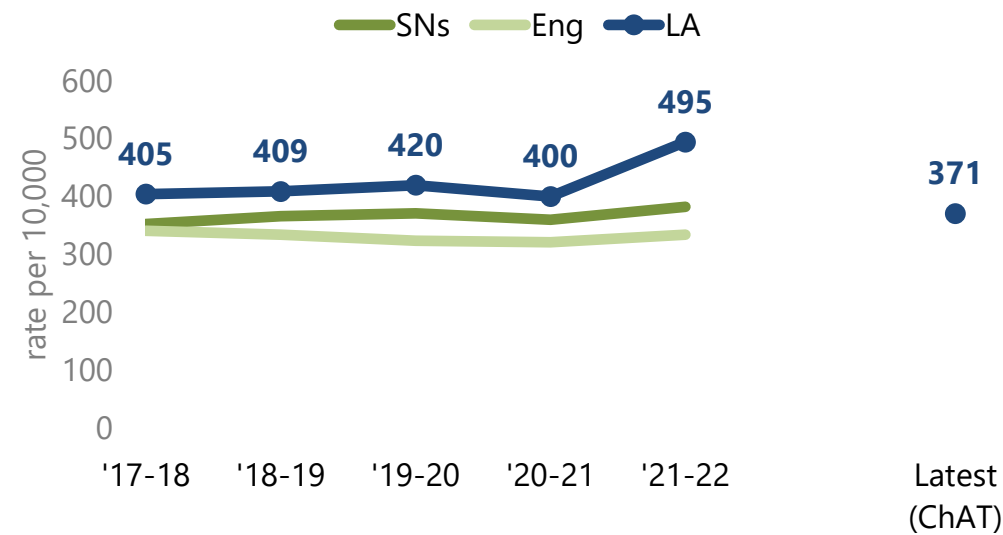
*Note: Annex A figures in this section are not directly comparable to the published Children in need census statistics (see note on page 8)

Age and gender

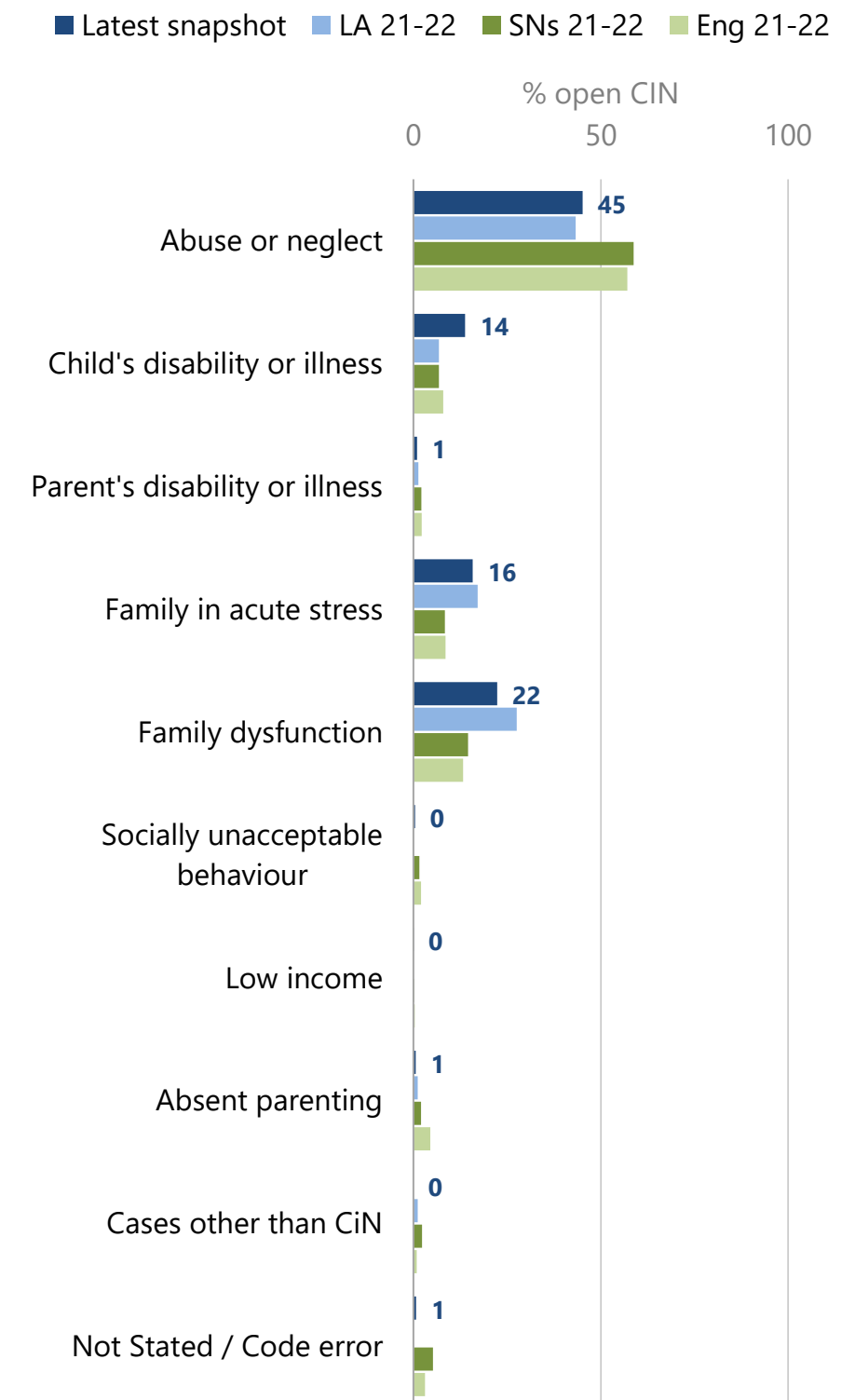


'Other' includes not recorded, not stated, or neither M/F

Rate of open CIN per 10,000 children aged 0-17*

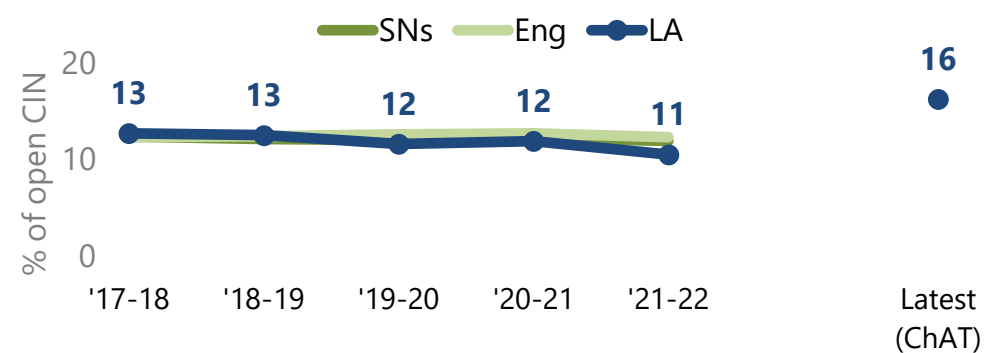


Comparing primary need of open CIN

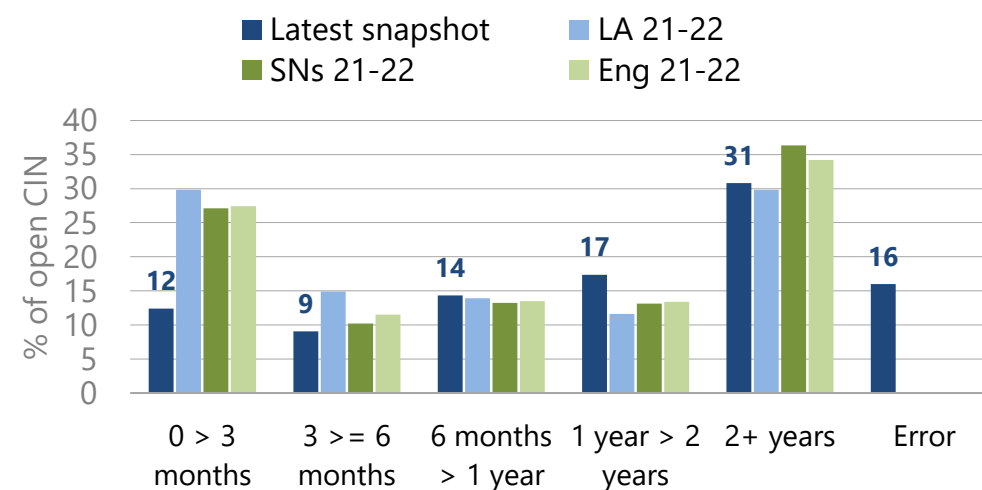


326 children (16%) with a disability

CIN with an open episode of need with a disability



Comparing episode duration of open CIN

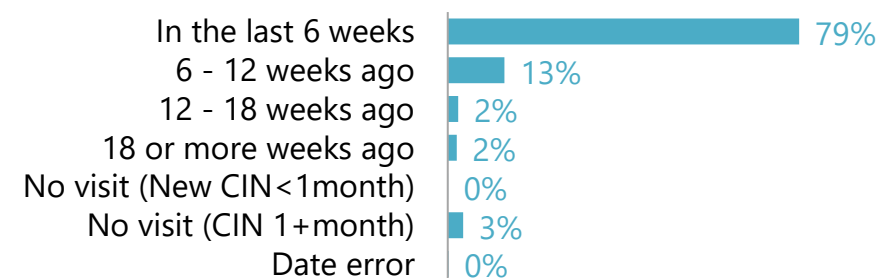


Ethnic background

| | |
|------------------------|-----|
| White | 86% |
| Mixed | 4% |
| Asian or Asian British | 1% |
| Black or black British | 1% |
| Other ethnic group | 1% |
| Not stated | 6% |
| Not recorded | 0% |

See page 22 for comparisons

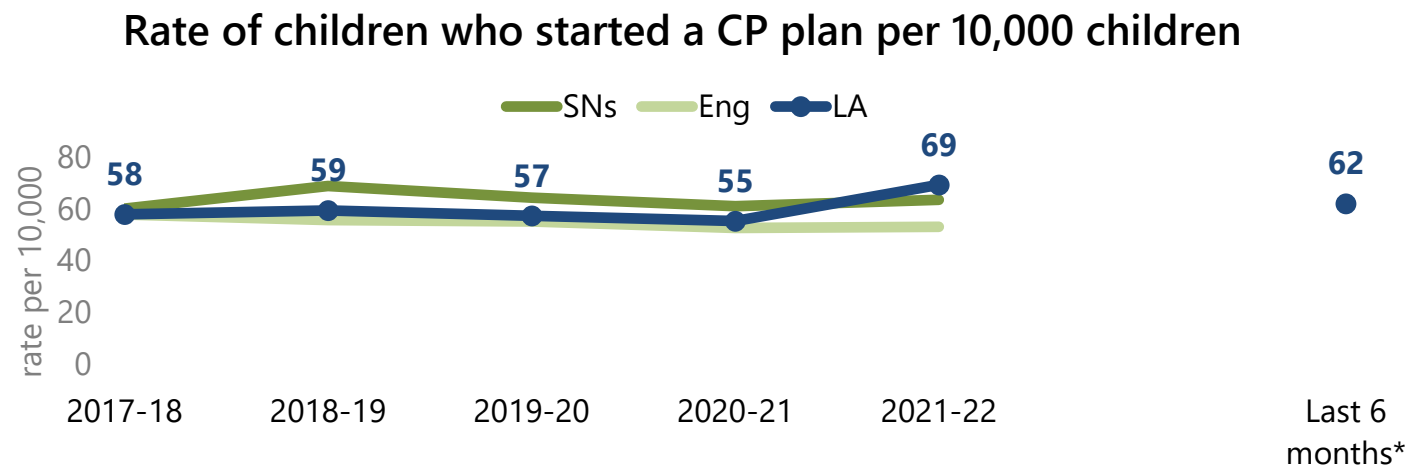
Time since the child was last seen by social worker



Child Protection Plans (CPP) started and ceased in the last 6 months

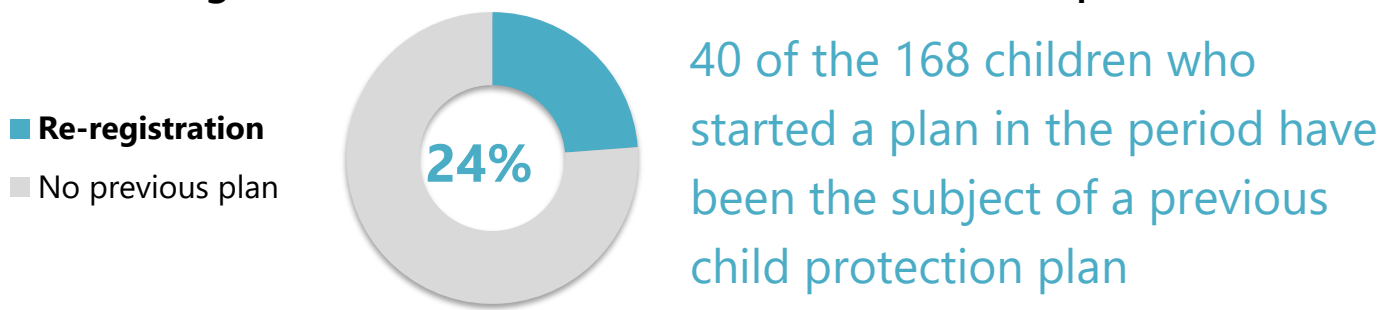
from 01/02/2023
to 31/07/2023

168 CPP started in 6 months



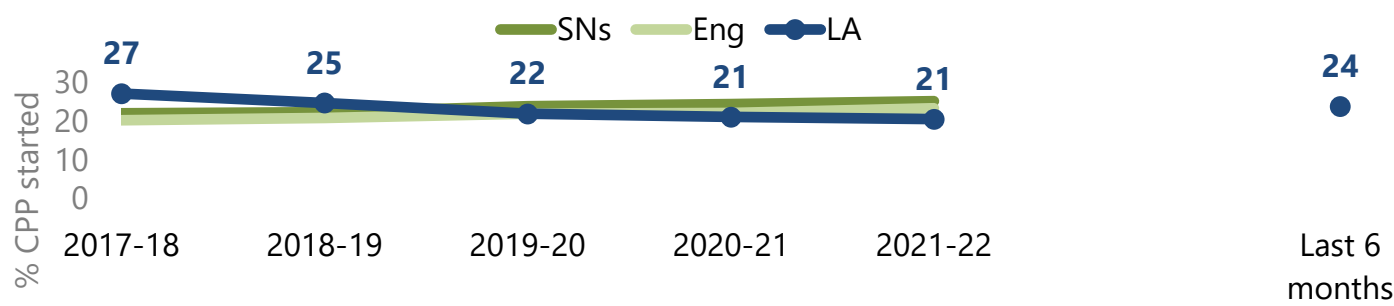
*Annualised rate for comparison purposes

"Re-registrations" for children who started on a CP plan (ever)

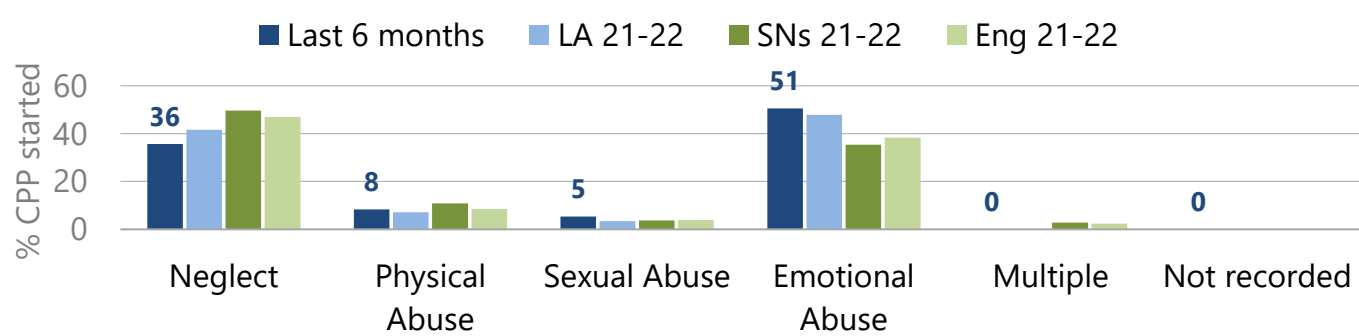


Page 132

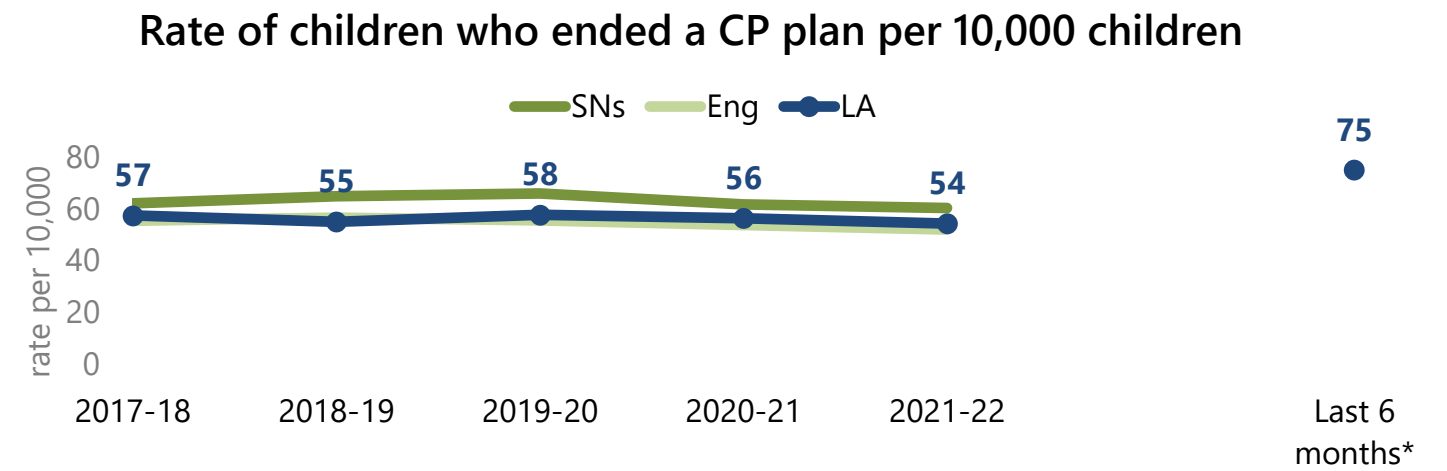
Comparing "re-registrations" for CPP started



Initial category of abuse for CPP started

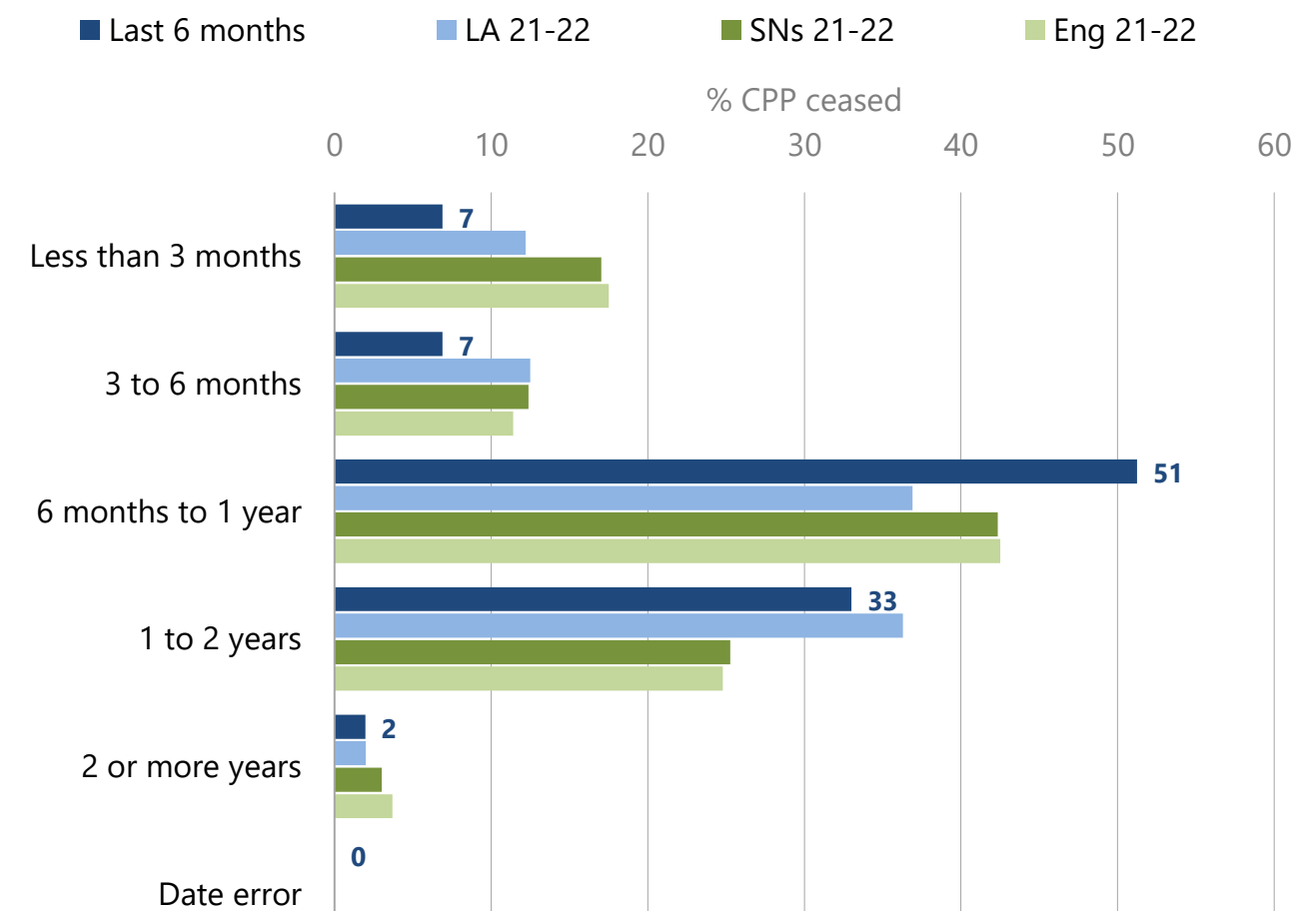


203 CPP ended in 6 months



*Annualised rate for comparison purposes

Comparing plan durations for CPP ended



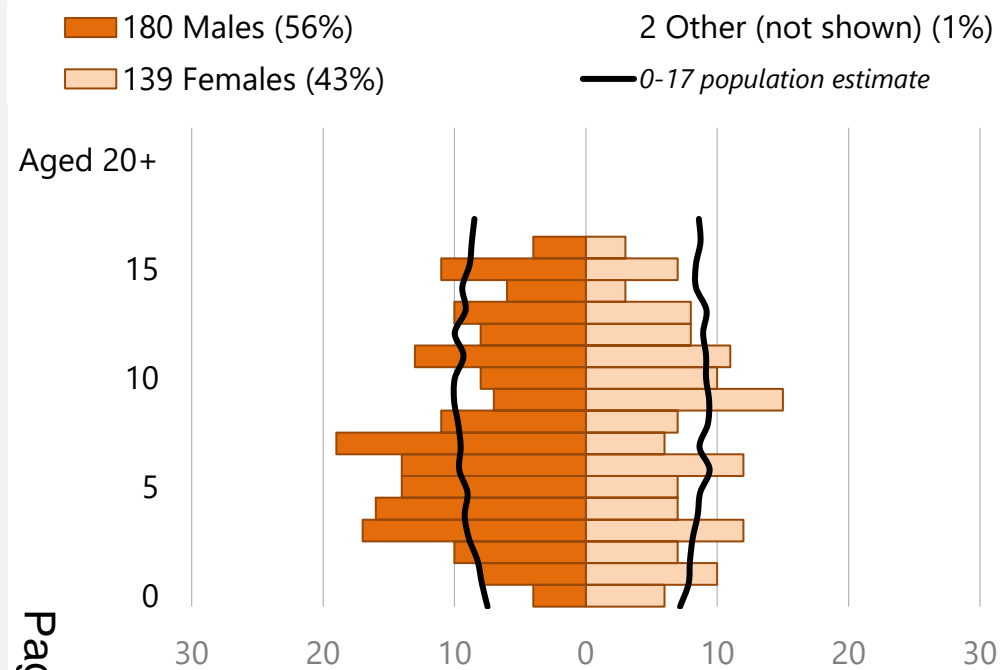
4 of 203 children ended a CP plan after 2 years or more

Child Protection Plans (CPP) currently open

Snapshot 31/07/2023

321 children currently subject of a Child Protection Plan (CPP)

Age and gender



Page 133

'Other' includes not recorded, not stated, or neither M/F

Ethnic background

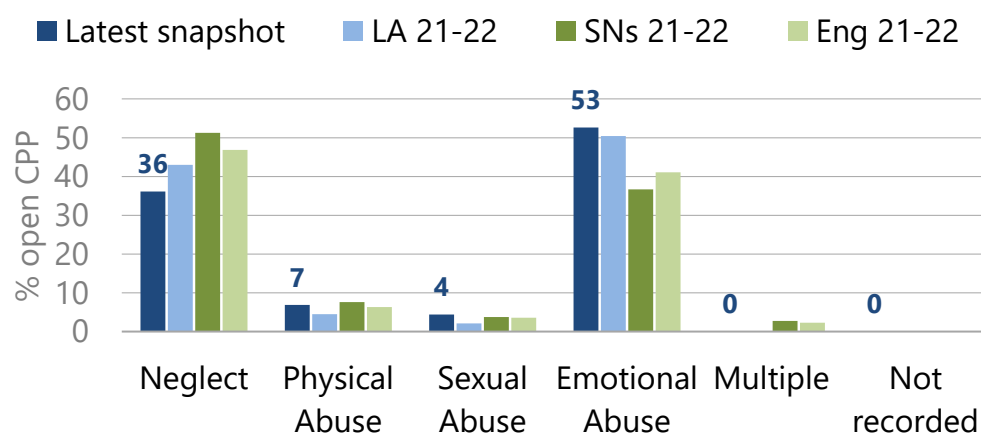
| | |
|------------------------|-----|
| White | 94% |
| Mixed | 4% |
| Asian or Asian British | 0% |
| Black or black British | 1% |
| Other ethnic group | 0% |
| Not stated | 0% |
| Not recorded | 0% |

See page 20 for comparisons

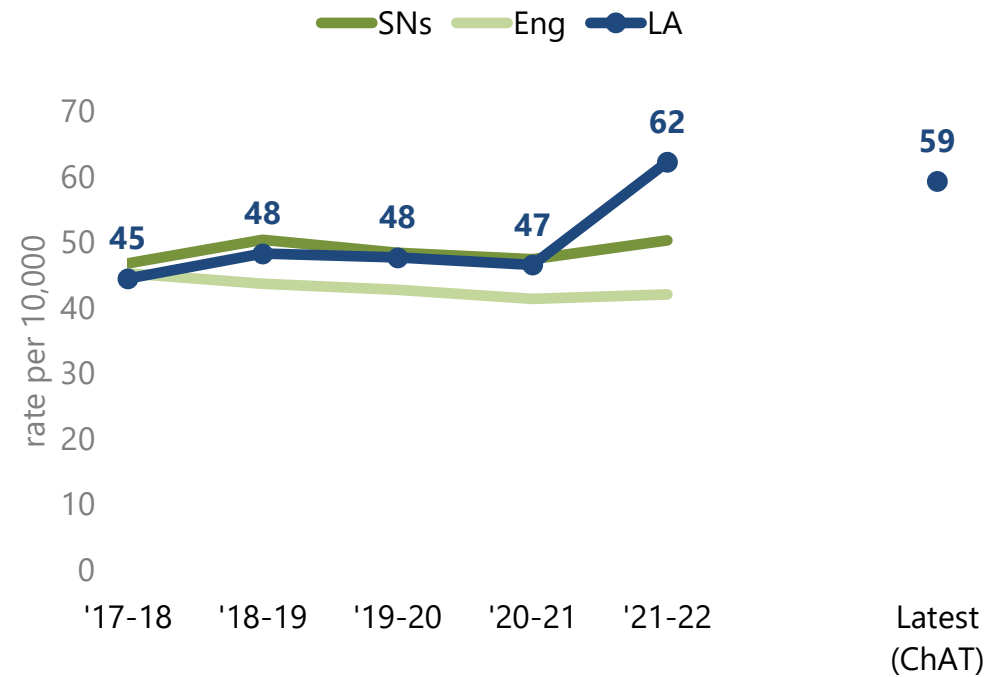
15 children (5%) with a disability

0 open CP subject to Emergency Protection Order or Protected Under Police Powers in last 6 months

