

## **Appendix 1**

### **Cabinet Member Children's Services**

Details about the activities undertaken over the course of the year for the portfolio responsibilities for the Cabinet Member Children's Services

#### **Children and Family Services**

**Early Help Services (EH), including Early Help, Youth Offending Team, Young Persons Substance Misuse, Targeted Mental Health, Education Welfare, Education Psychology, Youth Engagement, Services for Disabled Children**

#### **Early Help**

Swindon has a wide range of early help services commissioned from and/or delivered by, the voluntary and community sector, schools and Early Help Teams. The quality of commissioned services is positive with some formal evaluations; for example the NSPCC and Family Nurse Partnership annual review. Quarterly performance reports of commissioned services demonstrate for example improvements in parenting capacity, self-esteem and independent living skills (of young people).

The Swindon Children and Young People's Early Support Strategy 2013-2016 was developed by the Swindon Children's Trust Board, and sets out the priorities for Early Help in Swindon

<http://www.swindon.gov.uk/cd/foi/cd-foi-publicationscheme/Documents/ChildrenAndYoungPeoplesEarlySupportStrategy2013-16.pdf>

The Children's Trust Board ended in March 2015, and governance for Early Help is now covered through the Health and Wellbeing Board, the LSCB, the Joint Commissioning Group, and the Community Safety Partnership. An LSCB Early Help Task and Finish Group is to be established in 2016, and that group will be reviewing the threshold criteria for services and the Early Help Record and Plan.

Swindon Children, The Early Help Record and Plan is accessible to the entire Children's workforce through 'schools on line' at

<http://schoolsonline.swindon.gov.uk/sc/iwg/Pages/Home.aspx>

Ofsted recognised the strength of Early Help in Swindon in 2014 and the access that families have to early help before entering statutory services. Partner agencies may need to consider if staff are appropriately starting EHRs as the proportion of those undertaken in comparison to statutory assessments is disproportionate, although this is not particular to Swindon and is a national issue.

The Early Help Record will always lead to a Plan being created for the child. The Plan may be delivered in a number of ways depending on its complexity. In the first 2 quarters of 2015/16 a total of 296 Early Help Records were completed. This compares to 227 for the same period in 2014/15.

The number of Early Help Plans has increased as the process becomes more firmly embedded. 254 Early Help Plans were completed between April and September 2015 compared to 149 for the same period in the previous year.

It is important to review the Early Help Plan to see if outcomes for children are being improved and identify any further help that is needed. 520 reviews were completed between April and September 2015 which was on average 87 per month. This compares with 295 for April to September 2014 (average 49 per month).

The Early Help Record and Plan is also part of the processes introduced in September 2014 to meet the requirements of new Code of Practice for children and young people with Special Educational Needs and Disabilities (SEND). There is now a common process for Early Help for children with additional needs and those with SEN and disabilities, and one process for escalating concerns and needs across SEND and Social Care and stepping down when outcomes are achieved. This will lead to less duplication and a graduated response to need. It further builds on the concept of a single assessment, across education, health and social care. The Early Help Record and Plan informs the decision to issue an Education, Health and Care Plan.

## **Youth Offending Team**

The YOT (Youth Offending Team), Uturn (Substance Misuse Team) and OnTrak (Youth Counselling Team) work together to form the Restorative Youth Services (RYS).

### **Reducing the number of Young People committing offences for the first time – First Time Entrants (FTE) April to September 2015**

The locally set target is to maintain low numbers of first time entrants (FTEs) into the justice system. Whenever possible, low level offending is dealt with without taking young people to court, especially if the young person has not been in trouble before. In the community the Police encourage reparation by the offender direct to those affected by their offending, (paying for repairing damage or a genuine apology etc. as part of a Community Resolution). In total there have been 61 Community Resolutions from April to September 2015 (Quarter 1 2015). In 2014/15 there were a total of 186 Community Resolutions. This reflects the lower numbers of FTEs into the YOT service.

Where offences are not suitable for a community resolution young people may be given a Caution. An example would be where there is no victim or the circumstances are more complicated and need a more formal process. Cautions are given at the police station and can involve an assessment by the YOT and can involve Conditions being agreed to make good the harm done or completing basic interventions such as improving school attendance. In total there were 61 Cautions and 15 Conditional

Cautions from April to September 2015. In 2014/15 there were 106 Cautions and 16 Conditional Cautions, showing a significant increase in the use of Cautions, again reflecting the lower number of first time entrants to the system.

Based on the previous year's outturn the target is to have less than 44 first time entrants into the justice system per quarter. Against this figure there were 75 First Time Entrants by the end of Quarter 2 2015/16, which shows a continuing trend for the reduction in FTEs in general. This trend is in line with what is happening nationally, where there is a significant reduction in youth offending.

**Re-offending** data is produced by the Ministry of Justice (MoJ) using police and YJB data and is based on a rolling cohort identified 24 months previously. Year on year Swindon YOT re offending rate has been broadly in line or better than the national average which is currently 35%. During this period, however, the local rate rose to a high of 43.2%. Data suggests that this is due to a small number of persistent offenders from October 2012 to September 2013 re-offending, but as they 'roll through', the cohort timeframe is expected to return to normal rates. This is being monitored closely to ensure the team fully understand the issues and impact of this small number of offenders. In addition, the service continues to scrutinise the Pre-Court disposals and cautioning process to ensure the right response is delivered to the right person at the right time to the greatest effect.

Reoffending rates are predicted to rise across the country due to the reduced cohort of young people entering the justice system overall.

In March 2015 the YOT was subject of a full joint inspection which ascertained that there were no practice or procedural issues of concern that were contributing to this rise at the time or in place currently. The final inspection report was published on 10th June 2015.

The Restorative Justice Scrutiny Group (Pan Wiltshire/Swindon) recently scrutinised the Swindon Youth Conditional Cautions (YCCs) and confirmed the good work undertaken with this cohort of Swindon young people by the YOT.

Uturn worked with 129 young people in treatment in 2014/15 and all were able to demonstrate positive outcomes. Out of these 129 young people, only 2 required specialist pharmacological treatments for class A use.

Ontrak worked with 132 young people who engaged in weekly one to one counselling sessions. In the past 18 months referrals have steadily increased which has caused some delay in young people commencing treatment after assessment currently an average referral to assessment was 37 days.

## **Education Welfare**

The purpose of the Education Welfare Service is to maximise attendance rates for individual pupils, individual schools and to ensure that all pupils of compulsory school age are in receipt of suitable education. The Service supports schools who report that children are missing education, and also monitors education for those children educated at home. In addition to the core service, a traded service is

available to schools offering the opportunity to purchase time for specific case work. Specific performance indicators are in place for the service, based on established Education best practice. Performance indicators include that all families who have reached a case discussion will have an Early Help Record and Plan completed, children missing education are identified and tracked, permanently excluded pupils are supported within agreed protocols, and elective home educated children are monitored.

### **Educational Psychology**

The Educational Psychology Service (EPS) supports child and adolescent development and learning. It helps to improve the performance of children and young people with additional needs. The service offers psychological assessment, advice, intervention and training to promote the inclusion and well-being of children and young people. The EPS provides high quality statutory assessments for Education Health and Care Plans, and contributes to Early Help Record and Plans if the EP has involvement with the child or young person. 415 cases were accepted by the EPS in 2015/16, with an average caseload of 35 children.

### **Youth Engagement Service**

A detailed analysis has been undertaken of vulnerable children not in education, employment or training/NEETs (young people with behavioural/emotional issues, children in care and care leavers, young offenders, teenage parents, young people with learning difficulties/disabilities). All of these young people have a Lead Professional assigned to them. Youth engagement workers (YEWs) are increasingly working with children and young people with complex needs as part of services to prevent children and young people needing social care involvement and as part of providing support when stepping down from social care. YEWs held 385 cases in 2015 and also offered extra support to year 10 and 11 pupils for a range of social issues as part of the Traded Service to schools.

On average a Youth Engagement Worker (YEW) will spend 50% to 60% of their total activity directly with young people. This equates to between 407 & 415 activities per month. The average caseload is 22 young people and there are between 40 & 50 new involvements per month. The average length of work with young people is between six and ten months with an average of 90 recorded outcomes per month.

Youth Engagement Workers contribute significantly to priority areas or activity with vulnerable children. Of the 14 cases at the Multi-Agency Risk Panel (MARF), which has the highest risk CSE/criminal exploitation cases of young people, 11 are currently have a YEW allocated (November 15). 14.3% of all Child in Need cases for 13 to 18 year olds, 15.4% of all Child Protection Plans cases for 13 to 18 year olds, and 15.2% of all 13-18 year Children in Care have a allocated YEW.