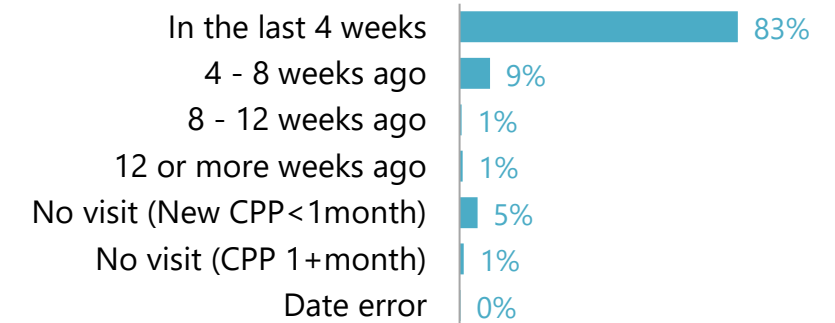
Latest category of abuse for current CP plans



Rate of CPP per 10,000 children aged 0-17

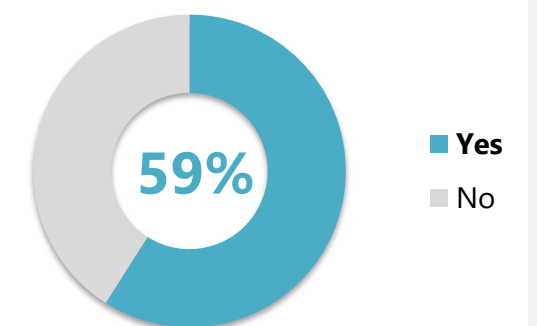


Time since the child was last seen

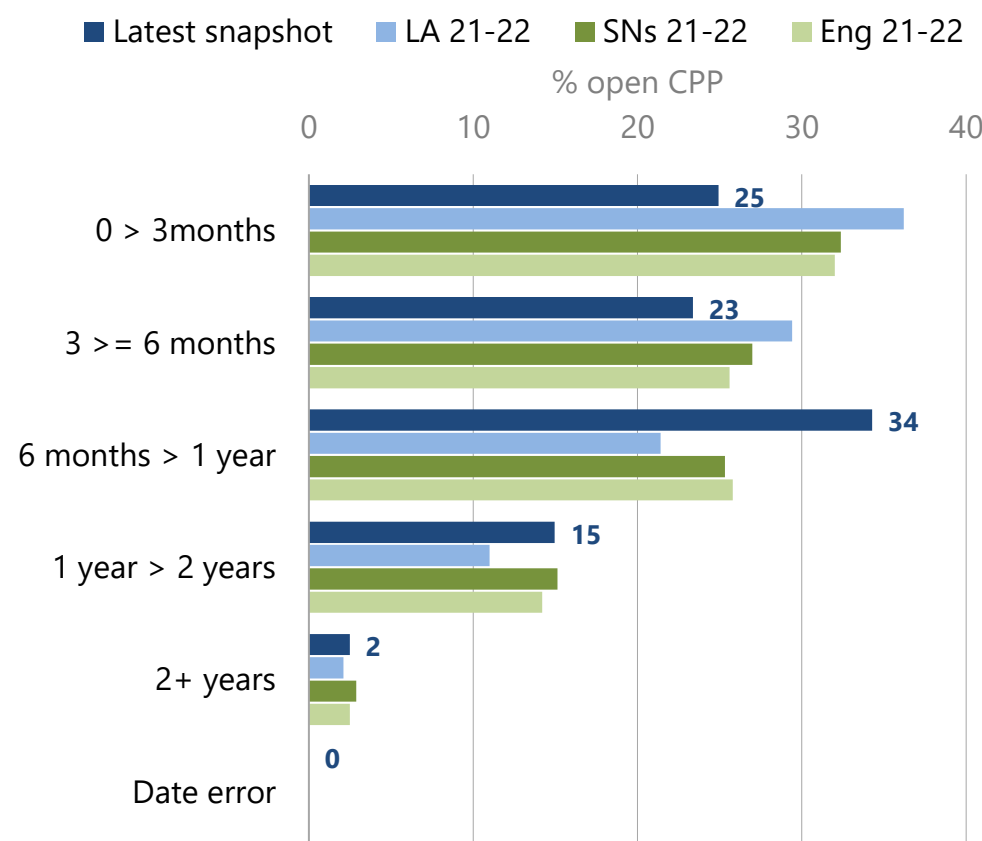


Open CPP seen alone at their last social work visit

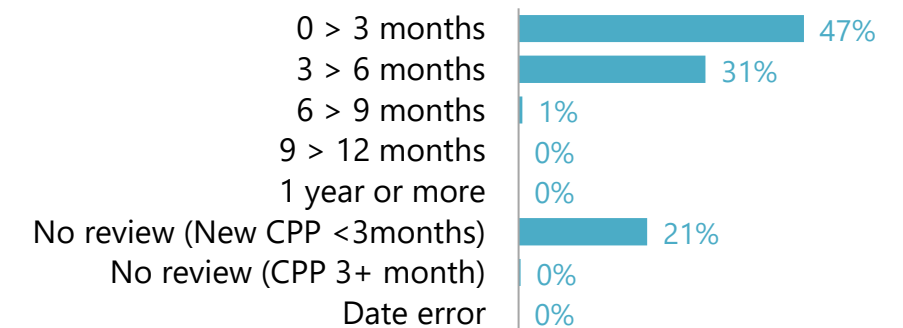
(excludes Not recorded or N/A)



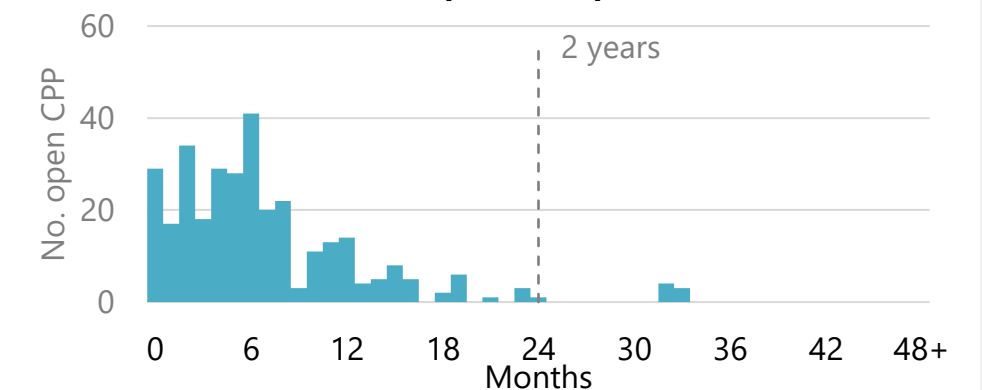
Comparing duration of open CP plans



Time since the child's latest review



Duration of current open CP plans (in months)

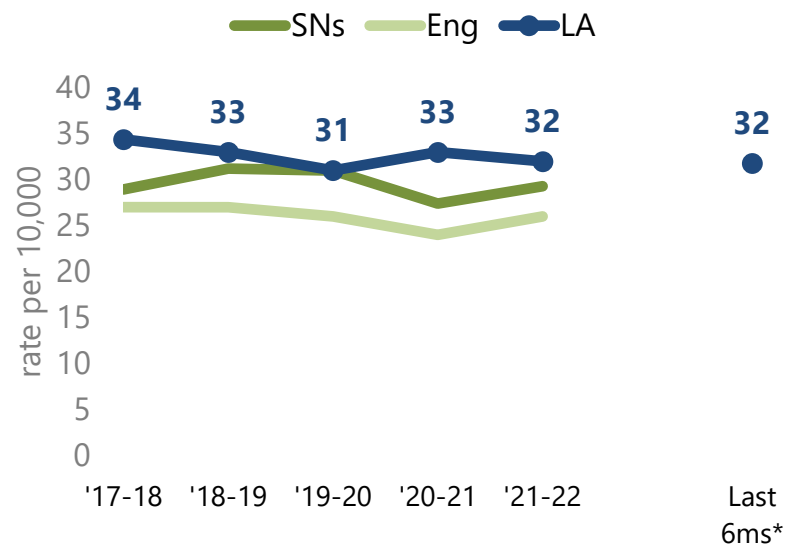


Children Looked After (CLA) started and ceased in the last 6 months

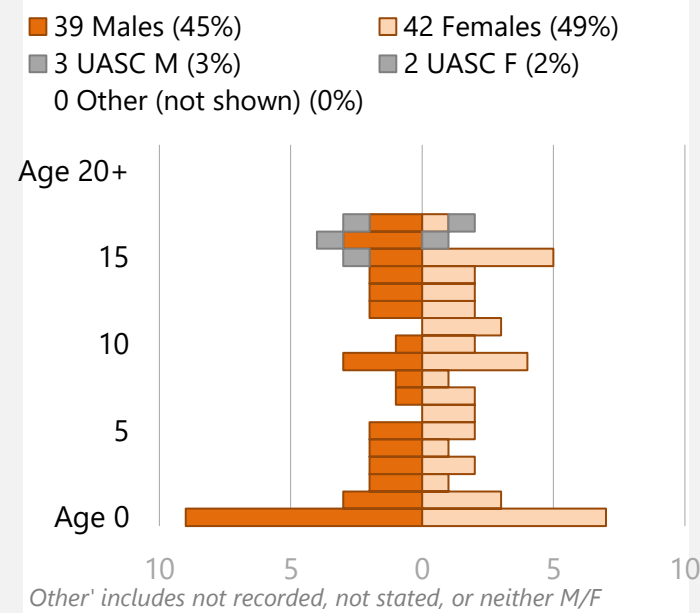
from 01/02/2023 to 31/07/2023

86 CLA started in the last 6 months

Rate of CLA started per 10,000 children



Age and gender



*Annualised rate for comparison purposes

Other includes not recorded, not stated, or neither M/F

Page 134

6%

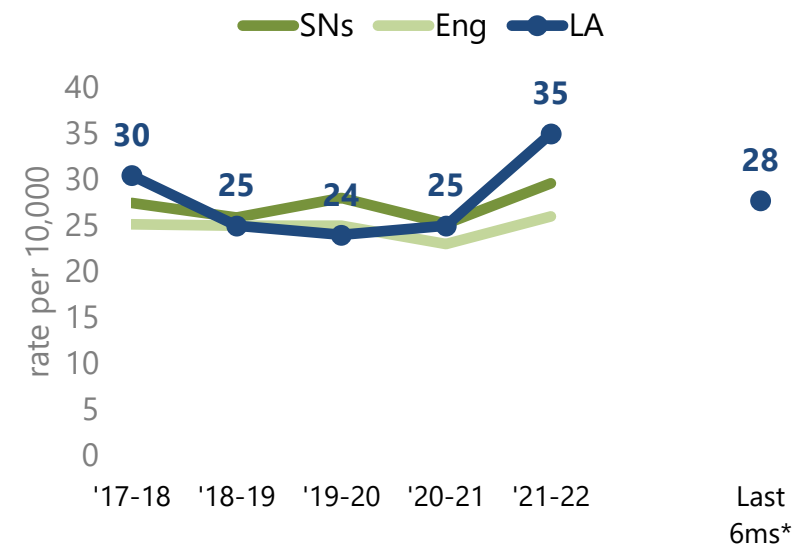
5 of the 86 CLA starters were unaccompanied asylum seeking children (UASC)

1%

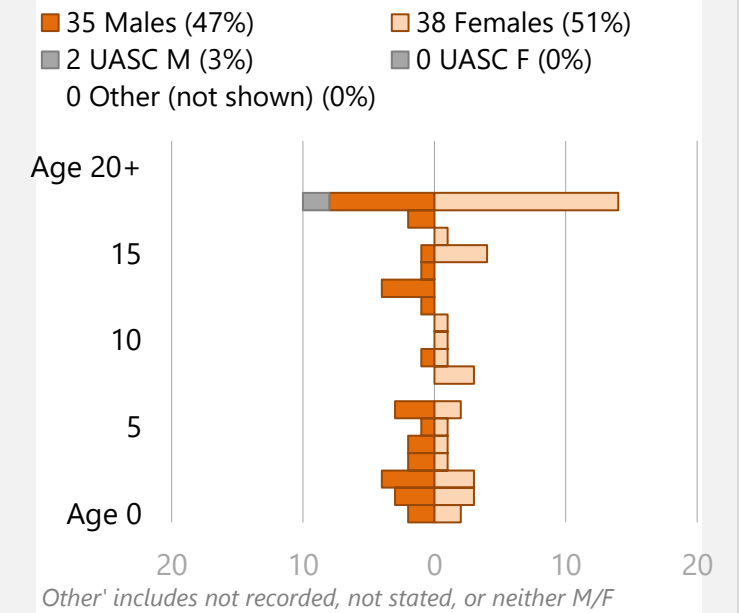
1 of the 86 CLA starters have previously been looked after

75 CLA ceased in the last 6 months

Rate of CLA ceased per 10,000 children



Age and gender

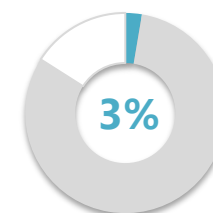


*Annualised rate for comparison purposes

Other includes not recorded, not stated, or neither M/F

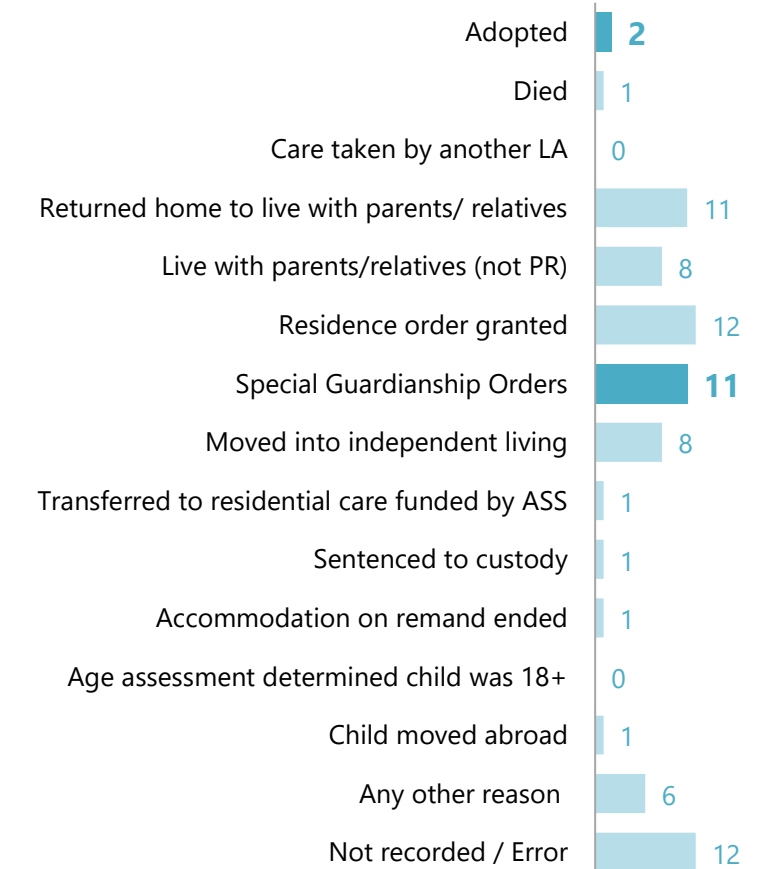
Reason episode of care ceased

Adopted

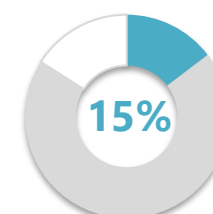


Last 6 months 3% | 2021-22 (published) LA 13%, SNs 11%, Eng 10%

Number of CLA ceased by reason in the period

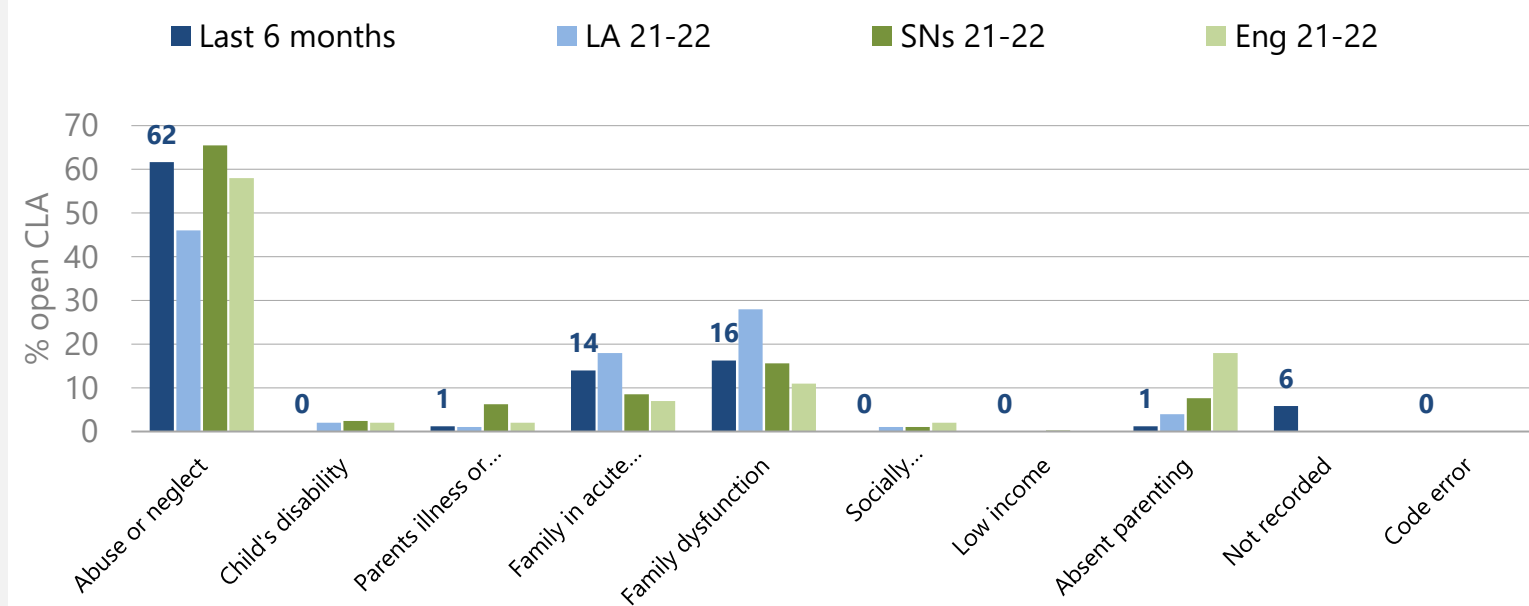


Special Guardianship Order



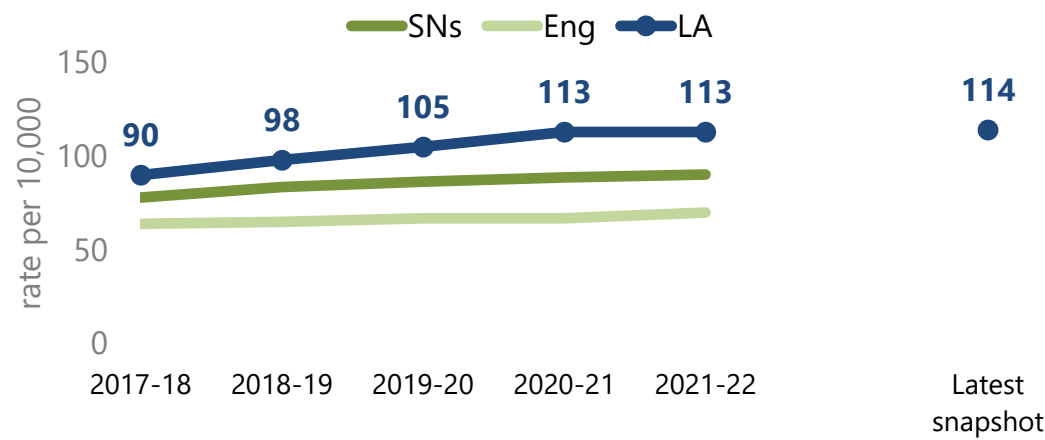
Last 6 months 15% | 2021-22 (published) LA 21%, SNs 17%, Eng 13%

Comparing the primary need of CLA starters



617 Children Looked After (CLA) with an open episode of care

Rate of CLA per 10,000 children (snapshot)



Ethnic background

| | All CLA | Not UASC | UASC |
|------------------------|---------|----------|------|
| White | 91% | 94% | 0% |
| Mixed | 4% | 4% | 0% |
| Asian or Asian British | 1% | 0% | 27% |
| Black or black British | 1% | 1% | 0% |
| Other ethnic group | 3% | 1% | 73% |
| Not stated | 0% | 0% | 0% |
| Not recorded | 0% | 0% | 0% |

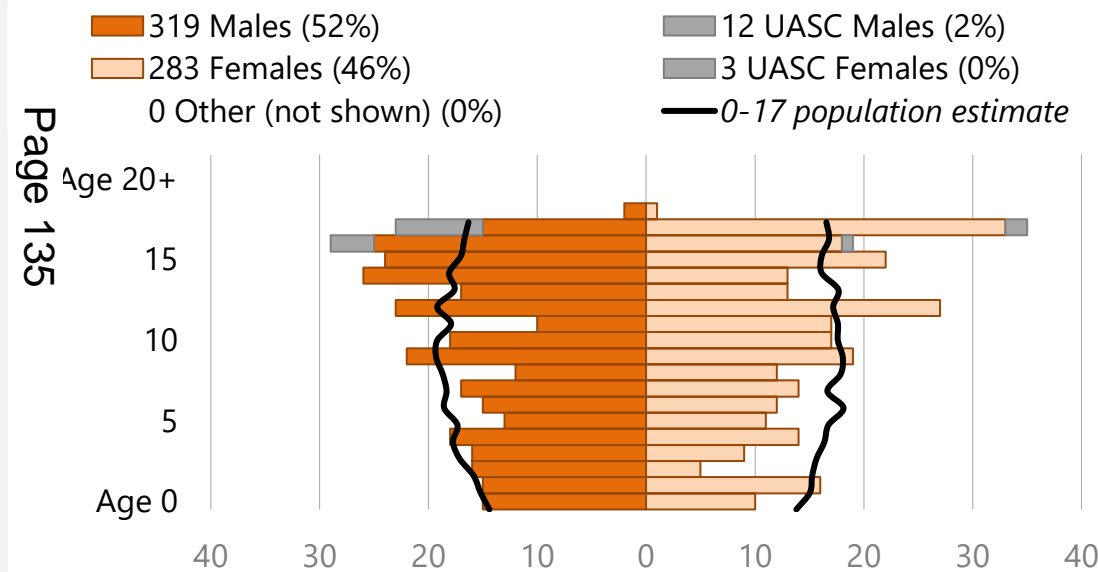
63 children (10%) with a disability

See page 22 for comparisons

Permanence plan

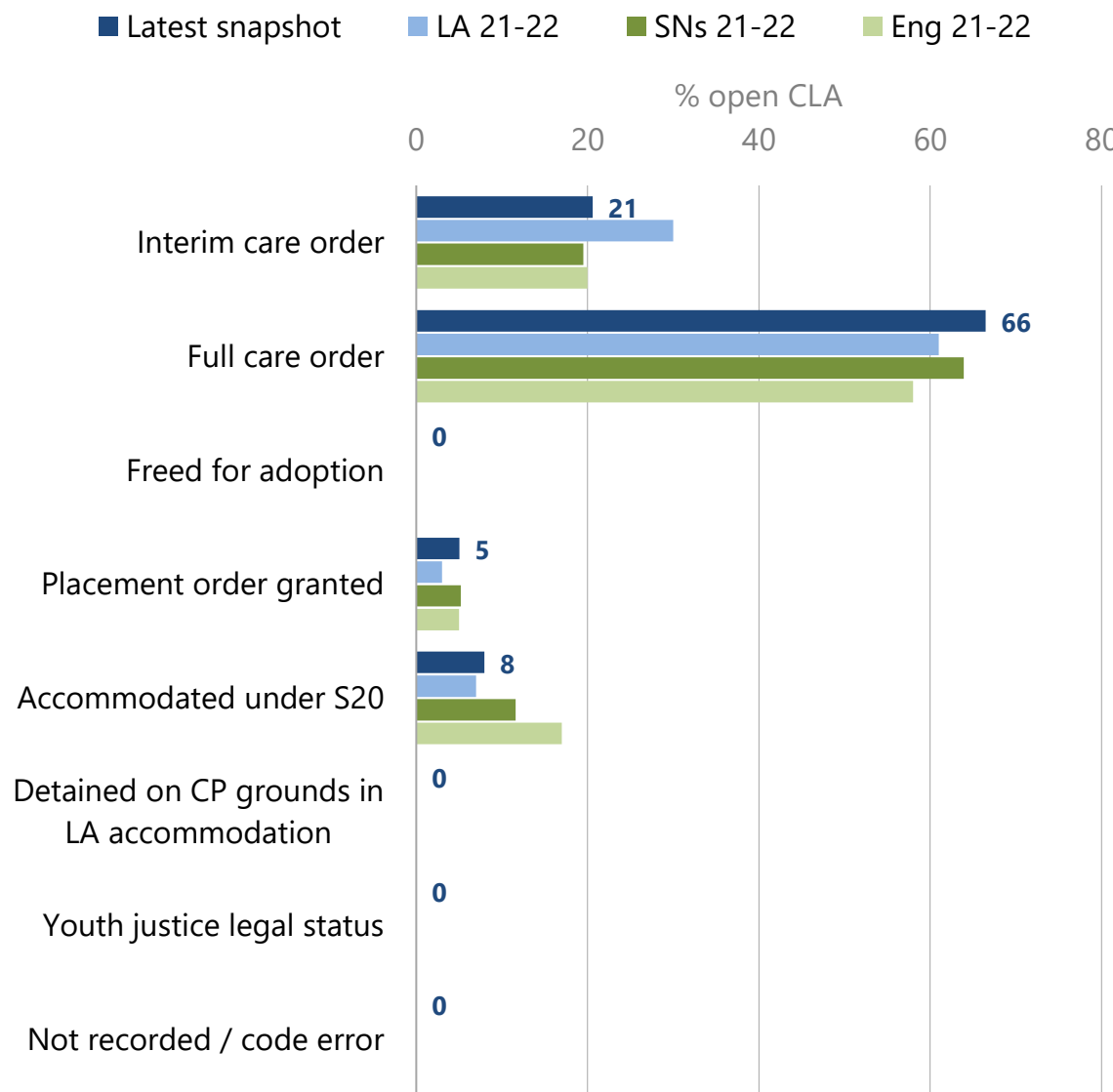
| | Number | % |
|------------------|--------|-----|
| Return to family | 95 | 15% |
| Adoption | 34 | 6% |
| SGO/CAO | 9 | 1% |
| Supported living | 12 | 2% |
| L/T residential | 16 | 3% |
| L/T fostering | 258 | 42% |
| Other | 161 | 26% |
| Not recorded | 32 | 5% |

Age and gender



Other' includes not recorded, not stated, or neither M/F

Comparing legal status of open CLA (snapshot)

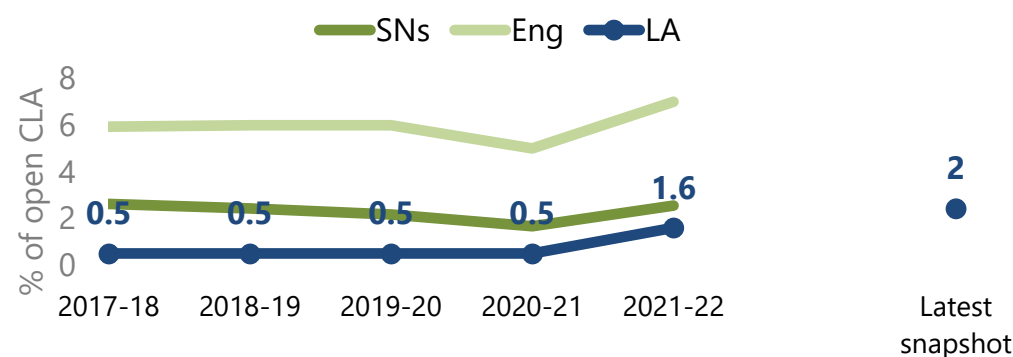


Time since latest review



15 open unaccompanied asylum seeking children (UASC)