### **Troubled Families**

Due to the success of this programme in Swindon, we were invited by the Department for Communities and Local Government (DCLG) to be an Early Starter

local authority and began the roll out of phase two of the programme in January 2015. In phase one SBC had a target of working with 370 families and outcomes were met for 96% of cases (354). 57.1% (202) families continued to sustain their outcomes and did not meet any phase two criteria.

Phase two of the Troubled Families Programme retains the current programme's focus on families with multiple high cost problems and continues to include families affected by poor school attendance, youth crime, anti-social behaviour and unemployment. However, it also reaches out to families with a broader range of problems, including those affected by domestic violence and abuse, with younger children who need help, where crime and anti-social behaviour problems may become intergenerational and with a range of physical and mental health problems.

We have identified 227 families (81% of target for 2015/16) and are actively working with 208 families (74%). Due to the extended criteria and information sharing agreements across partner agencies we are confident that we will be able to identify the target number of families.

Claims analysis from phase one showed that successes were largely in relation to outcomes for children (education and crime) and delivered almost exclusively by SBC staff as the lead professionals. This presents a challenge as Children, Families and Community Health at SBC do not have the capacity to deliver the programme to the target number of families (1270 by 2020). It is crucial to engage partners in holistic family working to ensure that outcomes are met across the family. Strategic and operational leads have been identified across partner agencies and the Troubled Families lead will be working with these agencies to agree which cases they can be the lead professional and agree robust working processes.

### **Families First**

Families first offer a Borough wide intensive intervention with families being visited 2-3 times a week, working with the whole family unit rather than focusing on the individual. These sessions focus on progressing the Early Help Record and Plan (EHRP) and building capacity within the family and their social network. Families First prioritise cases as they are stepped down from the Children in Need process and work with families to prevent them from being re-referred to social care by building on their strengths and resilience. This is linked to the Troubled Families Programme, with Families First working with some of the highlighted 1270 families across the five year Troubled Families Programme who are most in need of support.

### **Services for Disabled Children, including Paediatric Therapy Services, Speech and Language and Portage and Creative Solutions Group and Transition from Children's to Adult Services**

#### **Disabled Children's Team**

At October 2015 there were 204 cases open to the Disabled Children's Team (24 Children Looked After, 12 Children subject to Child Protection Plans and 168 with

Child in Need Plans). The Team works alongside other preventative services e.g. Early Help, Aiming High Short Break Service and Families First Teams to support children and young people with a disability and their families.

The team receives referrals directly from Family Contact Point and progresses these to assessment within the statutory timeframe to ensure that we achieve a positive outcome for the disabled child or young person (and their siblings). Currently, 6% of children open to the team are the subject of a Child Protection Plan.

The team provides a range of short break services, these include: direct payments (52 Children receive a direct payment), group activities (20 Children receive this type of support), overnight respite with a foster carer (33 children receive support from the Home and Away scheme), overnight respite with a specialist foster carer (15 children receive support from the enhanced foster carer scheme) and some residential respite (9 children receive a short break overnight residential service).

### **Aiming High Team**

The Aiming High Short Break Service provides access for children and young people with disabilities to social and leisure activities, and enables their parents and carers to have a break from their caring responsibilities. These services are allocated and provided without the requirement for a Social Care assessment. There are currently 432 children receiving a service from the Aiming High Team. So far in this financial year, the Aiming High team has received 248 referrals for a service. In the 2014/15, a total of 539 referrals were received. Aiming High will provide up to two hours of support per week to a child/young person. If a family requires further support, a Social Care assessment would be required through the Disabled Children's Team. The Aiming High team provides information and advice regarding leisure activities and provides the following direct support for children and young people:

- Inclusion Funding – this is where Swindon Borough Council manages the funding of a particular activity. The funding is paid directly to the service provider. Currently, there are 100 children receiving inclusion funding and 1:1 support.
- Direct Payments – this is where funding for activities is paid directly into a bank account managed by the parent or carer of the child/young person. The parent or carer would then organise and pay for support themselves. Currently there are 174 children receiving support via a Direct Payment.
- Group Activities – the Aiming High Team also runs a number of specialist activity groups for children and young people. Currently there are 194 children attending groups provided by the Aiming High Team.

### **Paediatric Therapy**

The paediatric therapy service provides a jointly managed and planned specialist service delivered by physiotherapists and occupational therapists that provide holistic care to meet the specific physical, cognitive and sensory needs of each child or young person who has complex on-going needs. The service provides a range of therapy and care to enable children and young people to maximise their own



functioning independence allowing them to enjoy a full and rewarding life within their families, peer groups and the wider community. The service is also responsible for assessment and the provision of specialist equipment for children and the occupational therapy service provides an integrated health and social care function that enables the delivery of home adaptations alongside equipment to promote maximum independence and functioning. In addition the service provides in reach specialist paediatric physiotherapy input to the secondary care provider clinics for orthopaedic, orthotics, respiratory, cystic fibrosis, hydrotherapy as well as delivery of the community based element of these services for children and young people. As well as working directly with children and young people with 1139 children and young people receiving care from the service in June 2015, the service also works with families and professional colleagues to support them to deliver therapeutic interventions for children that support the specialist work of the therapy service.

### **Paediatric Speech and Language Therapy**

The paediatric speech and language therapy service provides a range of therapy and care to support babies with feeding and swallowing difficulties, children with communication, speech difficulties and delayed language development as well as to young people with communication difficulties and specialist services for fluency problems, children and young people with Downs Syndrome, Autistic Spectrum Disorders (ASD) and hearing problems. In June 2015 the service was working with 2353 children and young people across health, education and social care settings in Swindon. As well as working directly with children and families the service also works with families and professional colleagues to train, enable and support them to deliver therapeutic interventions on a more intensive basis to support children to meet their expected speech and language milestones.

### **Children's Complex and Continuing Care Team**

The Children's Complex and Continuing Care team provides support and care to children in partnership with their families and carers when they have complex health needs. The service aims to enable children and young people who they work with to maximise their independence and quality of life. The care provided focuses on children and young people remaining at home and being able to fully participate in education and social opportunities that will help them to enjoy and achieve what they want in their lives. The service works in partnership with children and young people's other health, education and social care providers alongside their families and carers. The service provides Continuing Health Care assessments for children registered with a GP in Swindon. Continuing Health Care packages provide specific individual care packages that support children and young people to access education and other social activities as well as providing respite support for families.

### **Swindon Portage and Special Tots**

Swindon Portage and Special Tots delivers early intervention through education to pre-school children and support and advice to families. Home teaching is delivered to 15 children on a weekly basis during term time. These children have significant delay across more than 2 areas of development. One portage teacher delivers a 4

week triage to those children on our waiting list who are not receiving any other specialist pre-school experience. The teacher provides activities and advice, informing them of benefits and services that they are able to access. Another portage teacher provides support and advice to families on a monthly basis who have children with Severe Combined Immunodeficiency (SCID) and ASD empowering parents to meet the needs of their children. All Portage staff provide support and advice to staff within children centres to up skill staff enabling them to meet the needs of disabled children in their locality. Special Tots is a pre-school group for children with SEND, based at the Salt Way Centre. Children are offered one session a week as part of their 15 hours nursery education. We work with a maximum of 10 children each session across 4 sessions. This number will include any siblings.

### **Creative Solutions Group**

The functions of the Complex Needs and Resource Panel (CNRP) and Placement Panel which make decisions related to children and young people who have become looked after have been combined to giving attending professionals and panel members the ability to think creatively and agree funding for alternative solutions to traditional placements. This is now called the Creative Solutions Group, and continues to be multi-agency. This new model provides an opportunity to move away from processes that lead to dependency on specialist provision to a model that promotes growth, resilience and independence in the individual through the provision of local targeted services and support.

### **Thought Tank (previously known as Chatterbox)**

During 2015, Thought Tank has been involved with the SEND Programme Participation and Engagement Group. The Group has designed a young person friendly poster explaining the recent changes, to be distributed throughout all special schools, and mainstream schools with a special resource provision. In addition, the group supported the design of an online survey to ascertain the impact of statutory promotion around SEND reforms. Through their positive contributions to the 'Aiming High; Short Break Consultation' they informed the recommendations presented to Cabinet. Thought Tank have supported Swindon Borough Council in their 'Children with complex healthcare needs assessment', supporting the discussion process with other young people, to understand what works well and what doesn't work so well when you have complex medical needs. Following the needs assessment, the reports will assist in the review of services to see where improvements can be made. The children and young people's Anti-Bullying Vision is currently being distributed amongst all Swindon Schools has also been adopted by the Thought Tank group, and adapted to make it relevant and appropriate for the needs of young people attending special schools and resource provisions.