UASC as a percentage of CLA (snapshot)

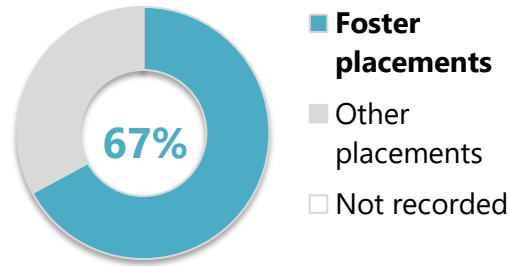


Children Looked After (CLA) placements

Snapshot 31/07/2023

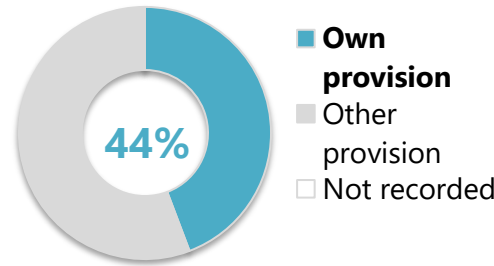
CLA placements by type and provision

Foster placements



LA 2021-22 67%
SNs 2021-22 68%
Eng 2021-22 70%

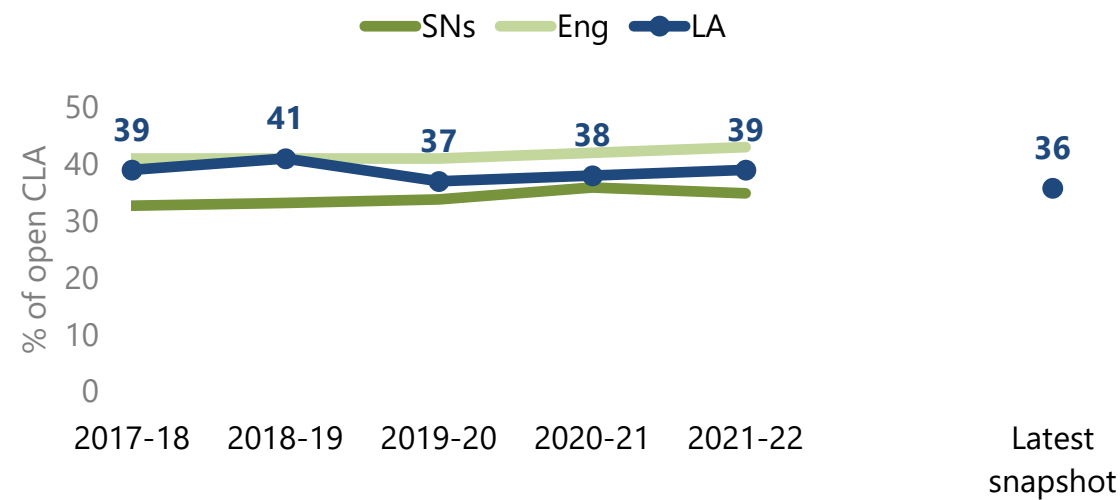
Own provision



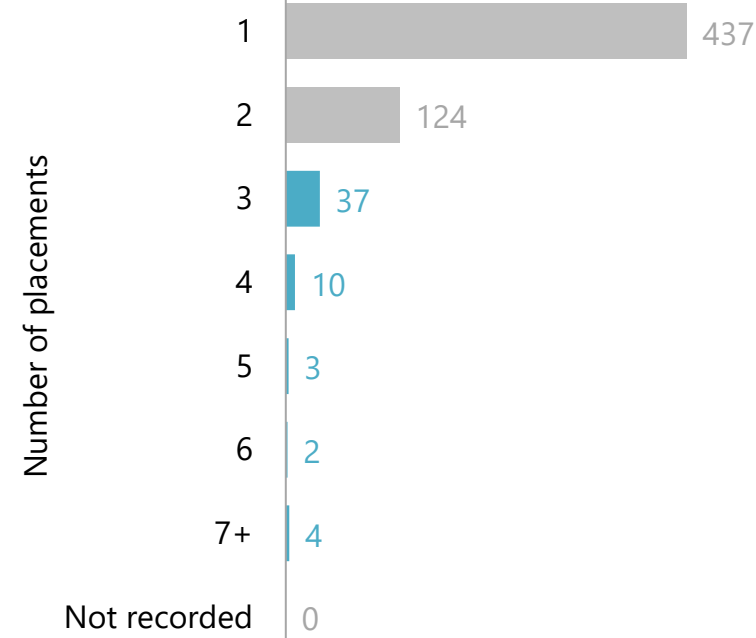
LA 2021-22 43%
SNs 2021-22 51%
Eng 2021-22 46%

| Placement type (open CLA) | Own LA | Private | Other | Total |
|----------------------------|--------|---------|-------|-------|
| Foster placement | 262 | 126 | 26 | 414 |
| Placed for adoption | 3 | 0 | 5 | 8 |
| Placed with parents | 0 | 0 | 84 | 84 |
| Independent living | 1 | 2 | 0 | 3 |
| Residential employment | 0 | 0 | 0 | 0 |
| Residential accommodation | 2 | 19 | 0 | 21 |
| Secure Children's Homes | 0 | 0 | 0 | 0 |
| Children's Homes | 0 | 69 | 6 | 75 |
| Residential Care Home | 0 | 2 | 0 | 2 |
| NHS/Health Trust | 0 | 0 | 0 | 0 |
| Family Centre | 1 | 1 | 1 | 3 |
| Young Offender Institution | 0 | 0 | 0 | 0 |
| Residential school | 0 | 0 | 0 | 0 |
| Other placements | 4 | 3 | 0 | 7 |
| Temporary placement | 0 | 0 | 0 | 0 |
| Total placements | 273 | 222 | 122 | 617 |

CLA placements out of borough

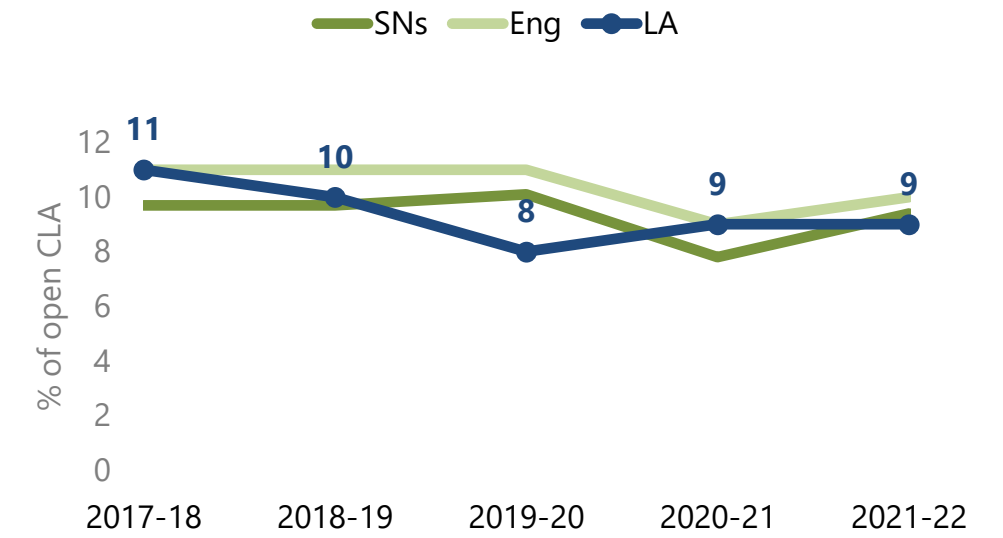


Number of placements in the last 12 months



May include "status" changes as well as placements

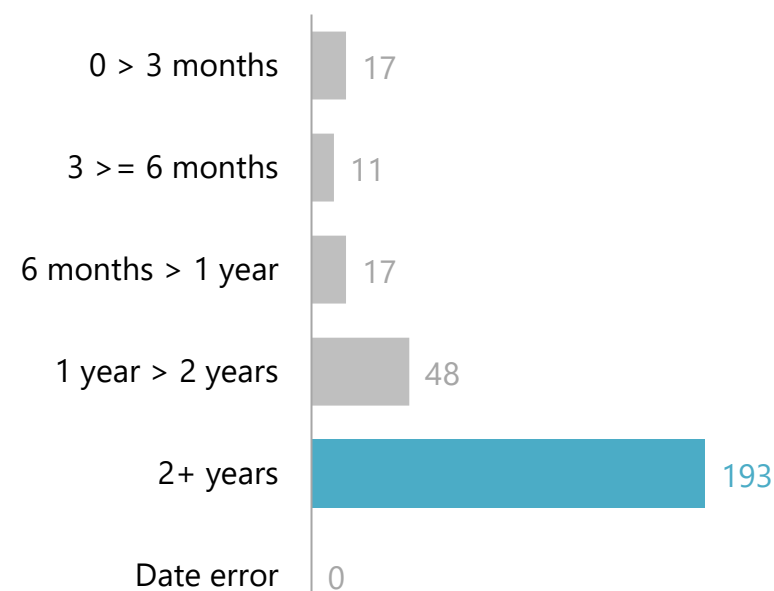
Comparing short term placement stability



Due to limited data in the Annex A dataset, ChAT does not present short-term stability alongside published statistics

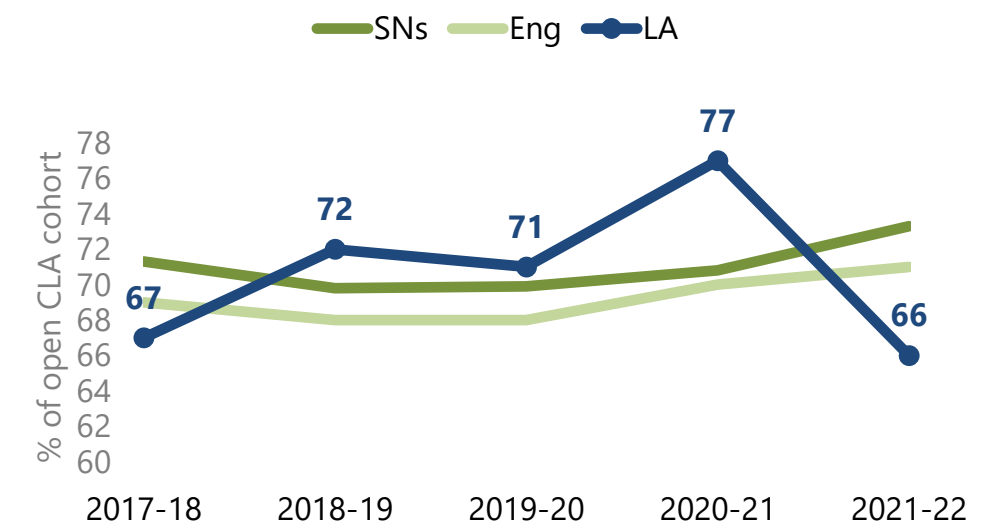
Duration of placements

Duration of latest placement for each current CLA aged under 16 who have been looked after for 2½ years or more



May include "status" changes as well as placements

Comparing long term placement stability



Due to limited data in the Annex A dataset, ChAT does not present long-term stability alongside published statistics

Children Looked After (CLA) health and missing/absent from placement

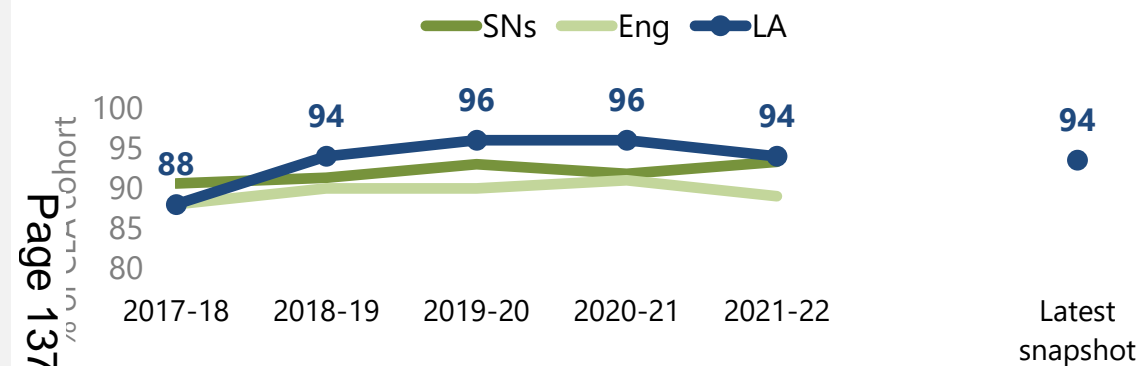
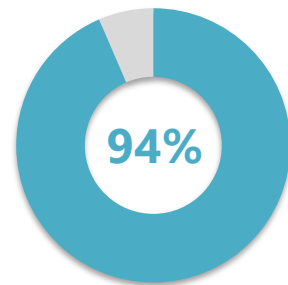
Snapshot 31/07/2023

Health

464 current open CLA looked after for at least 12 months

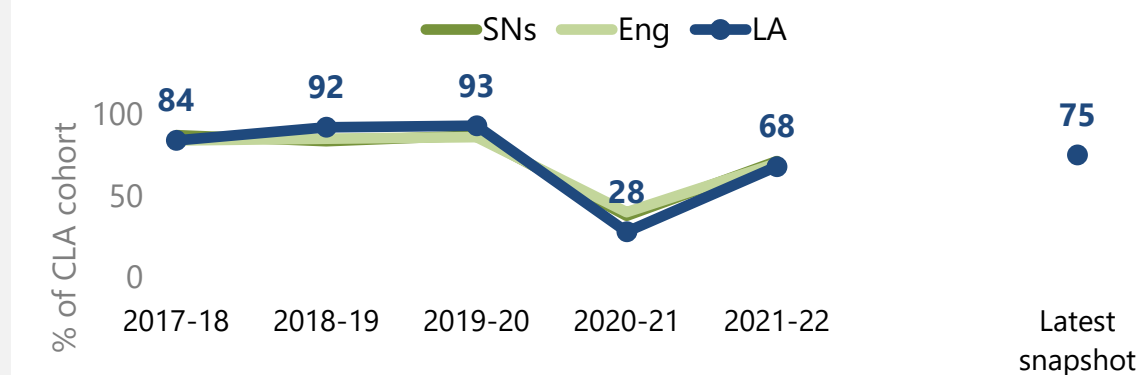
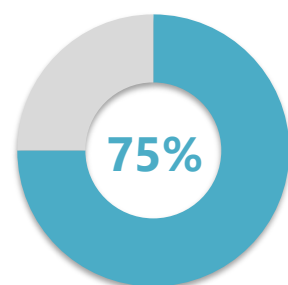
Health assessments

Current open CLA who have been looked after for at least 12 months with an up to date health assessment (in the last 6 months for CLA aged under 5, and in the last 12 months for CLA aged 5-plus)



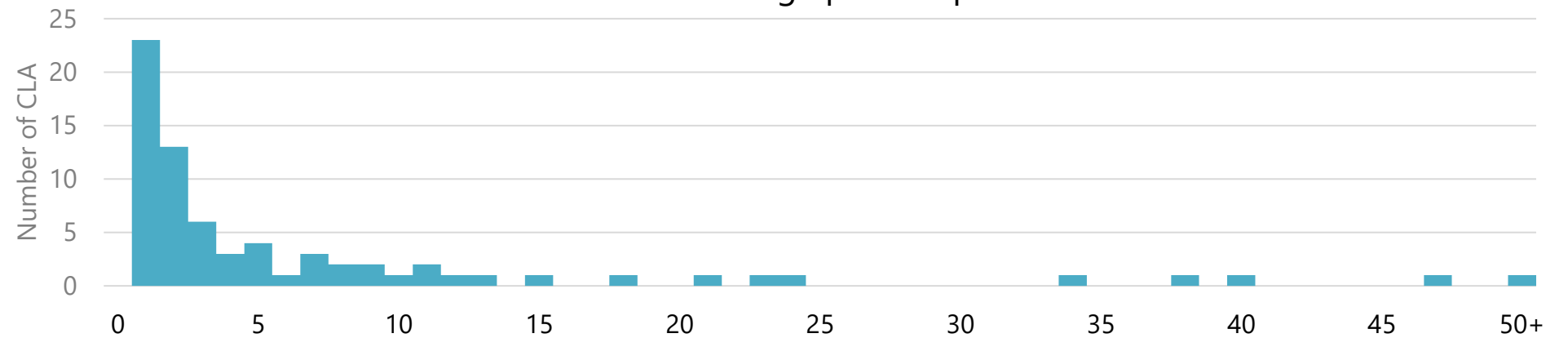
Dental checks

Current open CLA who have been looked after for at least 12 months who have had a dental check in the last 12 months.



Missing from placement

Number of missing episodes per CLA

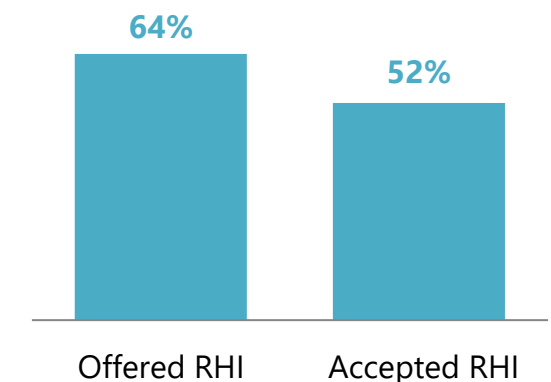


72 of 692 looked after children had a missing incident in the last 12 months

| | Latest data | LA 21-22 | SNs 21-22 | Eng 21-22 |
|--|-------------|----------|-----------|-----------|
| Number of all CLA with a missing incident | 72 of 692 | 73 | | |
| Percentage of all CLA with a missing incident | 10% | 9% | 11% | 11% |
| Total number of missing incidents for all CLA | 529 | 297 | | |
| Average number of incidents per CLA who went missing | 7.3 | 4.1 | 6.8 | 6.3 |

Missing incidents - return home interviews

| | Latest data | |
|--|-------------|-----|
| Missing children offered return interview | 46 of 72 | 64% |
| Missing children not offered return interview | 21 of 72 | 29% |
| Missing children return interview offer not recorded | 5 of 72 | 7% |
| Missing children where return interview was n/a | 0 of 72 | 0% |



| | Latest data | |
|---|-------------|-----|
| Missing children accepted return interview | 24 of 46 | 52% |
| Missing children not accepted return interview | 22 of 46 | 48% |
| Missing children return interview acceptance not recorded | 0 of 46 | 0% |

Absent from placement

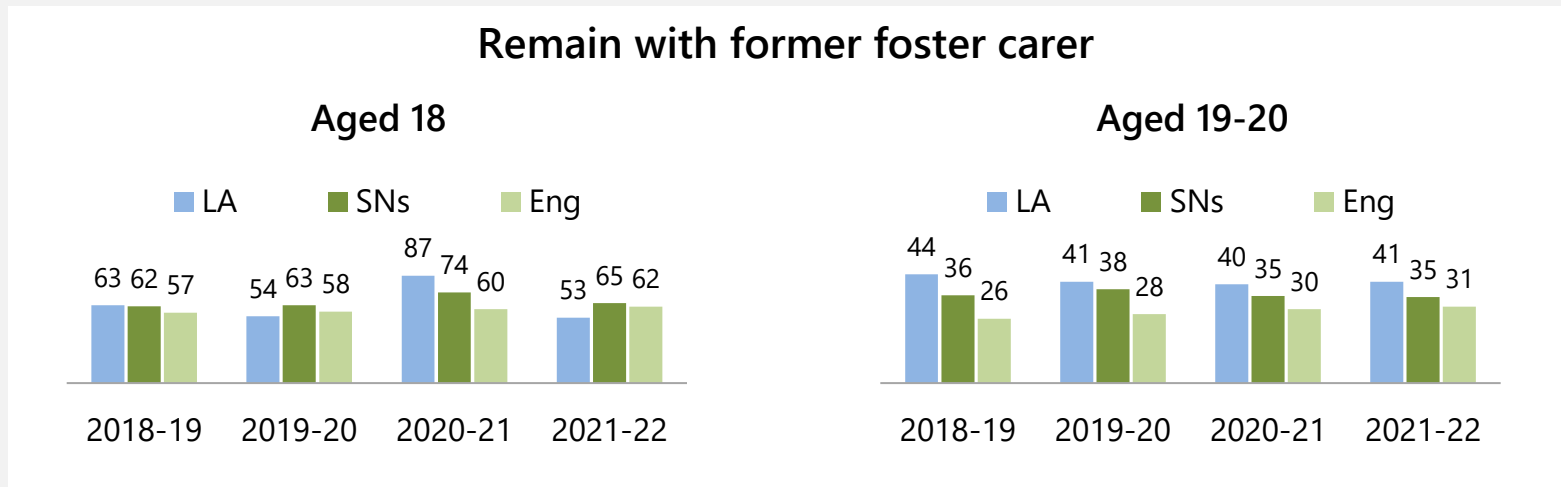
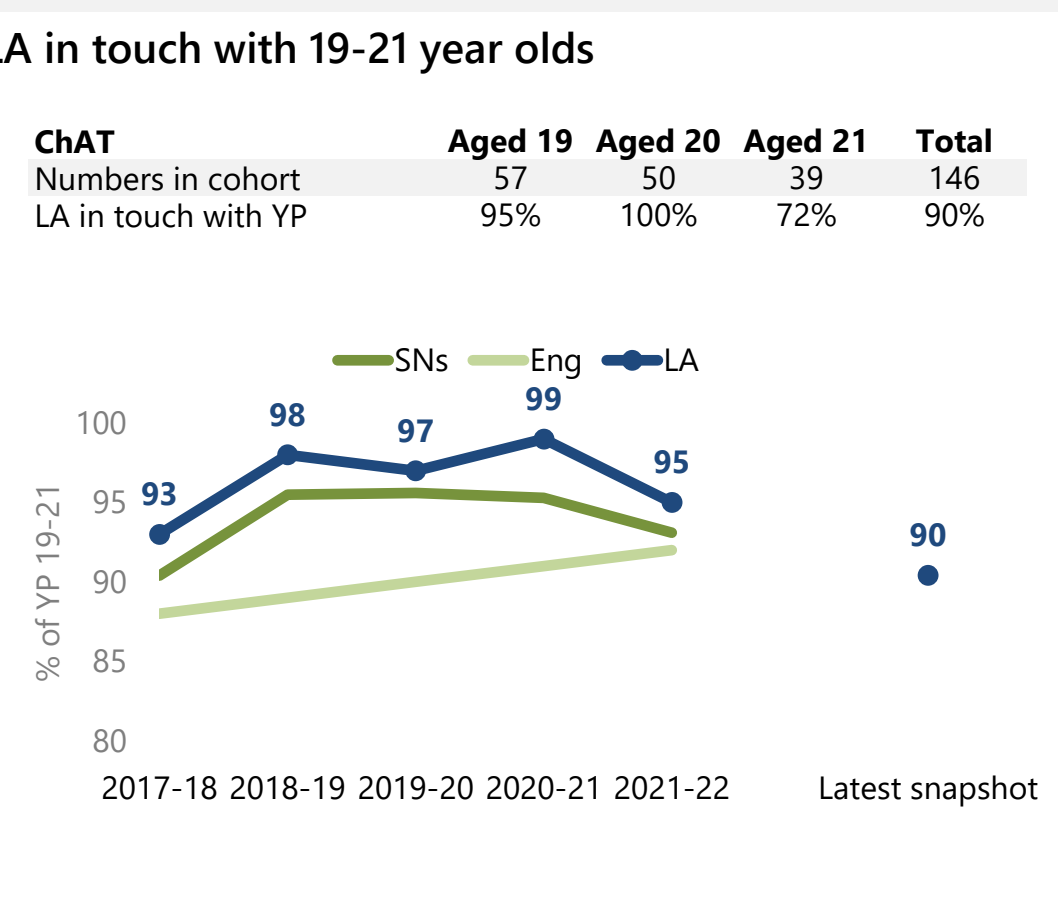
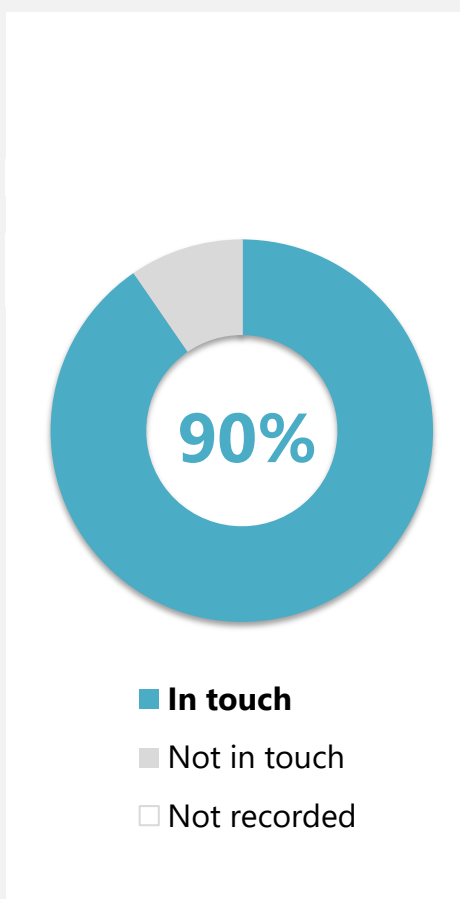
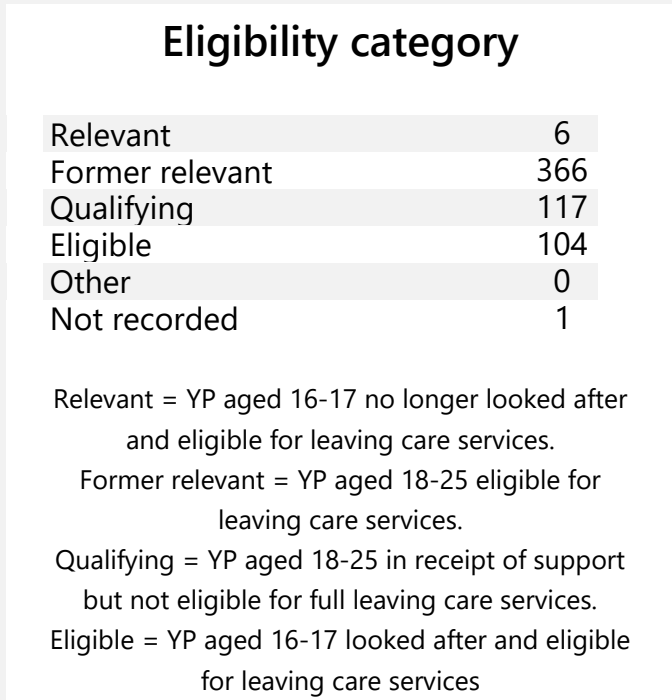
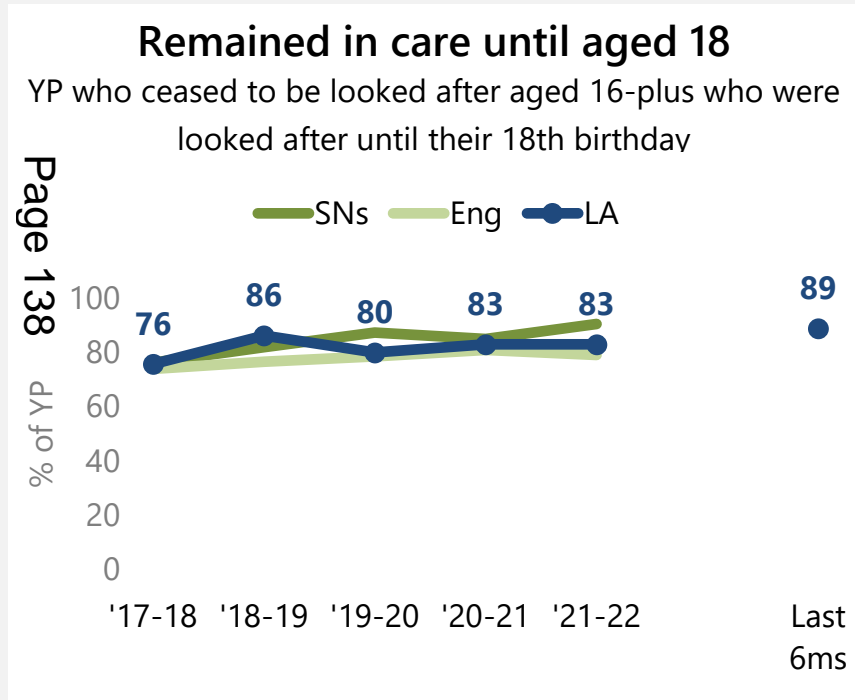
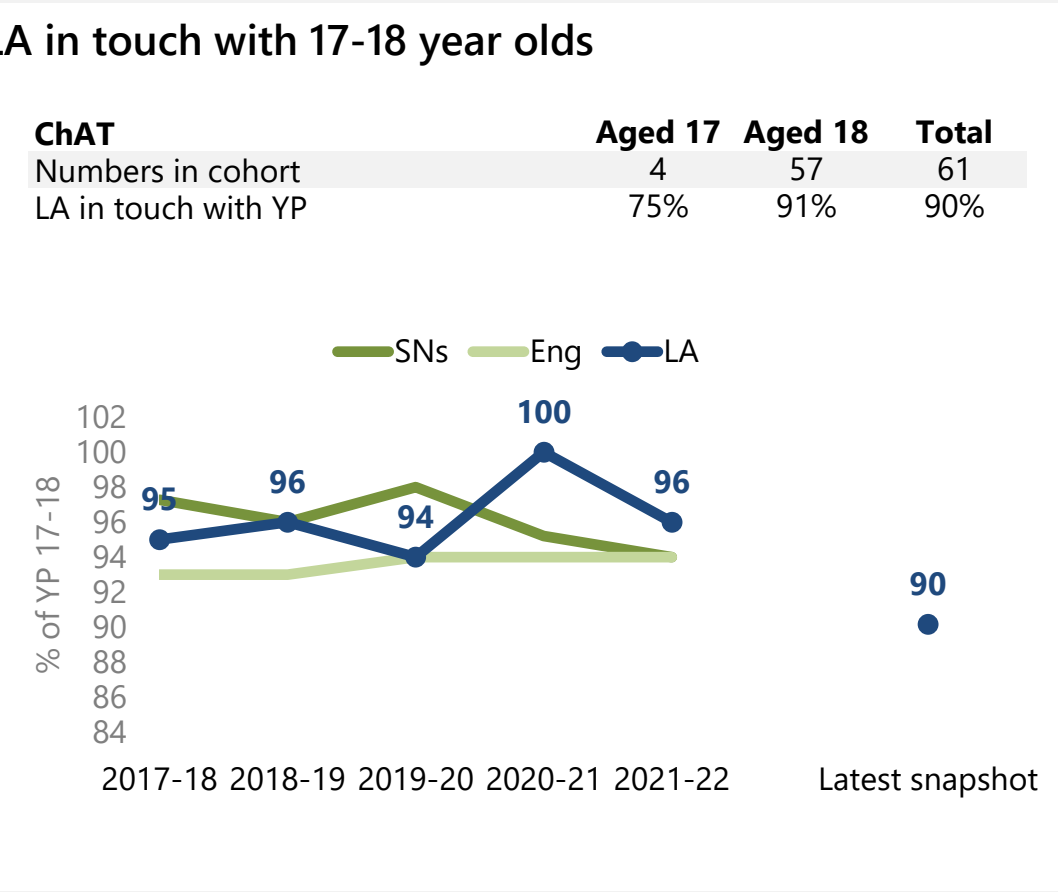
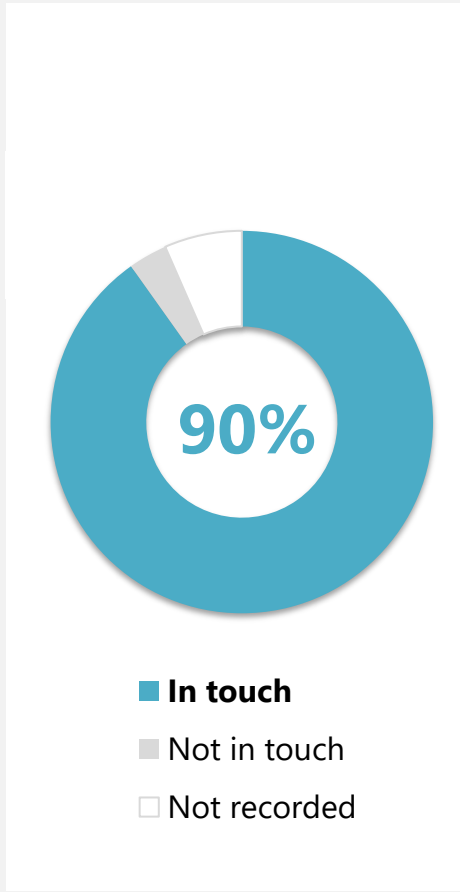
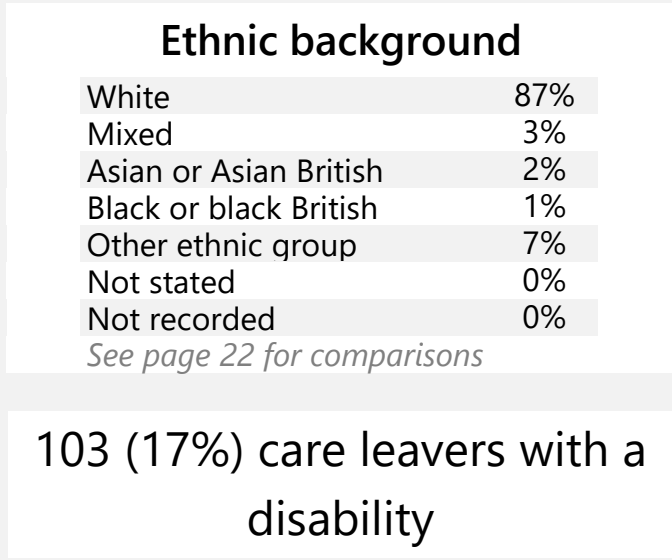
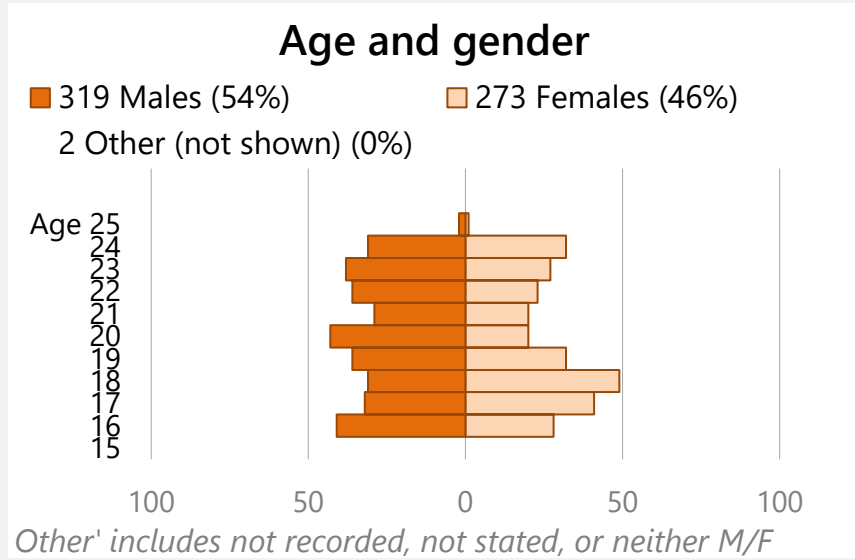
6 of 692 looked after children had an absent incident in the last 12 months

| | Latest data | LA 21-22 | SNs 21-22 | Eng 21-22 |
|---|-------------|----------|-----------|-----------|
| Number of all CLA with an absent incident | 6 of 692 | c | | |
| Percentage of all CLA with an absent incident | 1% | c | 3% | 2% |
| Total number of absent incidents for all CLA | 10 | 8 | | |
| Average number of incidents per CLA who were absent | 1.7 | 1.6 | 4.3 | 3.5 |

Care leavers currently in receipt of leaving care services

Snapshot 31/07/2023

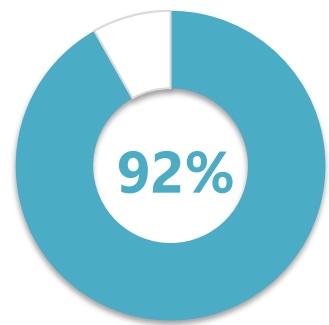
594 care leavers



Care leavers accommodation suitability and type

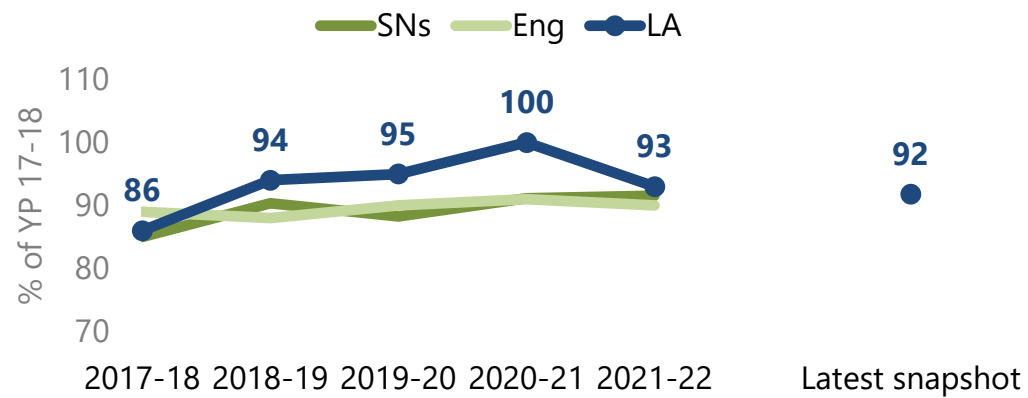
Snapshot 31/07/2023

Accommodation suitability of 17-18 year olds



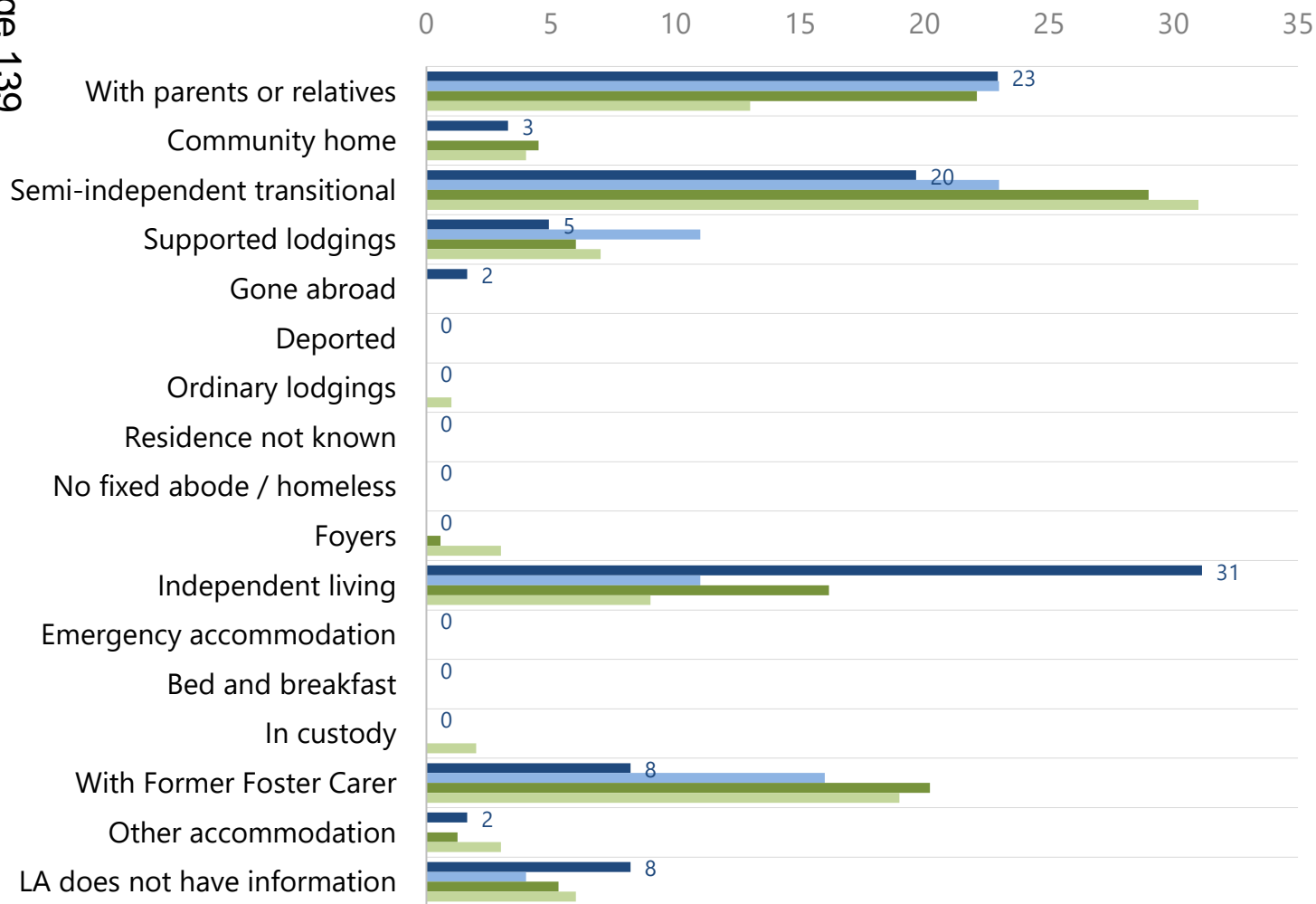
■ Suitable accom
■ Not suitable
□ No information

| ChAT | Aged 17 | Aged 18 | Total |
|---------------------------|---------|---------|-------|
| Numbers in cohort | 4 | 57 | 61 |
| In suitable accommodation | 75% | 93% | 92% |

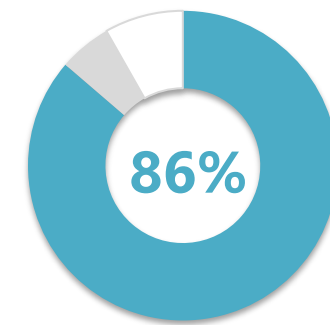


Accommodation types of 17-18 year olds

■ Latest snapshot ■ LA 21-22 ■ SNs 21-22 ■ Eng 21-22

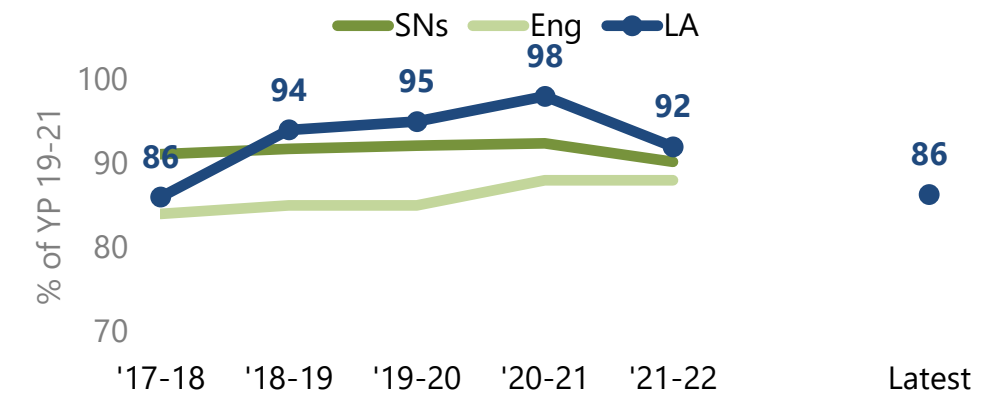


Accommodation suitability of 19-21 year olds



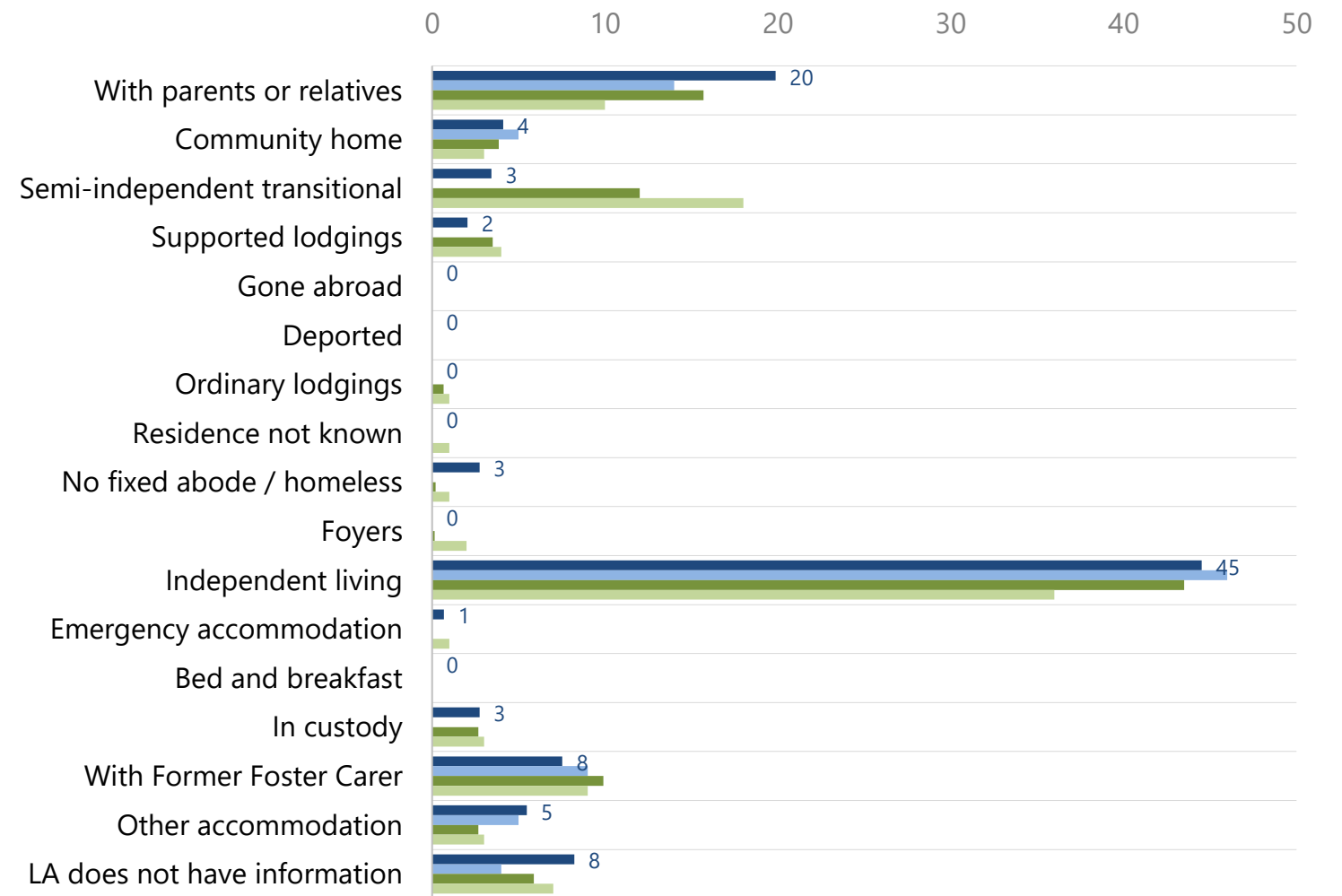
■ Suitable accom
■ Not suitable
□ No information

| ChAT | Aged 19 | Aged 20 | Aged 21 | Total |
|---------------------------|---------|---------|---------|-------|
| Numbers in cohort | 57 | 50 | 39 | 146 |
| In suitable accommodation | 93% | 94% | 67% | 86% |



Accommodation types of 19-21 year olds

■ Latest snapshot ■ LA 21-22 ■ SNs 21-22 ■ Eng 21-22

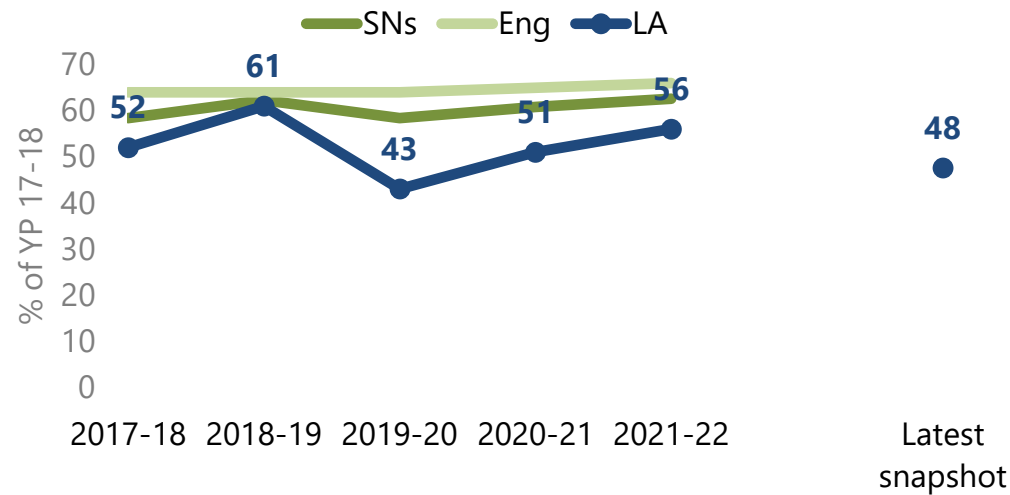
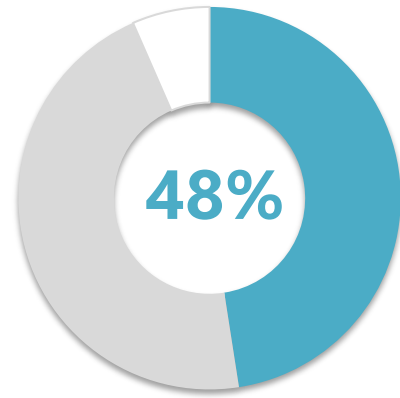


Care leavers activity (Education, Employment, or Training)

Snapshot 31/07/2023

Education, Employment, or Training (EET) of 17-18 year olds

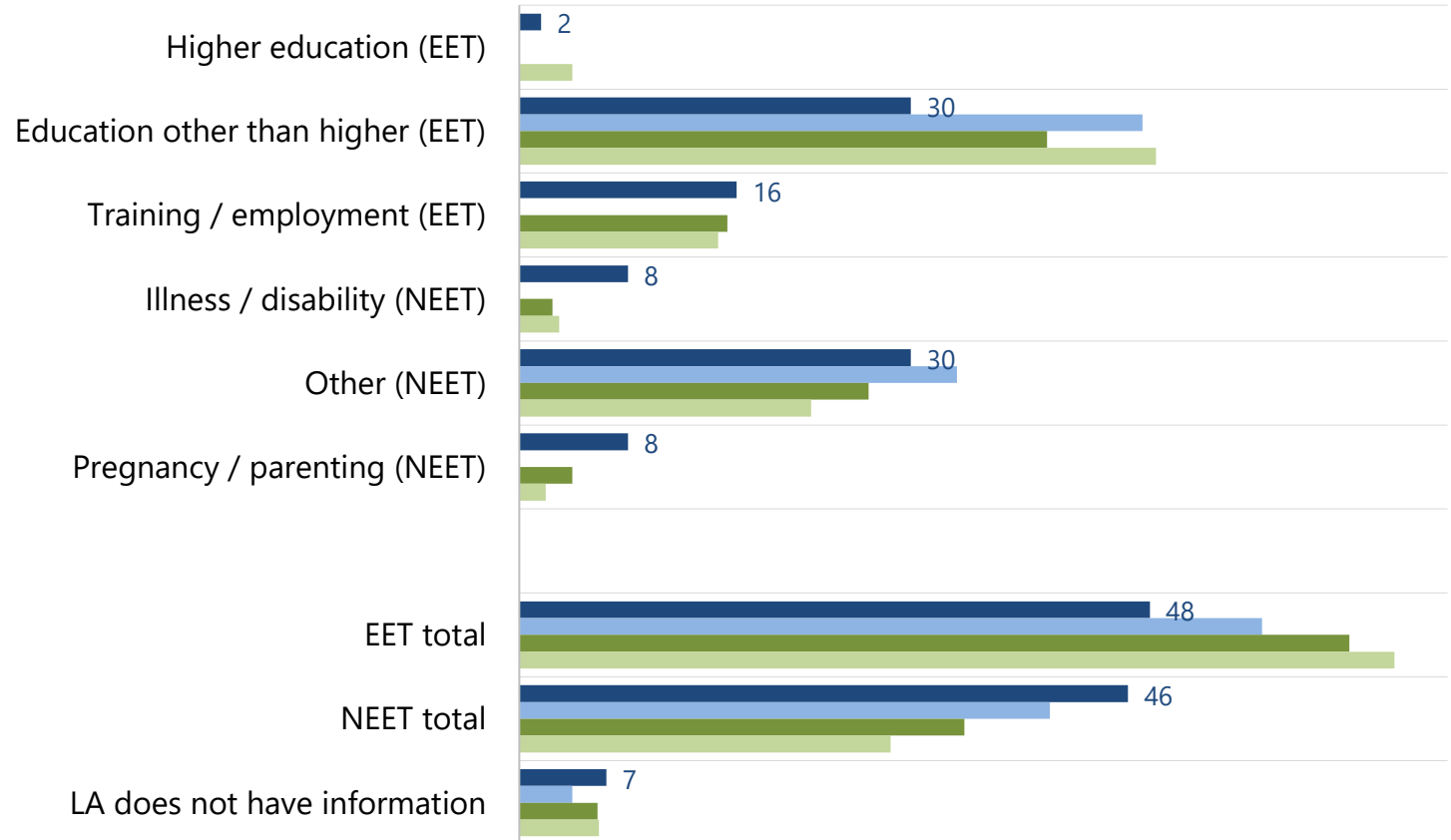
| ChAT | Aged 17 | Aged 18 | Total |
|-------------------|---------|---------|-------|
| Numbers in cohort | 4 | 57 | 61 |
| In EET | 50% | 47% | 48% |



■ YP in EET ■ NEET
□ No info

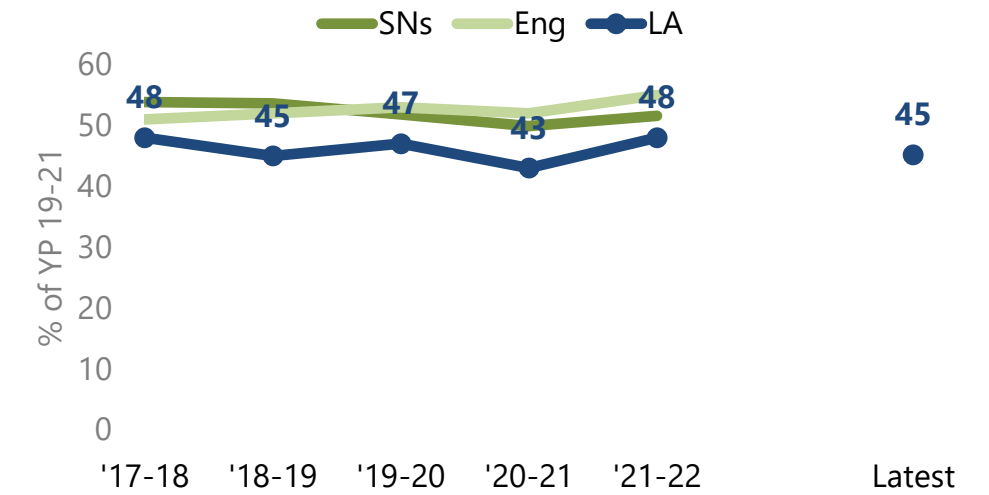
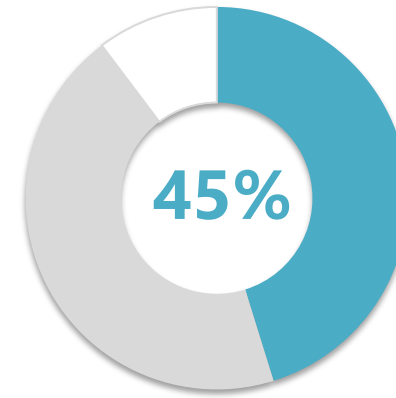
Activity types of 17-18 year olds

| Activity Type | Latest snapshot | LA 21-22 | SNs 21-22 | Eng 21-22 |
|---------------|-----------------|----------|-----------|-----------|
|---------------|-----------------|----------|-----------|-----------|