### **Transition from Children to Adult Services**

Swindon has a 'Swindon Preparing for Adulthood' Transitions Protocol and Transition Pathway which includes all agencies. It was co-produced with young people with a disability and their parents. This Protocol is currently being reviewed and revised as



part of our response to the Care Act, the Children and Family Act and the SEND reforms.

The Education Health and Care Plan has transition planning embedded which will be based on person centred annual review and plan completed by schools in year 9 onwards. The Annual Review is aligned with the four Preparing for Adulthood Outcomes - Employment, Living Independently, Community Engagement and Health. It includes the young person's views and aspirations and relevant information for Adult Services, Housing and Children's Services Commissioning and the Disabled Children's Team.

Pupils who currently have a Statement of SEN will usually be converted to an Education Health and Care (EHC) Plan at their Year 9 Annual Review during the transitional arrangements period and by 2018 all Statements of SEN will have been converted.

For those who do not have a Statement or EHC Plan but might need some additional support through transition or preparation for adulthood, the Early Help Record and Plan provides a tool to identify need and the support required to meet this need. The Learning Disability Transitions team is located with Adult Social Care for people with a Learning Disability and works closely with Education and Children's services.

### **School Nursing**

School Nurses have some universal responsibilities, designed to secure early help for those who need it and to ensure children don't fall behind:

- Vision testing and hearing screening for all reception aged children and feedback to parents
- National Childhood Measurement Programme (height & weight surveillance for all Year 6 and Reception Year children and support for families where weight is identified as an issue, both underweight and excess weight)
- All school based immunisation sessions, particularly HPV immunisations for young women

School Nurses worked with 1063 children and had 83 new cases in the last school year and also play an important role in supporting children on Child Protection Plans and Children Looked After to address health inequalities. School Nurses also offer Traded Services to help schools manage medical needs, onsite support and Personal, Social and Health Education (PSHE).

### **Health Visiting**

The Swindon Borough Council Health Visiting service is responsible for delivering the Universal Healthy Child Programme (HCP) to babies, young children 0 - 5 and their parents / carers in Swindon Borough. The HCP consists of 5 mandated contact visits by qualified Health Visitors where they work with parents to ensure our local children get the best start in life. The Health Visitors use the visits to assess health needs and any vulnerabilities and signpost or ensure parents and carers are

supported and access the evidenced based interventions needed. The HCP is as follows:

- Antenatal visit
- New Birth Visit
- 6-8 weeks visit
- 12 month visit
- 2 to 2 and a half year visit

In Swindon we are locally commissioned to deliver an extra visit at 8 – 12 weeks as there is evidence that this is especially important in helping to promote healthy attachment behaviours between babies and their parents.

In October 2015 the commissioning of Health Visitors moved nationally from NHS England to Public Health in Local Authorities and we have worked well locally to ensure the transition has gone smoothly. Currently in Swindon we have 48 whole time equivalent (WTE) Health Visitors in our establishment. We continue to support the training of student Health Visitors to ensure that the workforce locally is sustained going forward.

### **Family Nurse Partnership**

The value of fully integrated, co-located health, education and social care services for children in Swindon cannot be over-stated. The Family Nurse Partnership, (FNP) has been established for 6 years. 330 parents have been enrolled on the Programme, and the FNP is currently working with 137 families. 60 first time mothers were enrolled in 2014/15, Of these, 50% were under 18 at conception and all were under 20. The Swindon FNP is having a significant impact on protecting children and improving outcomes for children in the safeguarding arena. The therapeutic relationship between family and nurse provides the foundation for acquiring information and knowledge to inform assessment of risks and protective factors within families. The nurses are able to identify and act on concerns early. The team has strong links with social care, other partners and the named nurse for child protection which promotes a culture of information sharing and opportunities for discussing concerns, seeking advice and sharing good practice.