Education, Employment, or Training (EET) of 19-21 year olds

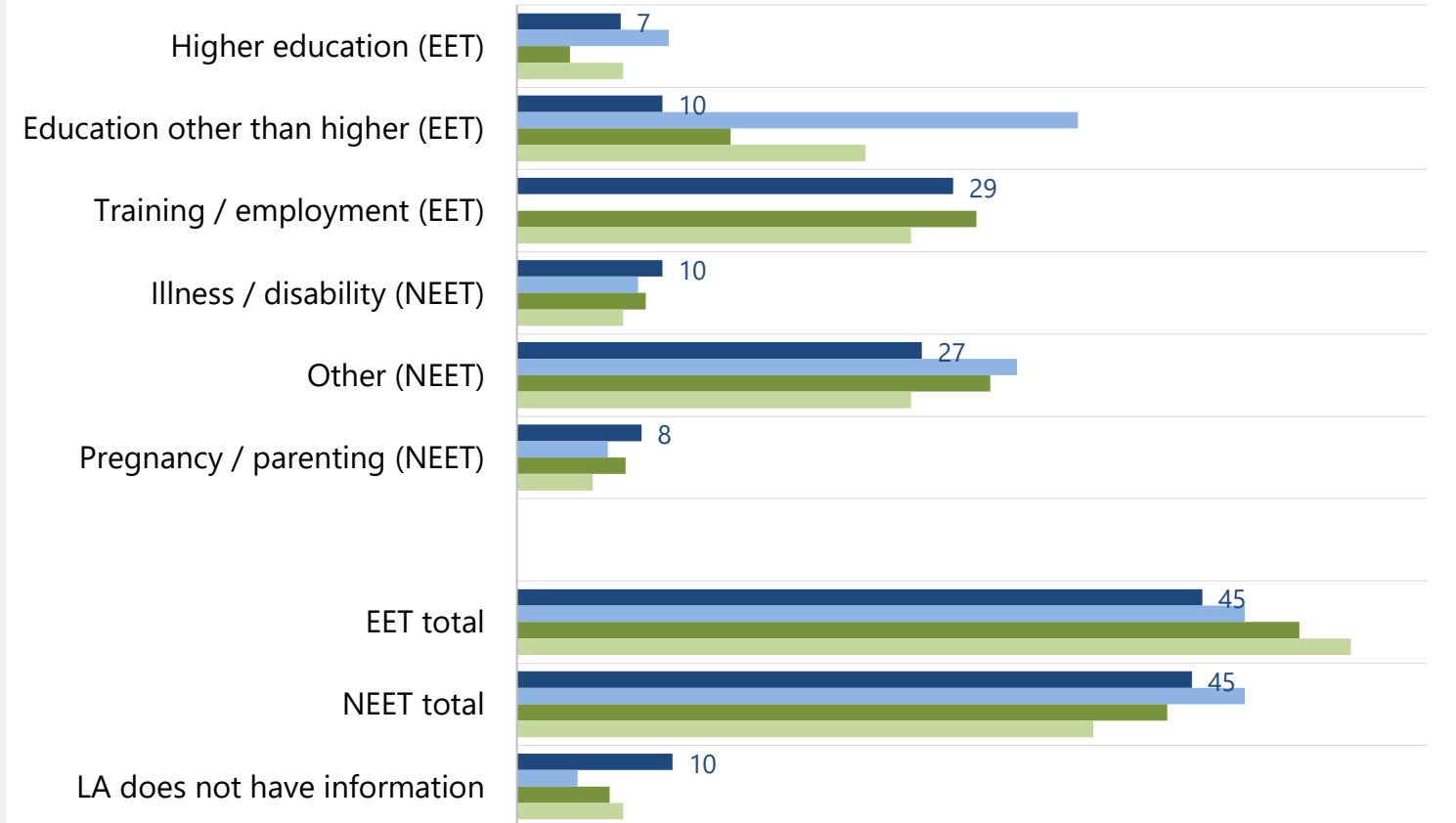
| ChAT | Aged 19 | Aged 20 | Aged 21 | Total |
|-------------------|---------|---------|---------|-------|
| Numbers in cohort | 57 | 50 | 39 | 146 |
| In EET | 53% | 46% | 33% | 45% |



■ YP in EET ■ NEET
□ No info

Activity types of 19-21 year olds

| Activity Type | Latest snapshot | LA 21-22 | SNs 21-22 | Eng 21-22 |
|---------------|-----------------|----------|-----------|-----------|
|---------------|-----------------|----------|-----------|-----------|



Children adopted, waiting to be adopted, or had an adoption decision reversed in the last 12 months from 01/08/2022 to 31/07/2023

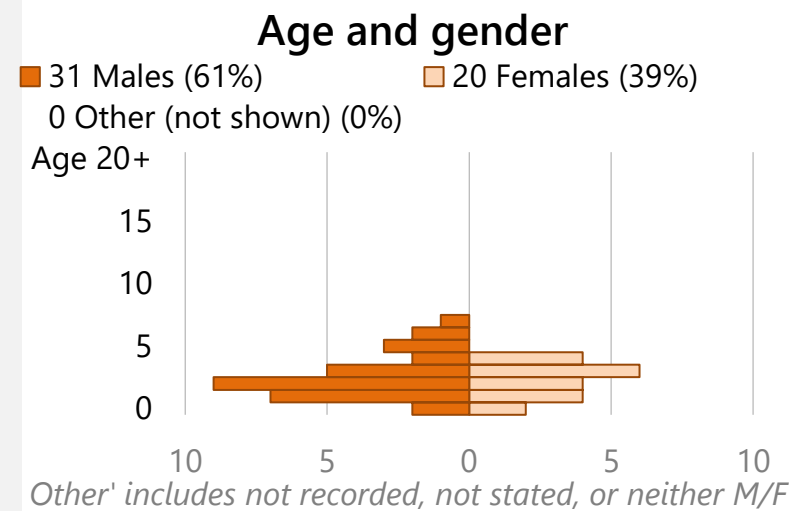
51 children

- 7 Child/ren adopted last 12 months
- 41 Child/ren waiting to be adopted
- (31 Child/ren waiting with placement order)
- 3 Child/ren with decision reversed

Ethnic background

| | |
|------------------------|------|
| White | 100% |
| Mixed | 0% |
| Asian or Asian British | 0% |
| Black or black British | 0% |
| Other ethnic group | 0% |
| Not stated | 0% |
| Not recorded | 0% |

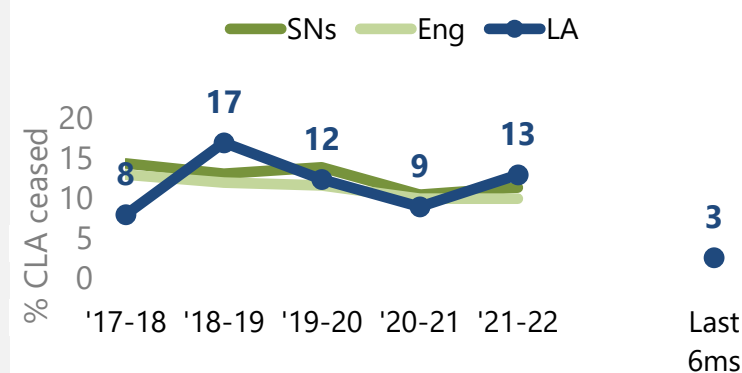
See page 22 for comparisons



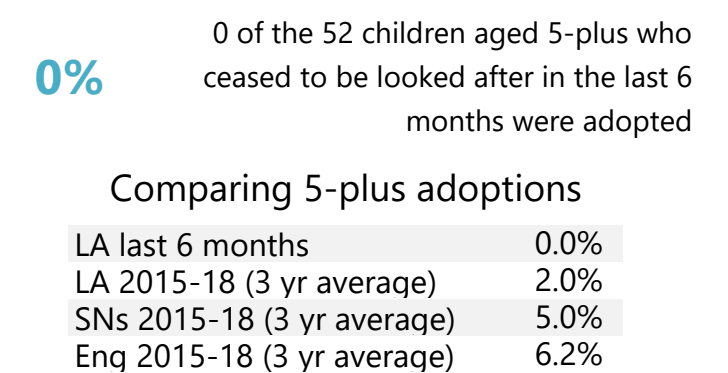
0 children (0%) with a disability

Of the 75 children who ceased to be looked after in the last 6 months, 2 was/were adopted (3%)

Children ceased who were adopted

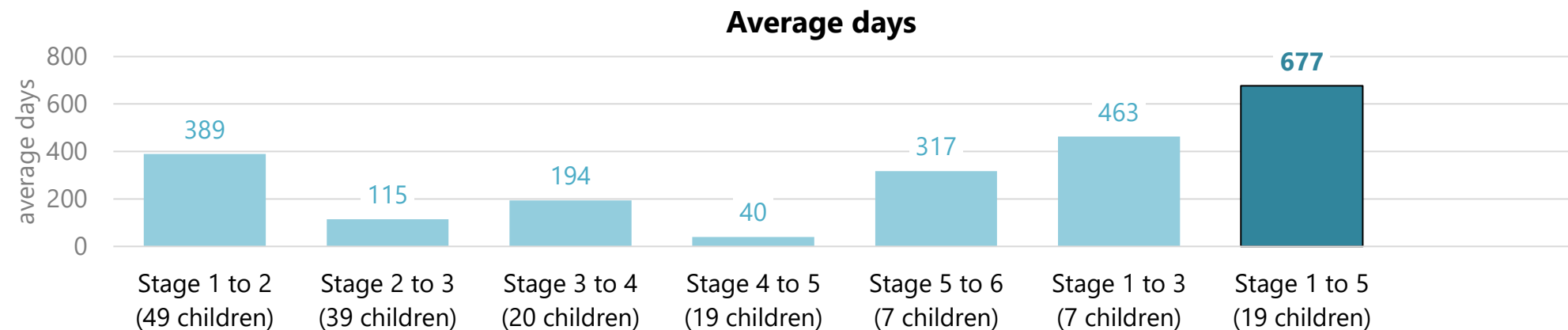


Children aged 5-plus who were adopted

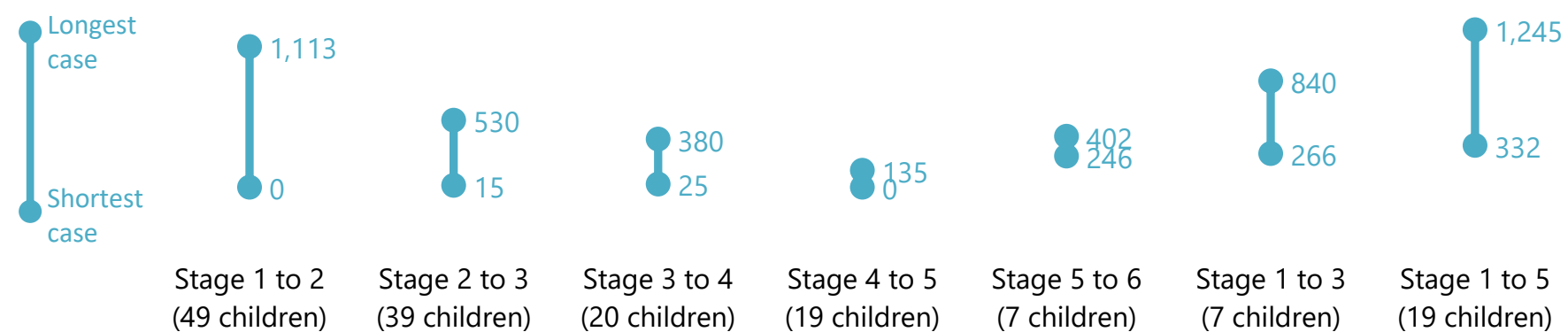


Timeliness of each stage of the adoption process

Average duration of each stage (number of days)



Range in days between shortest and longest cases at each stage



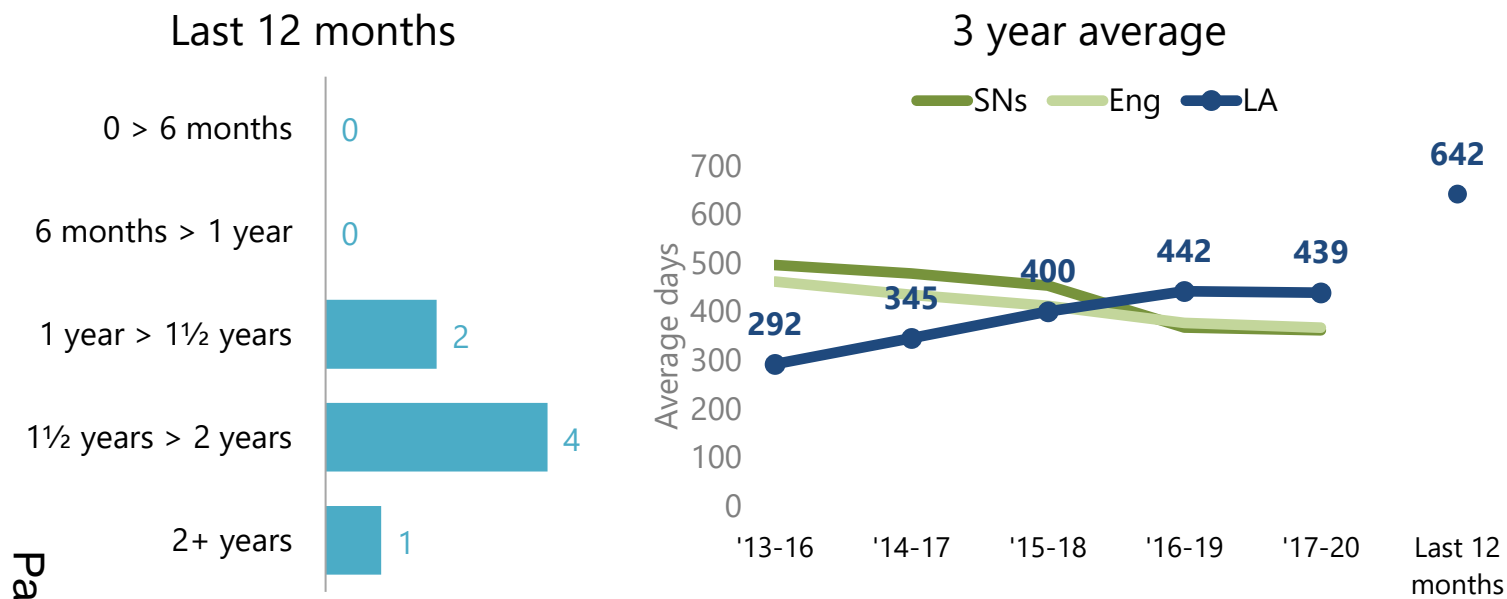
- Stage 1** Child entered care
- Stage 2** Decision that child should be placed for adoption
- Stage 3** Placement order granted
- Stage 4** Matching child and prospective adopters
- Stage 5** Placed for adoption
- Stage 6** Adoption order granted

Adoption benchmarking

from 01/08/2022 to 31/07/2023

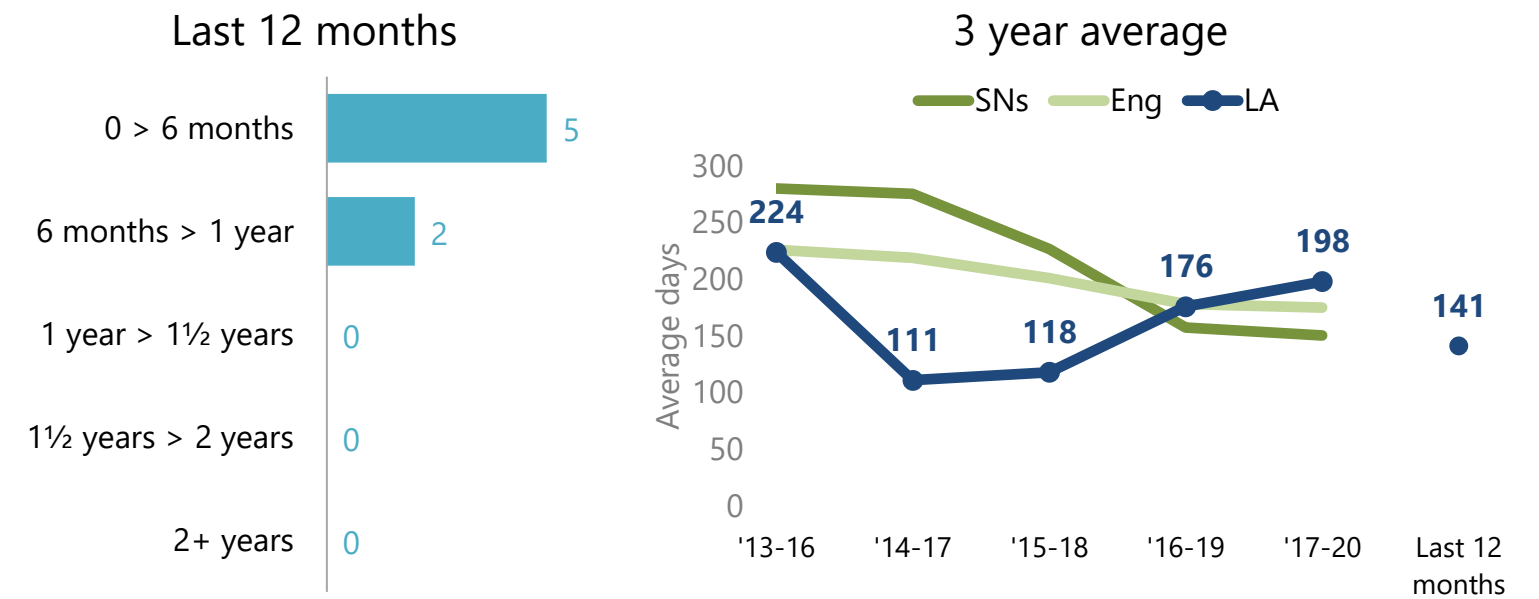
(A10) Time between entering care and placed with family for adopted children

642 days Average number of days between entering care and moving in with adoptive family for adopted children (adjusted for foster carer adoptions)
7 children



(A2) Time between placement order and deciding on a match

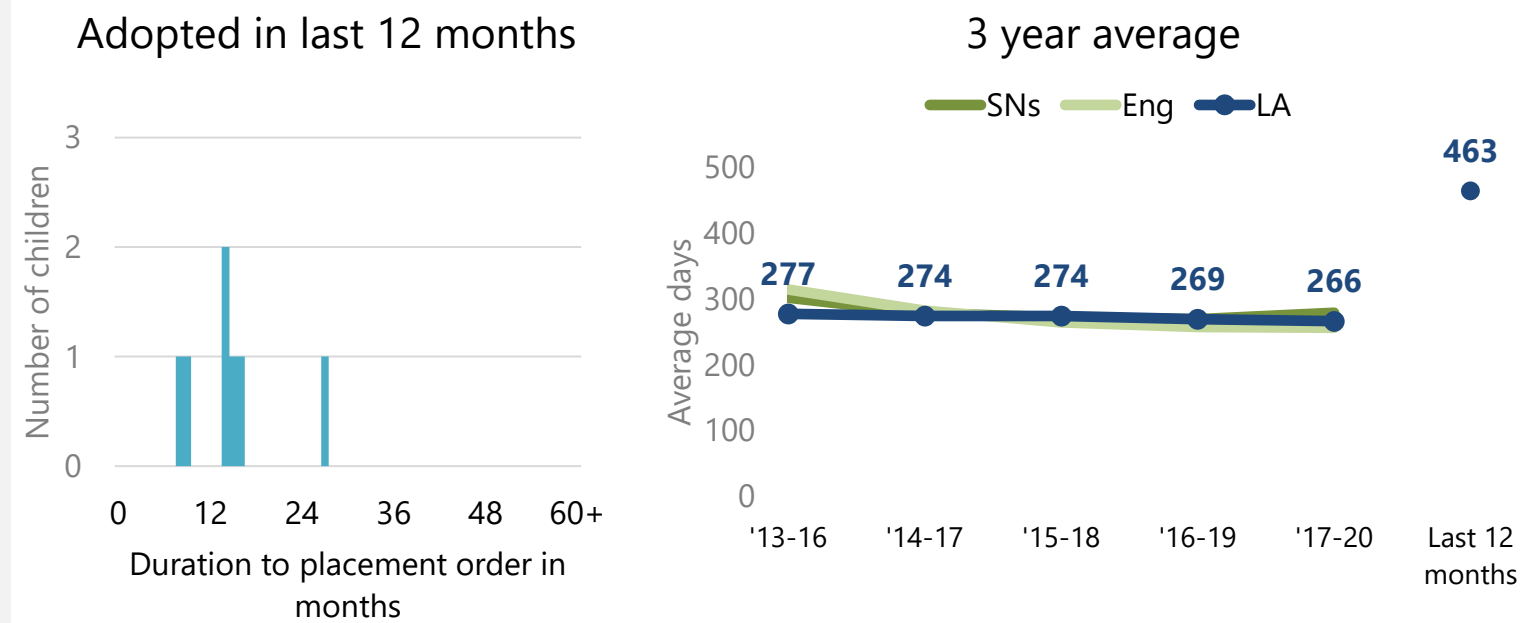
141 days The average number of days from the date of the placement order to the date the child was matched to prospective adopters
7 children



Page 142

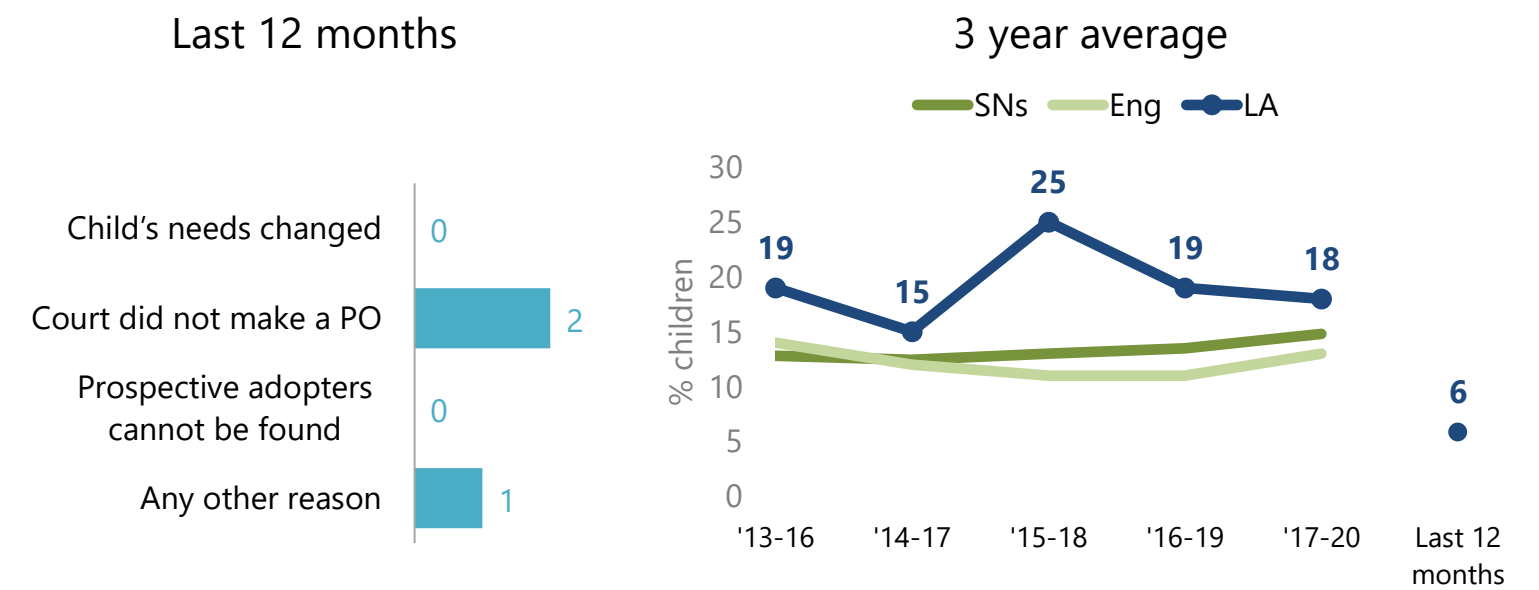
(A20) Time between entering care and placement order

463 days Average time between a child entering care and a local authority receiving court authority to place a child, for children who have been adopted (days)
7 children



(A5) Permanence decision changed away from adoption

6% Children where there was a decision that the child should no longer be placed for adoption
3/49 children



Prospective adopters in the last - 12 months NOTE from April 2018 RAA (AIM) data

from 01/08/2022
to 31/07/2023

261 prospective adopters (136 families)

Prospective adopter current status

| | Adults | Families |
|---------------|--------|----------|
| Child adopted | 55 | 27 |
| Child placed | 51 | 26 |
| Child matched | 2 | 1 |
| Application | 117 | 63 |
| Enquiry | 0 | 0 |
| Withdrawn | 36 | 19 |

Ethnic breakdown

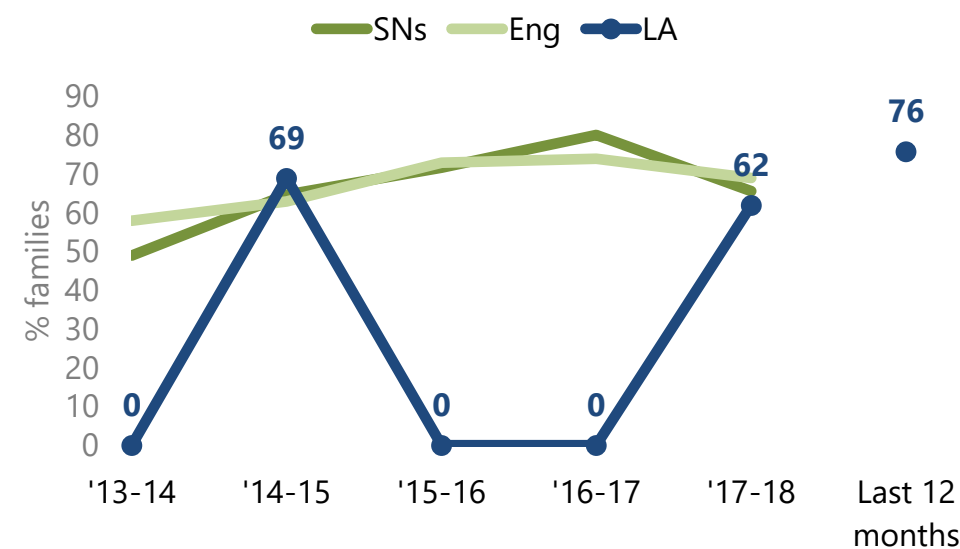
| | Adults % | Children % |
|------------------------|----------|------------|
| White | 97% | 100% |
| Mixed | 0% | 0% |
| Asian or Asian British | 1% | 0% |
| Black or black British | 0% | 0% |
| Other ethnic group | 0% | 0% |
| Not stated | 1% | 0% |
| Not recorded | 0% | 0% |

New two-stage adoption process

- Stage 1 start** Registration of interest
- Stage 1 end** Decision of suitability to adopt
- Stage 2 start** Adopter's wish to proceed
- Stage 2 end** Agency Decision-Maker (ADM decision)
- Matched** Family matched with child(ren)
- Placed** Child(ren) placed with family
- Adopted** Adoption order granted

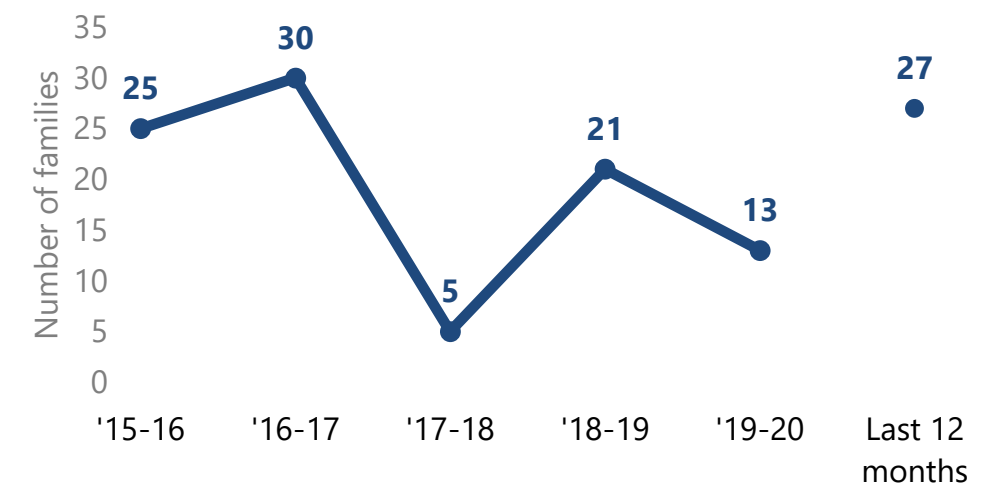
Adoption Scorecard A12 - wait to be matched

Percentage of adoptive families matched to a child who waited more than three months between approval and matching (discontinued)



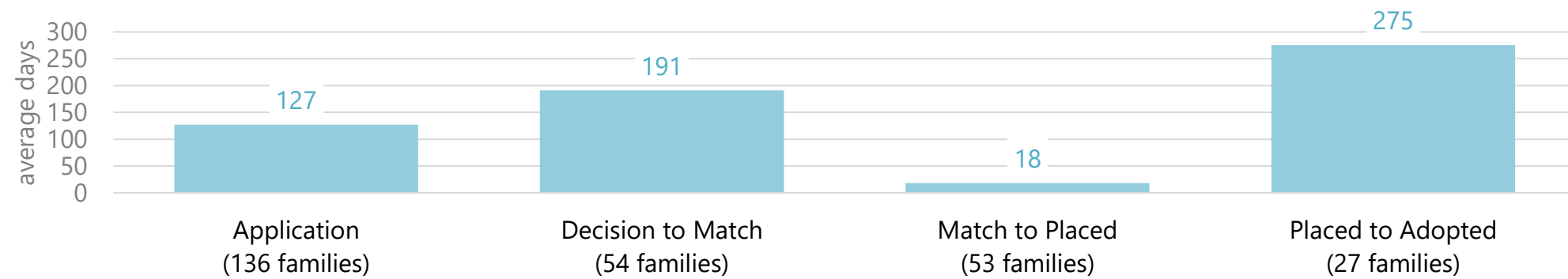
Adoption Scorecard A15 - new ADM decisions

Number of new ADM decisions for children in the year (ADM = Agency Decision-Maker)

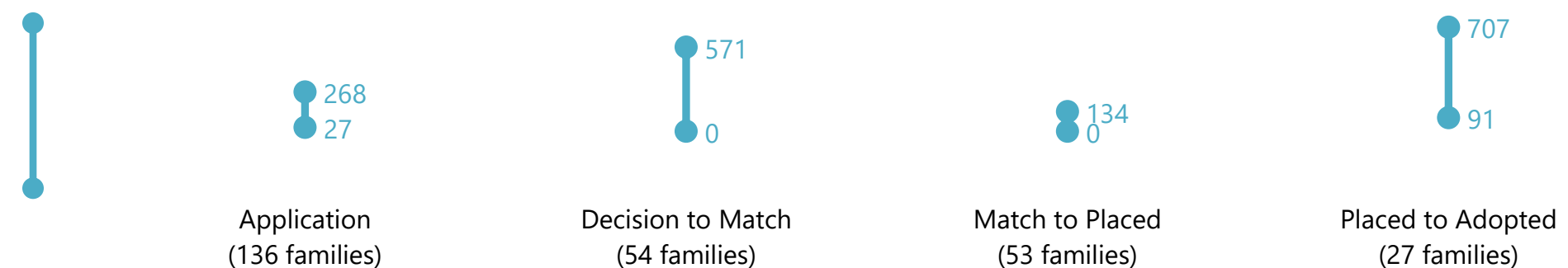


Duration of each stage of the adoption process

Average duration of each stage (number of days)



Range in days between shortest and longest cases at each stage

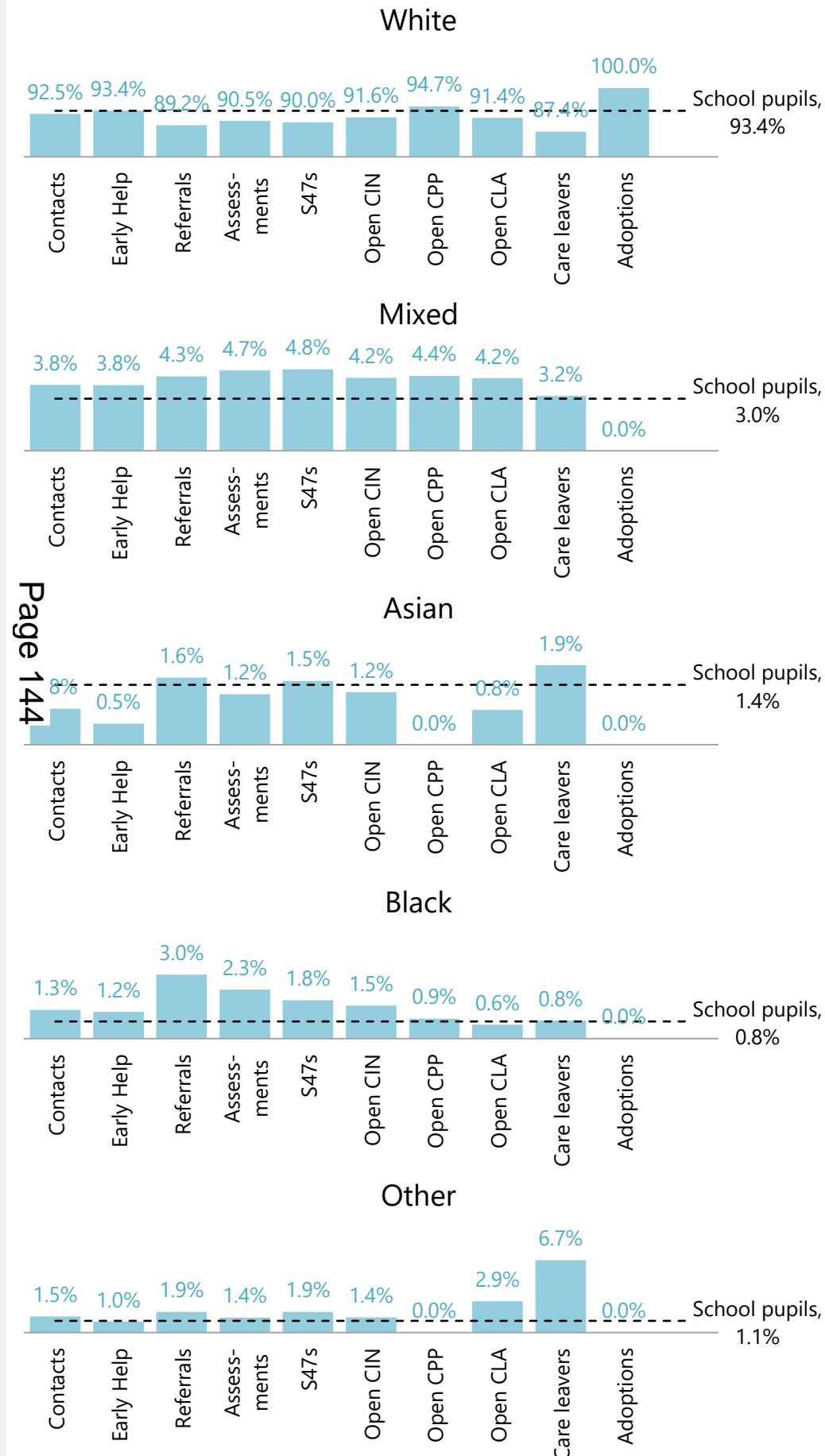


Demographics of children across all areas of children's social care

Snapshot 31/07/2023

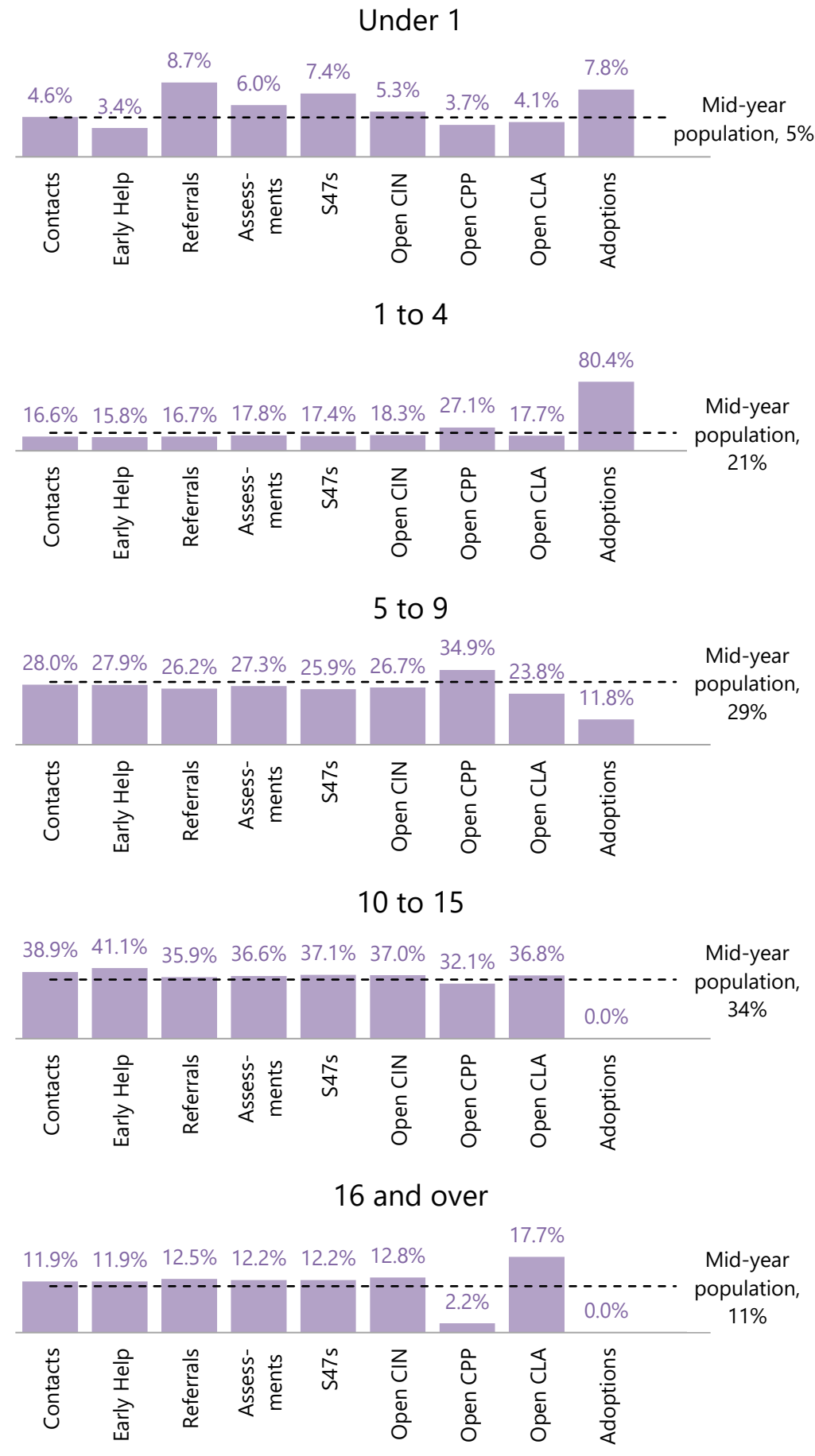
Ethnicity

ChAT* compared to pupils in the LA schools (Jan-22)
*percentage of known ethnicity only



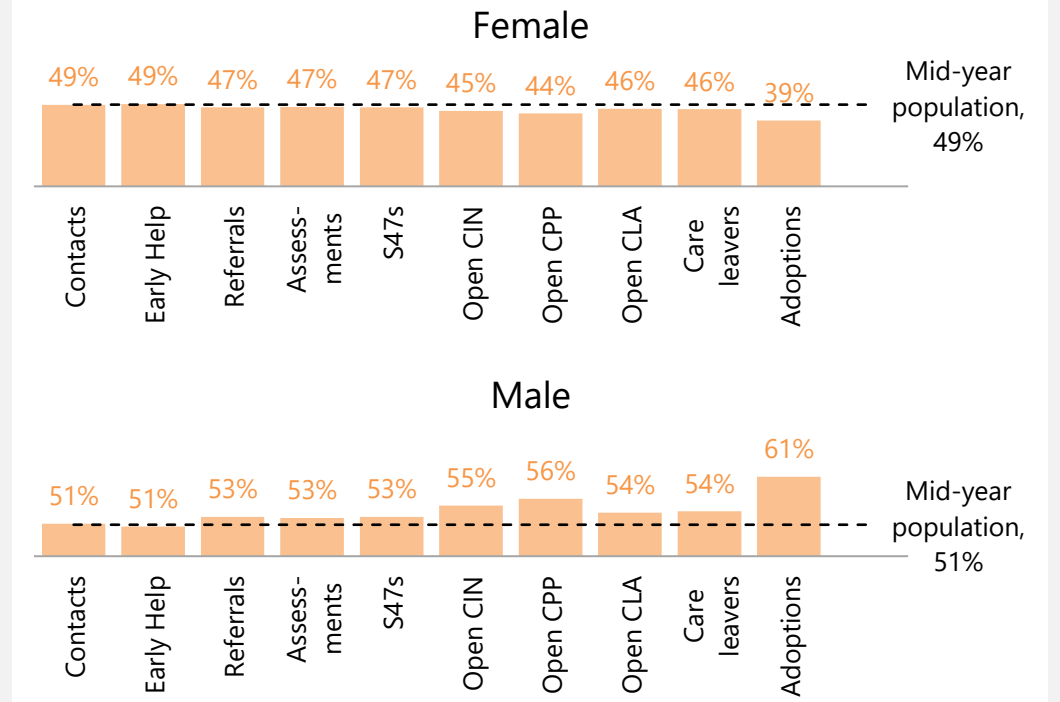
Age

ChAT* compared to mid-year (2020) population estimates (ONS)
*percentage of known age only



Gender

ChAT* compared to mid-year (2020) population estimates (ONS)
*percentage of Male / Female genders only, excludes Other



Comparing CLA demographics

CLA figures compared to published population statistics

Ethnicity *compared to school census

| | LA Latest snapshot | | | LA 2022 | | | Eng 2022 | | |
|-------|--------------------|-----|--------------|---------|-----|--------------|----------|-----|--------------|
| | CLA | Pop | % difference | CLA | Pop | % difference | CLA | Pop | % difference |
| White | 91 | 93 | lower -2% | 93 | 93 | no dif 0% | 73 | 73 | higher 1% |
| Mixed | 4 | 3 | higher 39% | 5 | 3 | higher 65% | 10 | 7 | higher 48% |
| Asian | 1 | 1 | lower -42% | c | 1 | | 5 | 12 | lower -58% |
| Black | 1 | 1 | lower -19% | c | 1 | | 7 | 6 | higher 19% |
| Other | 3 | 1 | higher 167% | 2 | 1 | higher 83% | 4 | 2 | higher 79% |

Age *Comparator is ONS mid-year population estimates




| | LA Latest snapshot | | | LA 2020 | | | LA 2020 | | |
|----------|--------------------|-----|--------------|---------|-----|--------------|---------|-----|--------------|
| | CLA | Pop | % difference | CLA | Pop | % difference | CLA | Pop | % difference |
| Under 1 | 4 | 5 | lower -12% | 5 | 5 | higher 9% | 5 | 5 | no dif 0% |
| 1 to 4 | 18 | 21 | lower -15% | 18 | 21 | lower -14% | 14 | 22 | lower -36% |
| 5 to 9 | 24 | 29 | lower -19% | 25 | 29 | lower -15% | 18 | 29 | lower -38% |
| 10 to 15 | 37 | 34 | higher 7% | 37 | 34 | higher 7% | 39 | 34 | higher 16% |
| 16-plus | 18 | 11 | higher 63% | 15 | 11 | higher 39% | 25 | 10 | higher 144% |




Gender *Comparator is ONS mid-year population estimates



























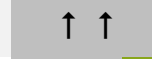



















| | LA Latest snapshot | | | LA 2020 | | | LA 2020 | | |
|--------|--------------------|-----|--------------|---------|-----|--------------|---------|-----|--------------|
| | CLA | Pop | % difference | CLA | Pop | % difference | CLA | Pop | % difference |
| Male | 54 | 51 | higher 5% | 51 | 51 | no dif 0% | 56 | 51 | higher 9% |
| Female | 46 | 49 | lower -5% | 49 | 49 | higher 1% | 44 | 49 | lower -10% |

Comparisons of headline figures and performance data to published statistics

The table below shows the Local Authority's latest data for each indicator as calculated in ChAT, and the direction of travel since the latest published statistics (where available).

Decreasing, low is good 
 Increasing, high is good 
 No change, not RAG rated 

Lowest 25% quartile, low is good 
 Highest 25% quartile, high is good 
 Mid 50% range, not RAG-rated 

| Indicator | Latest data (ChAT) | | | Latest published statistics for all local authorities | | | | | Date |
|---|--------------------|---------------------|---|---|-----|-----|---|---|---------|
| | LA | Direction of travel | | LA | SNs | Eng | LA compared to mid-50% range of all LAs | | |
| Referrals received (annual rate per 10,000 of children) | 611 | Decrease |  | 768 | 579 | 538 | Higher |  | 2021-22 |
| Referrals to social care that were within 12 months of a previous referral (%) | 26 | Increase |  | 19 | 21 | 20 | In range |  | 2021-22 |
| Assessments completed (annual rate per 10,000 of children) | 840 | Increase |  | 820 | 622 | 533 | Higher |  | 2021-22 |
| Assessments completed within 45 working days (%) | 56 | Decrease |  | 79 | 89 | 84 | In range |  | 2021-22 |
| Children subject to section 47 enquiries (annual rate per 10,000 of children) | 260 | Increase |  | 243 | 207 | 180 | Higher |  | 2021-22 |
| Children subject of an initial child protection conference (annual rate per 10,000 of children) | 63 | Decrease |  | 80 | 74 | 61 | Higher |  | 2021-22 |
| Initial Child Protection Conferences held within 15 working days of the start of the section 47 enquiry (%) | 72 | Increase |  | 63 | 82 | 79 | Lower |  | 2021-22 |
| Children in need (snapshot rate per 10,000 children) | 371 | Decrease |  | 495 | 382 | 334 | Higher |  | 2021-22 |
| Children who are the subject of a child protection plan (snapshot rate per 10,000 children) | 59 | Decrease |  | 62 | 50 | 42 | Higher |  | 2021-22 |
| Children who became the subject of a CP plan for a second or subsequent time (%) | 24 | Increase |  | 21 | 25 | 23 | In range |  | 2021-22 |
| Children who ceased to be on a CP plan whose plan lasted 2 years or more (%) | 2 | Decrease |  | 2 | 3 | 4 | Lower |  | 2021-22 |
| Children who are looked after (snapshot rate per 10,000 children) | 114 | Increase |  | 113 | 90 | 70 | Higher |  | 2021-22 |
| Children looked after who had a missing incident in the period (%) | 10 | Increase |  | 9 | 11 | 11 | In range |  | 2021-22 |
| Children looked after who were away without authorisation in the period (%) | 1 | - |  | c | 3 | 2 | Higher |  | 2021-22 |
| Children looked after who had their teeth checked by a dentist in the last 12 months (%) | 75 | Increase |  | 68 | 71 | 70 | In range |  | 2021-22 |
| Children looked after who had their annual health assessment (%) | 94 | Decrease |  | 94 | 93 | 89 | In range |  | 2021-22 |
| Children who ceased to be looked after in the period who were adopted (%) | 3 | Decrease |  | 13 | 11 | 10 | In range |  | 2021-22 |
| Children who ceased to be looked after in the period due to a Special Guardianship Order (%) | 15 | Decrease |  | 21 | 17 | 13 | Higher |  | 2021-22 |
| Children leaving care over the age of 16 who remained looked after until their 18th birthday (%) | 89 | Increase |  | 83 | 91 | 79 | Lower |  | 2021-22 |
| Care leavers aged 19-21 in suitable accommodation (%) | 86 | Decrease |  | 92 | 90 | 88 | In range |  | 2021-22 |
| Care leavers aged 19-21 in education, employment, or training (%) | 45 | Decrease |  | 48 | 52 | 55 | Lower |  | 2021-22 |
| A1 - Average time between entering care and moving in with family for children who were adopted (days) | 642 | Increase |  | 404 | 522 | 486 | Lower |  | 2015-18 |
| A2 - Average time between LA receiving placement order and LA deciding on a match with family (days) | - | - |  | 118 | 227 | 201 | Lower |  | 2015-18 |

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Agenda Item 9

| | | | |
|--------------------------------------|--|----------------------------------|---------------------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | Tuesday 26 September 2023 |
| Subject: | Children's Services Improvement Programme | | |
| Report of: | Executive Director of Children's Social Care and Education | Wards Affected: | (All Wards); |
| Portfolio: | Children's Social Care | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

To update members of the Committee on progress made on the Improvement Programme and to report back on the matters raised at a previous meeting.

Recommendation(s):

(1) To consider and note progress made.

Reasons for the Recommendation(s):

To ensure that members of Committee are aware of the progress made.

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 the Council's three year Medium Term Financial Plan takes account of this Improvement Programme and the resources required to support it.

(B) Capital Costs

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

Agenda Item 9

Implications of the Proposals:

| | |
|--|-----|
| Resource Implications (Financial, IT, Staffing and Assets): | |
| Legal Implications: | |
| Equality Implications: There are no equality implications associated with this report. | |
| Impact on Children and Young People: Yes The actions in the Improvement Plan are designed to improve outcomes for vulnerable children and young people in Sefton. The Council recognises that it cannot deliver sustainable change without working together with 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 create the right conditions for vulnerable children and young people to thrive. | |
| 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 associated with this report | |

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 commission and provide activity that underpins the delivery of the Improvement Plan. |
| Place – leadership and influencer: The Council is taking 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.7366/23) and the Chief Legal and Democratic Officer (LD.5566/23) 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.

Implementation Date for the Decision

Immediately following the Committee meeting.

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

Appendices:

The following appendices are attached to this report:

Appendix A Annual Complaints Report

Background Papers:

There are no background papers available for inspection.

Agenda Item 9

1. Background

- 1.1 Members of the Committee will recall that of the Children's Serviced 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 high 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 identifies four key areas that will be strengthened through the actions included; -
- Corporate Leadership
 - Governance & Partnerships
 - Practice
 - Enablers & Resources
- 1.3 The first three phases have involved significant change in Children's Services, this report updates on progress to date.

2. Progress

- 2.1 The Council has approved a Medium Term Financial Plan (MTFP) which commits to recurrent additional investment for a three-year period improvement programme. The Improvement Plan informed the development of the MTFP with the Director of Children's Services advising the Chief Executive, s151 Officer and Deputy s151 Officer via a series of meetings on the resources required to fund the service. The investment made is intended to ensure that resources remain available to truly embed the change that is needed. Although currently there are only one-year settlements, the Council has prioritised this three-year commitment and provided assurance that this investment will be maintained into years 4 and 5 of this cycle.

The next three-year budget planning cycle will also take place at the same time as the Council's Children's Service Improvement Plan is delivered - this is the priority for the Council. As Members of the Committee will be aware, a recommendation in the Commissioner's report was that the MTFP should be aligned with that Improvement Plan for a period of five years. That process was conducted and reflected in the budget report of March 2023, and this will again be a key feature of this MTFP. Substantial ongoing work is continuing on this budget, with the Chief Executive, s151 officer and Director of Children's Services working collaboratively on the management of the in-year position and longer-term budget plan. This service is now showing signs of stability in terms of financial management with the

Council Financial Sustainability Growth Programme Capital Programme High Needs Budget General Fund Budget Reserves Strategy Wholly owned council companies understanding the key cost drivers of each aspect within the service. These will be developed over the course of this budget planning process and will continue to be aligned to the Improvement Plan and the view of the service around future demand in order to inform the three-year budget plan. This will in turn inform budget allocation, budget realignment in the service as required and how this will influence other budgets across the Council and longer-term investment opportunities.

- 2.2 The Council continues to recognise that recruitment and retention of the workforce as critical. The work to recruit Social Workers from overseas has led to thirteen international Social Workers being in post with a further five are due to arrive in the coming weeks. At the time of writing this report seven of these Social Workers have completed their induction and are now working in operational teams.

October 2023 will see fourteen Social Workers graduate from the first Academy intake and fifteen people have been offered places in the Academy and are due to start in October 2023.

The Council is also working with Frontline, England's largest social work charity, and through this scheme twelve Social Workers will join the Academy. Work is also underway with regard to the Step Up to Social Work Programme and it is anticipated that recruits via this scheme will commence in January 2024. The Council has previously approved a number of retention initiatives and the impact of these initiatives will be assessed in January 2024.

Recruitment activity is continuing, however, it must be noted that recruitment of experienced Social Workers remains a challenge. Officers have liaised with colleagues from Leeds with regards to this matter and both organisations are learning from each other given this is a national challenge.

The progress made in this area was noted in the most recent Ofsted Monitoring Visit.

- 2.3 The second staff survey is in progress. The survey will run until the end of September and the feedback will be analysed during October with an action plan being developed.
- 2.4 There is a comprehensive suite of BI reports produced using Business Objects, which are refreshed and published daily. These reports are then ingested into MS Power BI performance dashboards. Considerable progress has been made to implement ETL (extraction, transformation and load), to take data directly from the Liquid Logic LCS system into the Council's new enterprise data warehouse.

Extensive work has been done to create new data models in the data warehouse, organising data and how they relate to one another. Work has now begun on producing new visuals in Power BI, using the new data models. The Power BI Dashboards will include 'drill-through' functionality, which serves person level data from the dashboards and allows users to navigate directly to a child's record in the LCS system.

Agenda Item 9

Work continues to ensure that a performance culture is embedded across the service.

- 2.5 Clear targets around performance have been set by the DFE Commissioner regarding improvement in quality, referral and re-referral rates and the timeliness of assessments. Positive progress has already been made regarding the targets and a focussed training programme has begun in collaboration with colleagues from Leeds.
- 2.6 Management oversight of unregulated placements has improved significantly since the last report. The number of such placements has reduced significantly and further information is available in a report that appears elsewhere on the agenda.
- 2.7 Since the last report received the Sufficiency Strategy is now finalised and supporting discussion with the market and planning considerations. Delivery will be managed through Strategic Commissioning and operational team activity, with a monthly steering group and delivery plan in place. The Sefton Framework has now been live since May 2023 and this is helping to develop strategic partnerships with key providers.

3. Previous Matters Raised

- 3.1 At a previous meeting members of the Committee asked to receive further information regarding complaints made. Appendix A of this report presents the Annual Complaints Report for consideration.
- 3.2 Members of the Committee are asked to consider the report and associated recommendations that officers will implement.
- 3.3 Members of the Committee also asked to receive further information regarding the work to improve the partnership response to domestic abuse. The Sefton Safer Family Practice Hub (SSFPH) has four key strands of provision;
 - Support the improvement of social work practice in its response to domestic abuse
 - Provision of resource to Children Social Care – Caring Dad’s programme
 - Support Wider Partnership Activity
 - Outcome measurement.

The team has supported over 40 families with over 80 children and supported Social Work teams with reflective practice sessions to support assessment and planning for children.

The Team has used pro social modelling with Social Workers and Family Support Workers working directly with families by supporting joint visits and completing domestic abuse risk assessments and safety plans. The Team IDVA has completed DASH Ric with a total of 16 families equating to 32 children and young people with 11 of these families being progressed to Sefton Multi Agency Risk

Assessment Conference (MARAC) to establish multi-agency safety planning for these families.

The SSFPH Social Work Team has also completed 3 Domestic Abuse Risk Assessments to support safe family time for children. Completing one to one behaviour change with one female parent using harmful behaviour and one male parent using harmful behaviour. Completing one to one victim recovery work with one care experienced female. The team have completed 12 reflective practice sessions.

The team have provided training to the Social Work teams, this has included signs of domestic abuse, risk assessment and safety planning, tools to support victims, parents using harmful behaviours and children and young people. 48 Social Workers have attended the training thus far.

The team are trained & accredited Caring Dad's Facilitators. The first cohort of Caring Dad's started on June with 10 fathers equating to 26 children. The team also providing IDVA support for 13 associated victims of the fathers. The group is within its infancy for any meaningful data to be retrieved however at the time of writing this report no participants have left the programme.

A second programme commenced in July and a third is scheduled for this month.

- 3.4 Members of the Committee also asked to receive further information regarding different ways of working for administrative staff. The new Service Manager for Business Support is now in post and progressing changes in the way that the teams work together. The changes, although many being minor changes, will provide the service with greater resilience and consistency of practice with regard to business support.

4. Next Steps

- 4.1 Phase four of the Improvement Plan is now in development and its primary focus will be practice improvement. There are three clear areas of improvement which all staff will be focusing on over the next six months to ensure that the Council meets the targets set by the DFE Commissioner and create long term improvements.

Relationships – Previous inspections, external and internal audits and feedback from families has previously highlighted a need to improve our relationships with families. Officers have been working with our Building Attachment and Bonds team and Leeds Council to deliver training which supports the creation of more therapeutic approaches and family led decision making.

Assessments – Audits and Ofsted inspections have continually highlighted weaknesses in our assessments. Officers have begun a focused training programme to ensure our assessments are family led, curious and analytical in their assessment of need. Recent inspections have highlighted that our strongest assessments involve good partnership working. Therefore, assessments will be part of the key priorities for the safeguarding partnership.

Agenda Item 9

Plans – Although officers are seeing some improvement in plans for child protection and Child In Need plans are generally still weak in regard to care plans. Officers have now delivered focused training to all independent chairs who support the creation of plans so they remain SMART and effective. The review of plans will form a critical aspect of our new working model.

Officers will be continuing to focus on reducing the number of children who have been placed at home on care orders. Or a number of these children the orders are unnecessary and can be revoked through a court process.

Officers are also continuing our commitment to strengthen our offer for foster carers through a revised Special Guardianship approach. Early indications are that for a number of our children who are in long term fostering their needs could be met without the need for statutory intervention.

The review of Early Help and the Integrated Front Door has now been completed and supports the vision of community-based Family Hubs. With work already underway the creation and implementation of these hubs will be done in collaboration with the Early Help Partnership.

- 4.2 The newly appointed DfE Advisor will support the development of Phase four of the Improvement Plan.

Children's Services Complaints Annual Report 2022 - 2023

Table of Contents

| | |
|---|----|
| Introduction..... | 3 |
| Complaints Procedure..... | 4 |
| Complaints Performance Information..... | 6 |
| Complaint Themes and Outcomes..... | 8 |
| Local Government and Social Care Ombudsman..... | 11 |
| Compliments | 13 |
| Learning from Complaints | 14 |
| Conclusions and Recommendations | 15 |

Introduction

Complaints are an invaluable source of information which, in addition to providing the Council the opportunity to resolve individual issues, reflect on and learn from mistakes so that services improve. This is recognised in the Improvement Plan. How to make a complaint is detailed on the Council website and the Council workforce and elected members can signpost people to how to make a complaint.

The Council wants to encourage people to raise any issues at an early stage so any individual issues can be resolved as early as possible and to prevent complaints escalating.

This Annual Report focuses on the Children's Social Care complaints the Council received between 1 April 2022 and 31 March 2023. Depending on the content of the complaint, complaints about Children's Social Care will be considered in line with the Statutory Children's Social Care Complaints Procedure or Sefton Council's Corporate Complaints Procedure.

The report highlights performance against statutory timescales for complaint handling and highlighted the themes and learning from the complaints considered. Also provided is information relating to contacts from the Local Government and Social Care Ombudsman.

The Council has a Complaints Team, as part of the Strategic Support function, which manages the complaints process for Social Care and SEND.

For context, last year the Council dealt with 13,490 initial contacts via the Children's Social Care Front Door. From these contacts which resulted in an initial referral (4241), 3011 were progressed to an initial assessment. The number of statutory complaints considered was 69 which equates to **0.5%** of the total number of contacts received to the regulator and the general public.

The objectives of this report are to:

- i be open and transparent about the Children's Social Care complaints process
- ii meet the statutory obligation to produce an annual report
- iii provide clear and concise comparative data on compliments and complaints, including details of complaints broken down by subject and service area
- iv provide a summary of customer profile and type of customer interaction
- v identify service improvements as a result of complaints and compliments and demonstrate learning and improved practices and processes from these

Complaints Procedure

What is a complaint?

A complaint is defined as ‘an expression of dissatisfaction or disquiet in relation to an individual child or young person, which requires a response.’

How do we deal with complaints?

The initial contact with the individual who wants to make a complaint is perhaps the most critical part of the process – a complaint can be made to any member of staff and must be shared with the Complaints Team without delay.

When a complaint is received, the content and context of the complaint is considered to determine the best way to proceed. In the first instance, an individual may state that they want to make a complaint, however, after further discussion with the individual, it may be that they are requesting a service or need additional information in relation to their case and therefore it may not be considered appropriate to progress as a complaint.

If the individual is unhappy with an element of service, officers would try to resolve the matter initially – this could be via a telephone call from a Team Manager to the complainant or, if the issue is about information not being shared, an officer could send this information to the complainant. The Council always tries to resolve the issue in the first instance without the need to progress as a complaint, however this is not always possible.

If the matter cannot be resolved informally, the Complaints Team must then consider:

- Does the individual have the right to complain?
- Is the complaint within timescale?
- Does the complainant need advocacy support?
- Does the content of the complaint fall within the scope of the complaint regulations?
- Are there any legal proceedings ongoing?

Complaints about Children’s Social Care may be considered as a statutory Children’s Social Care complaint or a corporate complaint, depending on the specific nature of the complaint. The complaints legislation includes complaints about the Council’s actions under Part 3 and some of Parts 4 and 5 of the Children’s Act 1989. These include issues relating to Children in Need, Cared for Children, Special Guardianship Support and post-adoption support.

The Complaints legislation is “The Children Act 1989 Representations Procedure (England) Regulations 2006” with Getting the Best from Complaints being the current guidance regarding Children’s Social Care complaints.

[The Children Act 1989 Representations Procedure \(England\) Regulations 2006 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Microsoft Word - Complaints Guidance.doc \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

The statutory timescales for Children’s Social Care complaints (in working days) are as follows:

10 days at Stage 1 (with a further 10 days for more complex complaints or additional time if an advocate is required);
25 days at Stage 2 (with maximum extension to 65 days);
20 days for the complainant to request a Review Panel;
30 days to convene and hold the Review Panel at Stage 3;
5 days for the Panel to issue its findings
15 days for the local authority to respond to the findings.

If the complainant remains dissatisfied after Stage 3, and the Council has issued its final decision, the complainant will be advised of their right to request a review by the Local Government and Social Care Ombudsman.

Early Help, Child Protection, S47 enquiries and conferences, assessments for foster carers and adopters, foster carer registration and Section 7 and 37 court reports are usually exempt from the statutory complaints' procedure. The Council may decide to investigate these areas under other procedures, such as the Council's Corporate Complaints Process. The individual making the complaint will be informed of which process will be used to consider their complaint.

Complaints Performance Information

The number of complaints considered at each stage of the statutory complaints process is shown in the table below:

| CSC Statutory Complaints | Total | Response within timescale | Upheld |
|--------------------------|-------|---------------------------|--------|
| Stage 1 | 98 | 28% | 29% |
| Stage 2 | 7 | 100% | 71% |
| Stage 3 | 4 | 75% | 100% |
| Ombudsman | 6 | n/a | n/a |

*of the complaints finalised to date.

Last year 66 statutory Children’s Social Care complaints were received, therefore, the number of statutory complaints received in this year has increased by 48%.

The service works hard to resolve issues in the first instance as they arise – not all initial contacts which could escalate to complaints are referred to the Complaints Team so this data is not captured. The benefit of early resolution is recognised for all parties involved as it restores the confidence of the individual raising concern in the service provided by the Council and is more time efficient for Council staff as timely and costly complaint investigations are not required.

The Complaints Team works closely with the Children’s Social Care teams to ensure that gatekeeping of complaints is effective as stated earlier in the report. For example, ensuring if matters raised are part of legal proceedings, that the complaint is rejected on the basis that the complainant should be signposted to the legal route rather than progressing the matter as a complaint.

Stage 2 complaints

If a request is made to progress to Stage 2 of the Children’s Social Care Complaints Procedure and officers are unable to resolve the matter to the complainant’s satisfaction at Stage 1, the Council will commission an Independent Investigator and Independent Person to consider the complaint at Stage 2 of the statutory children’s complaints process.

The Council has access to a list of independent investigators and independent people which is managed by the Northwest Complaints Managers Group (NWCMG). These staff are independent from the Council’s Children’s Social Care Team.

Officers progressed the same number of complaints to Stage 2 as last year. Some of the Stage 2 investigations are ongoing and therefore the upheld figure takes account of completed investigations.

Stage 3 complaints

If a complainant remains unhappy with the outcome of the Stage 2 investigation, they can request that their complaint is considered at Stage 3 of the Statutory complaints process.

The Council is required to facilitate this Panel and must commission an independent Chair and two independent Panel members as part of this.

The Council did not hold any stage 3 panels last year and this year officers dealt with 6 requests (2 relating to complaints submitted in the previous financial year).

Complaint Themes and Outcomes

The table below demonstrates the themes which emerged from complaints received this year:

It is important that officers understand the reasons for complaints so any underlying issues can be identified and addressed quickly.

| | Statutory Children's Complaints | | Corporate Children's Complaints | |
|-------------------------------|---------------------------------|---------------|---------------------------------|---------------|
| | Number received | Number upheld | Number received | Number upheld |
| Decision Making | 19 | 6 | 10 | 1 |
| Finance Funding / | 1 | 1 | 4 | 0 |
| Information and Advice | 20 | 5 | 10 | 2 |
| Quality of service | 53 | 14 | 19 | 5 |
| Health and Safety | 1 | 0 | 0 | 0 |
| Staff Attitude | 4 | 2 | 30 | 5 |
| TOTAL | 98 | 28 | 73 | 13 |

Decision Making

Complaints about this issue accounted for 19% (statutory) and 14% (corporate) of the total number of complaints received. 24% of these complaints were upheld for the following reasons:

- Delay in the decision as to where a young person would be accommodated.
- Information was not clear enough for the individual during initial contact
- Family did not have sufficient information about why a decision had been made

Once an explanation was provided, the complaint was resolved in all but one case which was escalated to Stage 2 of the complaints' procedure.

Therefore, these complaints reinforce the importance of staff ensuring that decisions are explained clearly to relevant individuals and that consistency of communication is important to reassure individuals.

Finance / Funding

Complaints about this issue accounted for 1% (statutory) and 5% (corporate) of the total number of complaints received with 20% upheld.

One case was upheld because there was a delay in making a payment to a carer – officers apologised and confirmed that payment would be made.

Information and Advice

Complaints about this issue accounted for 20% (statutory) and 14% (corporate) of the total number of complaints received.

23% of these complaints were upheld due to a lack of communication or insufficient communication received by the complainant to provide information about case progression.

A recommendation made following complaints about this issue included:

Consideration to be given by senior management as to how passwords on documents in a child's case file are stored/retrieved when authority is given for access/viewing.

Quality of Service

The complaints about the quality and reliability of service accounted for 54% of the total number of statutory complaints received with 26% of these complaints being upheld.

Similarly, this was an issue which accounted for 26% of the corporate complaints with 26% being upheld. Complaints were upheld for the following reasons:

- Social Worker shared too much personal information with complainant and, on one occasion, used inappropriate language.
- Officers could have been clearer about when a LADO referral would be required which could have reduced anxiety for the complainant.
- Insufficient or lack of information provided to family so they were unclear about the process and next steps
- Appointments did not take place as scheduled.
- Delays in completing action which had a financial impact on the family.
- Documentation, including minutes, not shared in a timely manner
- Delays in identifying a suitable care provider to fulfil required support
- Breakdown in communication between teams resulted in family not receiving the required support.
- Records not updated which resulted in an individual not being included with meetings.
- Delays with arranging family time

Recommendations from complaints in this area included:

1. That the importance of grounding assessments in evidence, factual observation, and clear analysis, was reinforced to all practitioners as part of continuing professional development, appraisal, and supervision.
2. That management oversight arrangements are strengthened to ensure that assessments are factual and evidenced based and that analysis and conclusions are holistic, adequately reflecting the connection between facts, observation and judgments.

3. That information about parent carers' assessments is made widely available to parents in different forms, including online and in hard copy.
4. Procedures around sending assessments to families should be reviewed to ensure they are sent in a timely and secure way.
5. Social Workers reminded that they should wear their ID badges and present these during initial visits.
6. For future strategy meetings, if no-one is present who has first-hand knowledge of the situation, advice will be sought from a professional who does have this insight to inform decision making.

Staff attitude

Complaints about this issue accounted for 4% (statutory) and 41% (corporate) of the total number of complaints received with 21% upheld overall.

One statutory complaint was upheld due to a Social Worker appearing to disregard the pronouns requested by an individual – the Social Worker confirmed that they were aware of the correct pronouns to use and apologies were offered to the complainant as there was no intent to cause distress. The second complaint was upheld as the Social Worker could have dealt with a situation in a much more sensitive manner. Both staff members were required to reflect on the impact of their approach for these particular cases.

Local Government and Social Care Ombudsman

All complainants are advised of their right to refer their complaint to the Local Government and Social Care Ombudsman should they remain unhappy with the outcome of their complaint. All Ombudsman reports are usually publicly available.

This year 6 contacts were received from the Ombudsman and these are summarised in the table below. The Council received 4 referrals last year and therefore the number of referrals has increased. None of the cases were referred to the Ombudsman’s investigation team. This suggests that the Council is responding to its complaints effectively.

| Complaint | Ombudsman Summary | Ombudsman Final Decision |
|--|---|--|
| The complainant was unhappy with a Children’s Services referral and the Council’s response to it. | The Ombudsman concluded that it would not investigate the complaint as there was not enough evidence of significant fault or injustice to justify an investigation. | Closed after initial enquiries. |
| The complainant explained that Children’s Social Care had failed the children and wider family. | N/a | Closed as premature complaint |
| The complainant was unhappy with the Council’s actions over a number of years which had had a detrimental impact on the family. | The Ombudsman confirmed it would not investigate this complaint as the complaint did not meet the tests in the Ombudsman’s Assessment Code on how it decides which complaints to investigate. The matters complained of are not separable from the decisions of courts, which the Ombudsman cannot investigate. | Closed after initial enquiries – out of jurisdiction |
| The complainant was unhappy with the actions of Social Workers and other Council officers during child protection and child in need procedures. | The Ombudsman declined to investigate this complaint as further investigation was unlikely to achieve anything meaningful. | Closed after initial enquiries – no further action. |
| The complainant was unhappy with the way in which the Council safeguarded her since she left foster care. The complainant was unhappy with the Council’s delay in responding to her complaint. | The Ombudsman did not investigate this case as the Council had since responded to the complaint and made an appropriate payment to remedy the delay. Therefore, further investigation would not lead to a different outcome. | Closed after initial enquiries – no further action. |
| Unhappy with the way in which children’s cases were managed. | N/a | Closed as premature complaint |

The Council received the Ombudsman's Annual Review Letter in July 2022 and the key messages from this were as follows:

- The Ombudsman encourages the early resolution of complaints and credits Councils that accept fault and find appropriate ways to put things right.
- The Ombudsman commented on the changes to organisations as a result of the pandemic and the subsequent lifting of restrictions.
- The Ombudsman expressed his view that "complaint functions have been under-resourced in recent years, a trend only exacerbated by the challenges of the pandemic." He urged the Council to consider how it prioritises complaints, particularly in terms of capacity and visibility. If resourced appropriately, complaint functions can provide valuable insight into the performance of the organisation which offers opportunity to improve service delivery.
- The Ombudsman also provided an overview with regard to its programme of support for Councils, with particular reference to its partnership working with the Housing Ombudsman Service to develop a joint complaint handling code.
- The Ombudsman reiterated the availability of its training which is available for Councils to access.

What should we consider in light of the Ombudsman's Annual Review?

- The number of contacts received by the Ombudsman has remained consistent, however there has been a reduction in the number of complaints upheld by the Ombudsman.
- Our investigations need to be robust and thorough.
- If we have got something wrong, we need to consider how we will put it right. In these instances, we need to consider and make reference to the Ombudsman's Guidance on Remedies.
- Are staff suitably aware of complaints – how do we deal with them? Do staff know where to signpost individuals to if they wish to complain? What is the understanding of staff who investigate complaints in terms of the expectation of them?
- What are the resources allocated to consider and manage complaints?

Key messages from Ombudsman Decisions and focus reports will continue to be shared with Children's Social Care senior management and Cabinet Member for Children's Social Care.

Compliments

In this financial year, the Council recorded 15 compliments about Children's Social Care via the website with more being made informally directly to staff.

A selection of compliments received this year are as follows:

The case was "exemplary social work practice which was child needs led." Family Court Judge

"The positive impact [Social Worker] has had and his dedication to his role...I believe his hard work and dedication... should be highly recognised." Parent

"I honestly can't thank him enough for what he's helped me to do...goes above and beyond for us...he honestly is a credit to Sefton." Parent

"The children have really taken to [the Social Worker who] takes time to listen to what they have to say, makes sure he understands what they are trying to say and really puts them at ease." Parent

Parent always found, "the ethos of Springbrook to be one of genuine openness to meeting the individual needs of all their residents. Springbrook is quite truly a home from home service."

"Thank you for processing our submitted paperwork so promptly...Thank you for your help and patience." Foster carers

"Thank you very much for all the help over the years...[the team] have supported me so much over the years and there isn't [sic] enough words to say how much that means to me and that goes for every single one of you." Care experienced young person.

Learning from Complaints

After considering the above, what are the main areas of learning from our complaints and what action will we take to improve our service?

We need to ensure that cared for children can access the complaints procedure.

Of the 171 complaints received, only 6 were from cared for young people themselves which equates to only 4%.

We will work with relevant groups which have direct input from young people so we can explore the most effective way to ensure that they are able to access the complaints procedure should the need arise.

Timely and effective communication with individuals we work with is key.

Communication is a recurring theme from the complaints we have received and remains an area which staff must continue to focus on as this is an area which, if we get it right, results in families having reassurance during their interactions with staff. However, when communication is not as good as we would expect, it results in frustration and uncertainty for the family and potentially a complaint to the Council.

Delays in completing necessary tasks and sharing documentation appropriately with individuals contributed towards the complaints which were upheld.

Being mindful of how we, and our approach, are perceived.

Complaints about attitudes of staff members will always be raised with the individual by their line manager. Even in cases where the complaint was not upheld, it is important that staff are aware of how they are perceived to ensure a positive working relationship going forward is in the best interest of the child / children.

Timeliness of complaint responses remains a challenge.

Last year, less than 20% of statutory children's complaints were responded to within the legal timeframe and was therefore identified as an area for improvement. This year saw an improvement with just under 30% responded to within this timescale, however this remains a challenge and an area in which we need to improve and monitor, whilst ensuring the responses issued are good quality.

Are we challenging ourselves to resolve complaints at the earliest opportunity?

We saw the number of Stage 2 statutory complaints remain static this year, although it was a lower percentage of the total complaints received, can we improve this next year?

For the majority of complaints that were upheld, an individual remedy sufficed to resolve the matter, however we always reflect on the findings of an investigation to determine whether there are wider service improvements that can be made. One such case has been detailed earlier in this report.

Conclusions and Recommendations

This year there was an increase in the number of complaints received about Children's Social Care.

We recognise that there are barriers for the Council to effectively manage Children's Social Care complaints, however, to enhance the Council's culture around complaints within Children's Social Care, we will need to have positive engagement with complainants, be mindful of our statutory duty around complaints and the timescales involved, and to consider the Ombudsman's Guidance on Remedies when faults are identified and work with the complainant to put things right.

Considering the statutory complaints, 7% of these were escalated to Stage 2 (last year it was 11%). We therefore can demonstrate that Children's Social Care staff were able to respond effectively to the complaints that were raised and respond to a significant majority to the complainant's satisfaction, however, as above, we need to reflect on how effectively we respond to feedback at the earliest opportunity.

Whilst the number of contacts we received from the Local Government and Social Care Ombudsman increased when compared to the previous year, none of these cases progressed to investigation – one of these noted that the Council had already effectively remedied the error identified. The number of Ombudsman contacts is 6% of the total number of complaints received in the year and we would like to see this percentage decrease next year, whilst maintaining that no cases progress to an Ombudsman investigation.

Furthermore, in addition to positive engagement with complainants, the Complaints Team must ensure that there is regular engagement with Cabinet Member for Children's Social Care and senior Children's Social Care management so that themes and learning from complaints are highlighted to inform any actions which may need to be taken to improve the service.

Recommendations

After considering the above, we are recommending that the following actions are taken to improve the Council's response when a complaint is made:

1. When a complaint is received, every effort will be made to resolve the issue in the first instance. If the matter cannot be resolved within 48 hours, we will commence the complaints procedure.
2. For complaints which we consider should be progressed via the complaints' procedure, we will aim for a significant improvement in the response timescales. We will aim to respond to at least 65% at Stage 1 within the statutory timescale.
3. Complaints Officers will attend Senior Leadership Team meetings at least every month with regular performance management information shared so issues can be identified at an early stage.
4. Complaints Officers will attend meetings with Children's Social Care management to discuss complaints in a different way as we want to promote a positive and more proactive culture around complaints.
5. Within the next 12 months, complaints training will be offered to Children's Social Care staff to improve the quality of investigations and responses.

Agenda Item 9

6. With immediate effect, Children's Social Care staff will ensure that any compliments received are logged so that good practice can be shared.
7. Within the next 12 months, the complaints team will explore how cared for children and young people can access the complaints procedure to ensure that whether the current arrangements are fit for purpose.

Agenda Item 10

| | | | |
|--------------------------------------|---|----------------------------------|-------------------|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting: | 5 September 2023 |
| | Overview and Scrutiny Committee (Regulatory, Compliance and Corporate Services) | | 12 September 2023 |
| | Overview and Scrutiny Committee (Regeneration and Skills) | | 19 September 2023 |
| | Overview and Scrutiny Committee (Children's Services and Safeguarding) | | 26 September 2023 |
| Subject: | Executive/Scrutiny Protocol | | |
| Report of: | Chief Legal and Democratic Officer | Wards Affected: | (All Wards); |
| Portfolio: | Adult Social Care Children's Social Care Communities and Housing Education Health and Wellbeing Locality Services Planning and Building Control Regeneration and Skills Regulatory, Compliance and Corporate Services | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

To seek formal approval of changes to the Executive/Scrutiny Protocol for submission to Cabinet.

Agenda Item 10

Recommendation

That Cabinet be requested to approve changes to the Executive/Scrutiny Protocol in relation to:

- (1) Executive Directors and Assistant Directors, whose responsibilities fall within the remit of Overview and Scrutiny Committees, being requested to seek the views of the Committees on all strategies and plans prior to submission to Cabinet and Council; and that if it is not possible, due to time constraints, to submit the final strategy or plan for consideration, then an outline or synopsis be submitted to the Committees to allow an oversight of the proposals to be considered and commented upon; and Section 6 of the Protocol relating to pre-scrutiny be amended accordingly; and
- (2) reference being made to informal meetings of Overview and Scrutiny Committees to review topics in Section 8 of the Protocol.

Reasons for the Recommendation(s):

To comply with a decision of the Overview and Scrutiny Management Board.

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

No alternative options have been considered. The purpose of the report is to comply with a decision of the Overview and Scrutiny Management Board.

What will it cost and how will it be financed?

There are no direct financial implications arising from this report.

(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. |
| Impact on Children and Young People: Yes. There is a potential that topics |

considered by informal meetings; and plans and strategies submitted to the Overview and Scrutiny Committee (Children’s Services and Safeguarding) will have an impact on children and young people. Such impacts will be described in more detail at the informal meetings or when plans and strategies are considered.

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 associated with this report. However, matters considered at informal meetings of Overview and Scrutiny Committees; or when plans and strategies are discussed may have positive or negative impacts. Such impacts will be described in more detail at the informal meetings or when plans and strategies are considered.

Contribution to the Council’s Core Purpose:

| |
|---|
| Protect the most vulnerable: The development of an Executive / Scrutiny Protocol should improve the quality of relationships between Cabinet and Scrutiny Members; clarify respective roles; and contribute towards more effective scrutiny in Sefton. |
| Facilitate confident and resilient communities: As above |
| Commission, broker and provide core services: As above. It is also considered that an Executive/Scrutiny Protocol could be utilised as a training tool in Sefton, particularly for newly elected Members. |
| 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 Executive Director of Corporate Resources and Customer Services (FD7302/23) has been consulted and any comments have been incorporated into the report. The Chief Legal and Democratic Officer (LD5502/23) is the author of the report.

(B) External Consultations

Agenda Item 10

Consultation has taken place with other local authorities that have previously adopted an Executive/Scrutiny Protocol. Findings indicate that the existence of a Protocol improves the quality of relationships between Cabinet and Scrutiny Members; clarifies respective roles; and contributes towards more effective scrutiny.

Implementation Date for the Decision

Immediately following the Committee meetings.

| | |
|-------------------------|---------------------------|
| Contact Officer: | Paul Fraser |
| Telephone Number: | Tel: 0151 934 2068 |
| Email Address: | paul.fraser@sefton.gov.uk |

Appendices:

The following appendix is attached to the report:

Appendix A - amended Executive/Scrutiny Protocol if recommendations are approved by the four Overview and Scrutiny Committees and Cabinet

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 Following consideration of guidance published by the Centre for Public Scrutiny during February 2020 entitled "Taking Scrutiny Seriously" the Cabinet, at its meeting held on 30 July 2020, resolved (Minute No. 27) that the Overview and Scrutiny Management Board be requested to develop an Executive/Scrutiny protocol for use in Sefton.
- 1.2 The meeting of the Management Board held on 8 September 2020 agreed a draft Executive/Scrutiny Protocol for consideration by the four Overview and Scrutiny Committees.
- 1.3 The draft Protocol was considered and approved by the four Overview and Scrutiny Committees during October and November 2020.
- 1.4 The draft protocol was subsequently approved by Cabinet at its meeting held on 3 December 2020.

2. Suggested Additions to the Executive/Scrutiny Protocol

- 2.1 At its first meeting of the 2023/24 municipal year, held on 20 June 2023, the Overview and Scrutiny Management Board considered the Executive/Scrutiny Protocol.
- 2.2 The Management Board suggested two additions to the Protocol and these are set out in Paragraphs 3 and 4 below.

3. Pre-Scrutiny - Submission of Plans and Strategies to Overview and Scrutiny Committees

- 3.1 The Management Board noted that often strategies and plans were included on the Forward Plan but that rarely were they submitted to Overview and Scrutiny for comment prior to their submission to Cabinet/Council; and suggested that officers should plan more time into the process for formulating plans and strategies to enable Overview and Scrutiny to have an input and provide comments to Cabinet/Council.
- 3.2 The Management Board resolved that Executive Directors and Assistant Directors, whose responsibilities fell within the remit of Overview and Scrutiny Committees, should seek the views of the Committees on all strategies and plans prior to submission to Cabinet and Council; and that if it was not possible, due to time constraints, to submit the final strategy or plan for consideration, then an outline or synopsis be submitted to the Committees to allow an oversight of the proposals to be considered and commented upon.
- 3.3 The Overview and Scrutiny Committee (Regeneration and Skills) at its meeting held on 27 June 2023 also agreed a similar resolution to that detailed in paragraph 3.2 above.

4. Working Group Reviews/Informal Meetings

- 4.1 Section 8 of the Protocol refers to the arrangements to be adopted by Overview and Scrutiny Committees when establishing topics for review by Working Groups.
- 4.2 The Management Board noted that a number of Overview and Scrutiny Committees during 2022/23 established informal meetings, rather than Working Groups, to undertake reviews of services.
- 4.3 Accordingly, the Management Board agreed that the Executive/Scrutiny Protocol should be updated to reflect the operation of informal meetings.

5. Conclusion

- 5.1 Members views are sought on the proposals detailed above for submission to Cabinet.
- 5.1 For illustrative purposes, an updated version of the Executive/Scrutiny Protocol is attached highlighting the changes if ultimately approved by Overview and Scrutiny and Cabinet.

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EXECUTIVE / SCRUTINY PROTOCOL



ONECOUNCIL Working Together

Agenda Item 10

APPENDIX A

PROTOCOL ON EXECUTIVE & OVERVIEW AND SCRUTINY RELATIONS IN SEFTON

Contents

1. Introduction
2. Aims of the Protocol
3. Functions of Overview and Scrutiny
4. The Conduct of Meetings
5. The Overview and Scrutiny Work Programme
6. Pre-Scrutiny
7. “Call-In” of Decisions
8. Working Group Reviews
9. Public Participation in the Overview and Scrutiny Process
10. Specific Duty of the Overview and Scrutiny Committee (Adult Social Care and Health) – Joint Health Scrutiny Arrangements

APPENDIX A

1. Introduction

- 1.2 This Protocol applies to all Members of Overview and Scrutiny (O&S) Committees, co-opted members who sit on O&S Committees, all Members of the Cabinet and senior officers.
- 1.3 The Protocol is not intended to replace *Chapter 6 – Overview and Scrutiny of the Council's Constitution*, nor is intended to replace *Chapter 2 – Members – Code of Conduct*, rather it is intended to enhance and supplement the requirements of the Constitution and set out guidance for good practice.
- 1.4 Scrutiny should be a strategic function of the authority. It should be central to the organisation's corporate governance; a crucial cog in the decision-making machine.

2. Aims of the Protocol:

- 2.1 Clarify Relationships
- 2.2 The aim of the Protocol is to clarify relationships between O&S Members and Cabinet Members, to ensure an efficient O&S function, including holding the Cabinet to account on behalf of the electorate, and to encourage good communication between O&S and the Cabinet.
- 2.3 Positive Interaction
- 2.4 The Protocol refers to the respective powers, roles and responsibilities for both O&S Members and Cabinet Members. Guidance is set out on the way in which both O&S Members and Cabinet Members should interact, in order that Members maximise their roles and for the Authority to have an effective O&S function for the benefit of the Council as a whole. It also offers guidance to senior officers who support this process.
- 2.5 Promote a Culture of Mutual Respect
- 2.6 The Protocol aims to promote a culture of mutual respect, trust and courtesy in the relationships between O&S Members, Cabinet Members and senior officers, and to foster a climate of openness leading to constructive debate and communication, with a view to ensuring service improvements for the benefit of Sefton citizens.
- 2.7 Parity of Esteem
- 2.8 "Parity of esteem" means that the scrutiny function of the Council deserves the same respect, and has the same importance in the governance system, as

Agenda Item 10

APPENDIX A

executive decision-making activities. Requests from scrutiny to engage with, and recommended changes to, policies, plans and activities should be treated with the same respect and consideration as if they came from a Cabinet Member.

3. Functions of Overview and Scrutiny

3.1 The general role and specific functions of the O&S Committees can be found within Chapter 6 of the Council's Constitution. The key responsibilities of O&S are to:

- (a) Hold the Cabinet, Cabinet Members and senior officers to account for their decisions, on behalf of the electorate;
- (b) Review Council policy, the way policies are implemented and their impact on local citizens;
- (c) Scrutinise Executive decisions before they are made and before they are implemented; and
- (d) Contribute to the development of policy by investigating issues of local concern and making recommendations to the Cabinet, to the Council and to partner organisations.

4. The Conduct of Meetings

- 4.1 Cabinet Members are actively encouraged to attend meetings of O&S Committees relevant to their Portfolio, in order to present their Cabinet Member Update Reports and to respond to questions/comments from O&S Members.
- 4.2 Cabinet Members may be required to attend meetings of O&S Committees in particular circumstances, e.g. the consideration of "called-in" items.
- 4.3 The principle of the "critical friend" should always be adhered to between Scrutiny Members and Cabinet Members, senior officers and any external partners.
- 4.4 All Members should promote an atmosphere of openness at the O&S Committee meetings and should strive to ensure that questioning and debate takes place within a climate of mutual respect and trust.
- 4.5 O&S Committee Members should be prepared to ask searching questions and where necessary, provide constructive challenge to Cabinet Members on issues that fall under their Portfolio.

APPENDIX A

- 4.6 Cabinet Members should be willing to respond to any question put. However, it should be noted that that Cabinet Members may not necessarily be in a position to answer every question immediately or in detail. In such circumstances the matter may be referred to a senior officer in attendance or a written answer may be sought.
- 4.7 Cabinet Members should value the contribution of O&S Committee Members who raise issues and respond in an appropriate and manner, in order to make a positive contribution to Scrutiny meetings.
- 4.8 Cabinet Members should, with the permission of the Chair, be permitted by the O&S Committee to speak upon any item on the agenda under discussion and may at any time offer to assist the Committee by the provision of factual information or advice in relation to the matters under discussion.
- 4.9 The Chair, supported by senior officers, shall provide leadership and guidance to the Committee on all scrutiny matters and shall promote the Committee's role in improving services and monitoring the effectiveness of Council policies, through effective scrutiny.
- 4.10 Party politics and the use of the Party Whip shall be avoided during O&S Committees.
- 4.11 Senior officers shall liaise and agree their attendance at meetings of O&S Committees during the Municipal Year.

5. The Overview and Scrutiny Work Programme

- 5.1 The Council's Strategic Leadership Board, comprised of the Chief Executive, Executive Directors and Heads of Service, shall be invited to identify any appropriate items for inclusion in the Work Programme of O&S Committees.
- 5.2 The Work Programme of items submitted to O&S Committees at the beginning of each Municipal Year shall be drafted in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 5.3 A manageable number of items should be identified in order to demonstrate that the scrutiny function "adds value" to the Council.
- 5.4 The O&S Committees will be responsible for setting their own work programme.
- 5.5 O&S Members are reminded at each meeting that they are able to request other items for inclusion within the Work Programme, provided such items fall within the terms of reference of the Committee.

Agenda Item 10

APPENDIX A

- 5.6 A Member of an O&S Committee is entitled to give notice to the Chief Legal and Democratic Officer that they wish an item relevant to the functions of the Committee to be included on the agenda for the next available meeting of the Committee.
- 5.7 The Cabinet and/or the Council may refer a matter to one or more O&S Committees.
- 5.8 The Chair of the O&S Committee may consider alternative methods of dealing with items in order to avoid over-loading Committee agendas. These may include informal presentations, visits to front-line services, site visits / informal discussions with external partners, etc.

6. Pre-Scrutiny

- 6.1 The Key Decision Forward Plan sets out the list of items to be submitted to the Cabinet for consideration during the following four-month period. The Forward Plan is updated and published each month. The Forward Plan appears on the Council's website and an email alert is sent to all Members of the Council when a new Forward Plan is published.
- 6.2 A summary of the latest Forward Plan, setting out the Key Decisions that fall under the remit of each O&S Committee, is submitted to each meeting of the O&S Committees and appears under the Work Programme item, a standing item on each O&S agenda.
- 6.3 O&S Members should peruse Decisions to be taken and may request to pre-scrutinise items from the Key Decision Forward Plan that fall under the remit (terms of reference) of the O&S Committee.
- 6.4 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. Pre-scrutiny can be used to resolve potential disagreements.
- 6.5 Any items agreed for pre-scrutiny will be included within the O&S Committee's work programme.
- 6.6 Where O&S Committees request to pre-scrutinise a Key Decision, the relevant Cabinet Member should endeavour to attend the meeting concerned, in order to respond to questions, and consider the views put by O&S Members.
- 6.7 Relevant senior officers shall attend an O&S Committee meeting where a Key Decision is pre-scrutinised by O&S Members, in order to respond to questions, and consider the views put by those Members.

APPENDIX A

- 6.8 Cabinet Members may wish to seek views from Scrutiny Members on a Key Decision, particularly on policy development and review, before it is taken. The relevant senior officer will be responsible for forwarding the details through to the Scrutiny Manager for inclusion on the agenda.
- 6.9 The O&S Committee may express views or make recommendations in relation to Decisions to be taken.
- 6.10 The Cabinet will consider any recommendations or views expressed by the O&S Committees and to take such action it sees fit.
- 6.11 Utilising the option for pre-scrutiny does not exclude the Decision from being subject to “call-in”. However, it will allow the Cabinet Member(s) the ability to consider different views and perspectives of a Decision, before it is taken and avoid potential conflict and a requirement for “call-in”.
- 6.12 Heads of Service shall be requested to identify any policy/strategy items for pre-scrutiny by the relevant O&S Committee.
- 6.13 Executive Directors and Assistant Directors, whose responsibilities fall within the remit of Overview and Scrutiny Committees, should seek the views of the Committees on all strategies and plans prior to submission to Cabinet and Council; and that if it is not possible, due to time constraints, to submit the final strategy or plan for consideration, then an outline or synopsis be submitted to the Committees to allow an oversight of the proposals to be considered and commented upon.

7. “Call-In” of Decisions

- 7.1 Decisions taken by the Cabinet appear within the Minutes of Cabinet Meetings. The Minutes indicate the “call-in” period for the Decisions made.
- 7.2 Decisions taken by individual Cabinet Members are subject to “call-in”, are published on the Council’s website, and an email alert is sent to all Members of the Council.
- 7.3 “Call-in” can occur when three non-Executive Members have reasons/evidence to challenge the Decision, based on the guidance set out within Chapter 6 of the Council’s Constitution.
- 7.4 A decision shall only be the subject of one “call-in” by non-Executive Members.
- 7.5 Non-Executive Members shall refer to a specific Decision and in instigating the “call-in”, are required to provide as much information, detail, explanation, evidence and/or facts as possible, within the requisition. This will enable appropriate officers to determine whether the “call-in” is valid or not.

Agenda Item 10

APPENDIX A

- 7.6 Non-Executive Members shall trigger the “call-in” electronically, using the Council’s Modgov system. This will alert the relevant officers and prevent the Decision from being actioned.
- 7.7 During 2017/18, the O&S Management Board developed a [Call-In Procedure](#) to be used at O&S Committees when dealing with “called-in” items. This was agreed by the four O&S Committees and shall be adhered to at all meetings held to consider “call-in items”.
- 7.8 The following are required to attend the O&S Committee meeting to consider the “called-in” item, in order to address O&S Members on the item and respond to questions / comments raised by O&S Members:
- (a) the lead “call-in” Member;
 - (b) the Leader of the Council and/or relevant Cabinet Member; and
 - (c) relevant senior officer representative(s).
- 7.9 Only the lead call-in Member shall be permitted to:
- Address the O&S Committee, explaining the reason for “call-in”;
 - Respond to questions put by Committee Members; and
 - Sum up the case for “call-in”.
- 7.10 Subject to the agreement of the O&S Committee, a representative of the public may make representations in relation to the “called-in” item, in accordance with the Call-In Procedure previously agreed by O&S Committees.
- 7.11 The “call-in” procedure should not be abused. It should not be used as a substitute for early involvement in the decision-making process. Its use as a party-political tool should be avoided.

8. Working Group Reviews/Informal Meetings of Committees

- 8.1 Heads of Service will be requested to consider potential topics for review via the Strategic Leadership Board and these will be submitted to O&S Committees for consideration, along with any other suggestions from O&S Members. The Committee shall approve any topics to be reviewed.
- 8.2 The [Criteria Checklist for Selecting Topics for Review](#) shall be considered in approving topics to be reviewed.
- 8.3 If a topic for review is to be considered by a Working Group at least 3 Members of the Committee shall be required to sit on a Working Group and one Member will be appointed as the Lead Member. Co-opted Members may sit on a Working

APPENDIX A

Group. If a topic for review is to be considered at an informal meeting of the Committee then all Members of the Committee will be invited to attend; and the Lead Member shall be the Chair of the Committee unless decided otherwise by the Committee. Informal meetings do not have decision making powers and are best suited to situations where members wish to be briefed on a subject by officers.

- 8.4 Heads of Service have a valuable role to play in the review process in terms of suggesting appropriate topics for review, possibly contributing to the scope for the review, the provision of factual evidence, and identifying suitable witnesses. Officers involved in the review shall be open and honest in their discussions with Working Group Members.
- 8.5 The role of the Lead Officer for the review will be to assist in drafting the scope for the review, to provide professional advice and to ensure access to relevant information and personnel for Working Group Members.
- 8.6 Further to a report on Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities being agreed by O&S Committees during October/November 2019, Working Groups shall consider if it is appropriate to seek the views of the general public on the matter under their consideration and, if so, how this should be carried out.
- 8.7 Working Group meetings shall be conducted in the manner outlined within paragraph 4 above. Working Group Members shall adhere to the principle of the “critical friend” during the course of a review. Constructive challenge may be adopted during discussions with Council officers, external partners, key stakeholders, etc. However, a culture of mutual respect shall be maintained at all times.
- 8.8 A final report, including any recommendations from the Working Group, will be drafted by the relevant officer from Democratic Services to reflect the views and wishes of the Working Group concerned, subject to any legal and/or financial implications provided by Legal and Finance officers.
- 8.9 Recommendations may be produced that impact on the Council or external partners.
- 8.10 The final report will be presented to the parent O&S Committee, the Cabinet, and finally to full Council.
- 8.11 The Lead Member of the Working Group concerned will normally present the final report to the Cabinet and to the Council. Where this is not possible, an alternative Member of the Working Group will be asked to present.

Agenda Item 10

APPENDIX A

8.12 The relevant senior officer shall ensure that an update on the implementation of recommendations is presented to the parent Committee approximately six months following approval of the final report by the Council. Actions taken since approval of the recommendations should be outlined within the update, together with progress on any implementation required. Where actions have not been carried out, reasons should be given, together with an anticipated timeline for implementation.

9. Public Participation in the Overview and Scrutiny Process

9.1 O&S Members should represent the voice of the public.

9.2 As outlined in paragraph 3.1 above, key responsibilities of O&S are to:

- (a) Hold the Cabinet, Cabinet Members and senior officers to account for their decisions, on behalf of the electorate; and
- (b) Review Council policy, the way policies are implemented and their impact on local citizens;

9.3 The Constitution indicates that O&S Committees allow citizens to have a greater say in Council matters by holding public inquiries into matters of local concern.

9.4 Citizens may contribute to Council considerations by participating in question time at Council meetings, making representations to the Cabinet, a Cabinet Member or a Committee and may be asked to contribute to O&S Working Group reviews.

9.5 The Council's petitions scheme, detailed within the Constitution, allows citizens to address O&S Committees.

9.6 As outlined in paragraph 7.11 above, subject to the agreement of the O&S Committee, a representative of the public may make representations in relation to the "called-in" item, in accordance with the Call-In Procedure previously agreed by O&S Committees.

9.7 As outlined in paragraph 9.5 above, O&S Working Groups shall consider if it is appropriate to seek the views of the general public on the matter under their consideration and, if so, how this should be carried out.

9.8 Senior officers may advise O&S Committees of particular matters of public concern, with a view to the possible establishment of a Working Group review to address such matters.

APPENDIX A

10. Specific Duty of the Overview and Scrutiny Committee (Adult Social Care and Health) – Joint Health Scrutiny Arrangements

- 10.1 Local authorities may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area.
- 10.2 The NHS Act 2006 (as amended by the Health and Social Care Act 2012) places a statutory duty on commissioners and providers of NHS / health services to consult local authority health overview and scrutiny committees on any proposals for significant development or substantial variation/reconfiguration in health services.
- 10.3 Section 30 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provides that where more than one local authority is consulted on proposals for significant development or substantial variation in health services, a joint overview and scrutiny committee may be established to comment on the proposals for change.
- 10.4 The Council has delegated its duties relating to health services to the Overview and Scrutiny Committee (Adult Social Care and Health).
- 10.5 At its meeting on 3 June 2014, the Council approved the [Protocol for the Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside](#).
- 10.6 The Council and the Overview and Scrutiny Committee (Adult Social Care and Health) shall adhere to the Protocol in relation to substantial variations and joint health scrutiny arrangements.

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Agenda Item 11

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|--------------------------------------|--|----------------------------------|-------------------|
| Report to: | Overview and Scrutiny Committee (Children's Services and Safeguarding) | Date of Meeting: | 26 September 2023 |
| Subject: | Work Programme 2023/24, 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:

- seek the views of the Committee on the Work Programme for the remainder of the Municipal Year 2023/24;
- indicate whether representatives of the Police and other Multi-Agency Safeguarding Hub (MASH) team members should be invited to attend a future formal meeting of the Committee, or the item should be referred to an informal meeting of Committee Members;
- note that there are no items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan / to identify any items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan;
- note the informal meetings of Committee Members and site visits to be undertaken during 2023/24;
- note the training proposals available from the Local Government Association and in-house;
- consider the topic of Special Educational Needs and Disabilities (SEND) as a potential item for in-depth scrutiny during 2023/24; and
- to receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

Recommendations:

That:

- (1) the Work Programme for 2023/24, as set out at Appendix A to the report, be noted, along with any additional items to be included and agreed;
- (2) The views of the Committee are sought as to whether representatives of the Police and other Multi-Agency Safeguarding Hub (MASH) team members should

Agenda Item 11

be invited to attend a future formal meeting of the Committee, or if the item should be referred to an informal meeting of Committee Members;

- (3) the fact that there are no items for pre-scrutiny from the Key Decision Forward Plan that fall under the remit of the Committee, on this occasion, be noted;
- (4) the informal meetings of Committee Members and site visits to be undertaken during 2023/24, as set out at Appendix B be noted;
- (5) the training proposals available from the Local Government Association and in-house be noted;
- (6) the topic of Special Educational Needs and Disabilities (SEND) be approved for in-depth scrutiny by Members of the Committee during 2023/24 and relevant activities be included in the schedule of the informal meetings of Committee Members and site visits to be undertaken during 2023/24, as set out at Appendix B; and
- (7) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted.

Reasons for the Recommendation(s):

To determine the Work Programme of items to be considered during the Municipal Year 2023/24; 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. | |
| Impact on Children and Young People: Yes | |
| Any direct implications on the impact on children and young people are set out within the 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 | 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.

Agenda Item 11

(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 - Work Programme for 2023/24;
- Appendix B – Informal Workshops / Site Visits 2023/24

Background Papers:

There are no background papers available for inspection.

Introduction/Background

1. WORK PROGRAMME 2023/24

- 1.1 The Work Programme of items to be submitted to the Committee during the Municipal Year 2023/24 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.
- 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. The Work Programme will be submitted to each meeting of the Committee during 2023/24 and reviewed/updated, as appropriate.
- 1.3 During the 2022/23 Municipal Year, the Committee agreed the following items for consideration during 2023/24:
 - Representatives of the Police and other Multi-Agency Safeguarding Hub (MASH) team members be invited to attend a future meeting of the Committee (Minute No. 59 (2) (a) of 06/03/23 refers)
- 1.4 **The Committee is requested to indicate if it would wish to include the above item in a future formal meeting of the Committee or if it would wish to refer the item to an informal meeting of Committee Members.**

1.5 **The Committee is requested to comment on the Work Programme for 2023/24, as appropriate, and note that additional items may be added to the Programme at future meetings of the Committee during this Municipal Year.**

2. SCRUTINY REVIEW TOPICS / INFORMAL MEETINGS / BRIEFING SESSIONS 2023/24

2.1 The Committee has agreed to hold informal briefing sessions, as and when required, rather than establish a traditional working group, during 2023/24.

2.2 A schedule of the informal meetings of Committee Members and site visits to be undertaken during 2023/24, is set out at Appendix B.

2.3 The schedule will be updated during the Municipal Year as sessions take place.

2.3 **The Committee is requested to comment on the schedule of informal activities to be undertaken during 2023/24 and note that additional items may be added to the schedule at future meetings of the Committee during this Municipal Year.**

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

3.1 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.

3.2 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.

3.3 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.

3.4 The latest Forward Plan published on 31 August 2023, for the four-month period 1 October 2023 - 1 January 2024, contains no key decisions that fall under the remit of the Committee, on this occasion.

3.5 **The Committee is requested to note that there are no items for pre-scrutiny from the Key Decision Forward Plan that fall under the remit of the Committee, on this occasion.**

4. LOCAL GOVERNMENT ASSOCIATION / IN-HOUSE – TRAINING PROPOSALS

4.1 During 2023/24, the Council has secured a commitment for the Local Government Association (LGA) to provide training for Members of the Committee, as outlined within the paragraphs below.

Agenda Item 11

Dedicated support for the Overview and Scrutiny Committee (Children's Services and Safeguarding)

Workshop sessions have been organised and delivered as outlined within the table below:

| Session | Dates – in person (6.00 - 8.00 pm) Bootle Town Hall |
|--|--|
| Session 1 Introduction to children's scrutiny and work programming. | Tuesday, 30 May 2023 |
| Session 2 Recap on Session 1, engagement and working with others. | Tuesday, 25 July 2023 |

A further workshop session has been organised as outlined within the table below and **Members are requested to note the details:**

| Session | Potential dates – in person (6.00 - 8.00 pm) Bootle Town Hall |
|--|--|
| Session 3 Demonstrating value and influence and creating a strong organisational culture. | Monday, 2 October 2023 |

Support for Members of all Overview and Scrutiny Committees

Two alternative training sessions for all O&S Committee Members have been held on Thursday, 15 June 2023, in Bootle Town Hall from 3.00 p.m. to 5.00 p.m. and from 6.00 p.m. to 8.00 p.m.

Support for all Scrutiny Chairs and Vice-Chairs

Details to be determined.

Mentor Support for the Chair of the Overview and Scrutiny Committee (Children's Services and Safeguarding)

Arrangements have been made and support is on-going.

All Member Corporate Parenting Briefing

The Council's Corporate Parenting Officer is providing in-house mandatory Corporate Parenting training, as in previous years.

Four alternative one-hour briefing sessions have been arranged remotely via Microsoft Teams during 2023/24. Two sessions have been held to date, as follows:

- Monday, 19 June 2023, 2.00 p.m.
- Tuesday, 11 July 2023, 5.00 p.m.

Further sessions are planned, as follows:

- Wednesday, 1 November 2023, 6.30 p.m.
- Wednesday, 24 January 2024, 4.00 p.m.

4.3 The Committee is requested to note the training proposals available from the Local Government Association and in-house.

5. WORK PROGRAMMING / MATTERS ARISING FROM THE TRAINING SESSION HELD ON 11 JULY 2023

5.1 Members and Substitutes were invited to attend an informal work programming session prior to the last meeting of the Committee on 6 June 2023.

5.2 A further an informal work programming session took place prior to the training session held 11 July 2023.

5.3 The following three topics were narrowed down as potential items for in-depth scrutiny during 2023/24, and discussed at the training session held on 11 July 2023:

- Children with Special Educational Needs and Disabilities (SEND)
- Health Inequalities
- Child Protection and Safeguarding

5.4 As SEND was the topic that appeared to raise the most concerns amongst Members, it is proposed that this is identified as a potential item for in-depth scrutiny during 2023/24,

5.5 That the topic of Special Educational Needs and Disabilities (SEND) be approved for in-depth scrutiny by Members of the Committee during 2023/24 and relevant activities be included in the schedule of the informal meetings of Committee Members and site visits to be undertaken during 2023/24, as set out at Appendix B.

6. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

6.1 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

Agenda Item 11

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).

6.2 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.

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

6.4 **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.

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

Sefton's appointed Members are Councillors Desmond, Hart and Howard (Scrutiny Link).

The LCR O&S Committee also include Representatives of the Liberal Democrat Groups and Conservative Groups from the Local Authorities on the LCR O&S.

6.6 **Chair and Vice-Chair**

The Chair of the LCRCAO&S cannot be a Member of the majority group. The Chair is appointed at the first meeting of the Committee of the Municipal Year.

6.7 **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.

6.8 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>

6.9 Latest Meeting – 6 September 2023

Matters considered at the meeting related to the following items:

- LCR Investment Zone Update
- Development of the Next LCR Place-Based Pipeline
- Work Programme 2023-24

The next meeting of the LCRCAO&S will be held on 25 October 2023. Matters discussed at this meeting will be reported to Members at the next meeting of the Committee.

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

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

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**OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)
WORK PROGRAMME 2023/24**

| Tuesday, 6 June 2023, 6.30 p.m., Town Hall, Bootle | | |
|---|---|---|
| No. | Report/Item | Report Author/Organiser |
| 1. | Sefton Place - Community Emotional Health and Wellbeing Services Update 2022 - 2023 | Cheshire and Merseyside Integrated Care Board, Sefton Place |
| 2. | Children's Services Improvement Programme | Jan McMahon |
| 3. | Children's Social Care Overview of Practice | Joe Banham |
| 4. | Safeguarding Learning and Development Offer | Joe Banham |
| 5. | Education Scorecard | Tricia Davies |
| 6. | Ofsted Inspection Report (Spring Term) | Tricia Davies |
| 7. | Parent Governor Representative | Debbie Campbell |
| 8. | Cabinet Member Update Reports | Tricia Davies/Laura Knights/Debbie Campbell |
| 9. | Work Programme Update | Debbie Campbell |

| Tuesday, 26 September 2023, 6.30 p.m., Town Hall, Southport | | |
|--|---|--|
| No. | Report/Item | Report Author/Organiser |
| 1. | Cabinet Member Update Reports | Tricia Davies/Joe Banham/Debbie Campbell |
| 2. | Domestic Abuse | Janette Maxwell |
| 3. | Report for Information on Vaping Amongst Young People | Helen Armitage |
| 4. | Children's Services Improvement Programme | Jan McMahon |
| 5. | Children's Social Care Overview of Practice and CHAT | Joe Banham |
| 6. | Executive Scrutiny Protocol | Paul Fraser |
| 7. | Work Programme Update | Debbie Campbell |

| Monday, 14 November 2023, 6.30 p.m., Town Hall, Bootle | | |
|---|---|--|
| No. | Report/Item | Report Author/Organiser |
| 1. | Cabinet Member Update Reports | Tricia Davies/Joe Banham/Debbie Campbell |
| 2. | Children's Services Improvement Programme | Jan McMahon |
| 3. | Children's Social Care Overview of Practice and CHAT | Joe Banham |
| 4. | Special Educational Needs and Disabilities Joint Commissioning Plan | Eleanor Moulton |
| 5. | Education Scorecard | Tricia Davies |
| 6. | Ofsted Inspection Report (Summer Term) | Tricia Davies |
| 7. | Work Programme Update | Debbie Campbell |

| Tuesday, 30 January 2024, 6.30 p.m., Town Hall, Southport | | |
|--|--|---|
| No. | Report/Item | Report Author/Organiser |
| 1. | Cabinet Member Update Reports | Tricia Davies/Joe Banham /Debbie Campbell |
| 2. | Children's Services Improvement Programme | Jan McMahon |
| 3. | Children's Social Care Overview of Practice and CHAT | Joe Banham |
| 4. | SACRE Annual Report | Ian Ross |
| 5. | Work Programme Update | Debbie Campbell |

| Monday, 12 March 2024, 6.30 p.m. Town Hall, Southport | | |
|--|--|---|
| No. | Report/Item | Report Author/Organiser |
| 1. | Cabinet Member Update Reports | Tricia Davies/Joe Banham /Debbie Campbell |
| 2. | Children's Services Improvement Programme | Jan McMahon |
| 3. | Children's Social Care Overview of Practice and CHAT | Joe Banham |
| 4. | Education Scorecard | Tricia Davies |
| 5. | Ofsted Inspection Reports (Autumn Term) | Tricia Davies |
| 6. | Work Programme Update | Debbie Campbell |

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**OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)
INFORMAL MEETINGS / WORKSHOPS 2023/24**

| Day/Date/Time/Venue to be arranged. | | |
|-------------------------------------|---|--|
| No. | Report/Item | Organiser |
| 1. | <p>Work Programme Session</p> <p>Prior to the first formal Committee meeting for the Municipal Year on 6 June 2023, an informal meeting of Committee Members and Substitutes took place to consider matters to be raised during the Municipal Year 2023/24 and a number of different matters were raised.</p> | Debbie Campbell |
| 2. | <p>Feedback from an Ofsted Monitoring Visit</p> <p>An informal meeting took place on 31 August 2023, to receive information on the above. Paul Boyce, Sefton's Commissioner for Children's Services, gave a presentation and Ristardh Hare updated Committee Members on the recent Ofsted letter and the improvement journey for Children's Services. Members agreed that a training induction pack should be developed for new Members of the Committee.</p> | Debbie Campbell Ristardh Hare Paul Boyce |
| 3. | <p>Emotional Health & Wellbeing Services</p> <p>An informal meeting with Health Partners is scheduled to be held on 21 September 2023.</p> | Debbie Campbell / |

APPENDIX B

| | | |
|----|---|--|
| 4. | <p>SEND Inspection</p> <p>At the time of drafting this report, arrangements are being made to hold an informal meeting on “inspection readiness” in relation to Special Educational Needs and Disabilities (SEND) and it is anticipated that this could be held in mid-September 2023.</p> | <p>Debbie Campbell Tricia Davies Chris Lee</p> |
| 5. | <p>To meet with the Making a Difference (MAD) Group – to be arranged.</p> | <p>Debbie Campbell /</p> |
| 6. | <p>To visit the Menai Wellbeing Centre – to be arranged.</p> | <p>Debbie Campbell /</p> |
| 7. | <p>To visit Children’s Services at Magdalen House, Bootle – to be arranged.</p> | <p>Debbie Campbell /</p> |