All young parents completing the programme are asked for their views and participate actively in the development and celebration of the programme. The outcomes of FNP Swindon have been very positive, with the majority of families, on exit, only requiring universal services. We can evidence:

- Reduction in smoking, cross-generational changes in attitudes about smoking around children, often leading to smoke free homes and indications suggest reduction in A&E attendance for accidents
- Increase in immunisation uptake and use of contraception
- Emerging evidence of improved developmental milestones (language acquisition, cognitive and social emotional skills) compared to a non-FNP group with a similar profile. This will have a significant impact on the child's school readiness but further evaluation needs to be done post FNP to evaluate this.
- Uptake of 2 year nursery education funding for the majority of families.

- Parents returning to education, training or finding work.
- Improved relationships and more awareness of unhealthy relationships for the parents. This is also seen in improved engagement with services.
- Improvement in the responsiveness to their children

## **Public Health**

Public Health sits within the Portfolio for the Cabinet Member for Health and Adult Social Care. However, the effective delivery of Public Health has a direct impact on outcomes for children, young people and families, and it is therefore important to reference them in this report. In October 2015 the responsibility for the commissioning of children 0-5 transferred from NHS England to public health in the local authority (Health Visiting and Family Nurse Partnership).

## **Immunisations**

The target level of coverage is 95% for all childhood immunisations. In quarter 2 of 2015/16 Swindon has a higher coverage than the national average for all programmes which are meeting the minimum coverage levels, with the exception of the following programmes:

- Hib/MenC booster vaccination coverage (2 year olds) 94.5%
- PCV booster vaccination coverage (2 year olds) 94.2%
- MMR vaccination coverage for one dose (2 year olds) 94.2%
- MMR vaccination coverage for two doses (5 year olds) 92.4%
- DTap/IPV(5 year olds) 91.4%

Swindon has improved its childhood flu uptake for 2, 3 & 4 year olds compared with the previous season (2014/15). Swindon remains significantly higher than the England average for 2, 3 & 4 year olds but below the regional average.

Our role is to seek assurance from NHS England that all childhood immunisation programmes are meeting the coverage targets set to ensure that our children are protected. Where coverage is below set targets we will work with NHS England to ensure that remedial action plans are in place to improve performance.

## **Breastfeeding**

In Swindon we have a breastfeeding strategy and an implementation plan, involving a range of partners, which aims to increase breastfeeding and to achieve full UNICEF Baby Friendly Initiative accreditation. Over the last 4 years there has been a small but significant improvement in the performance for breastfeeding babies at 6 - 8 weeks.

The most recent national data made available for comparison is for 2014/15, where overall prevalence in Swindon Borough Council (46.1%) was statistically significantly better than for England (43.8%), however there were data quality issues, with lower coverage in England that might have affected the national prevalence. The Swindon coverage was 95.7% and the England coverage was 87.2%.

There has been some excellent joint work with the Health Visitors and there is a network of breastfeeding peer support groups, “Breast Mates”. Swindon has achieved accreditation for 2 out of 3 stages for the Baby Friendly Initiative, with the last stage booked for May 2016.

## **Teenage Pregnancy and Sexual Health**

Swindon continues to follow the national trend in reducing teenage conceptions and unplanned teenage pregnancies. From Q3 September 2013 to Q3 September 2014 the Swindon rate was 20.9 which is below the England rate of 23.3. This is good news as our target is to remain in line with the England average rate.

Following the Sexual Health Joint Strategic Needs Assessment (JSNA) a new Swindon Sexual and Reproductive Health Strategy (2015 – 2020) has been approved by the Health and Wellbeing Board and adopted by the council. The strategy takes a life course approach which prioritises prevention. The five priority outcomes are:

- Build knowledge and resilience among young people up to the age of 16
- Reduce rates of STIs among people of all ages in the life course
- Reduce onward transmission of and avoidable deaths from HIV
- Reduce unplanned pregnancies among all women of fertile age
- Continue to reduce the rate of under 16 and under 18 conceptions

We have introduced a new Sexual Health Spotting the Signs (CSE) Assessment for use by health staff to ensure that safeguarding is at the forefront of their work with children and young people. The front line services for young people continue to play a key role; the School Nursing Service provides in-school clinics and our Youth Engagement Workers promote healthy relationships and sexual health within their targeted work.

## **Obesity**

National Child Measurement Programme (NCMP) data from the school year 2014/15 shows:

Reception year: overweight prevalence in Swindon (11.3%) was significantly less than the England average (12.8%). There was no significant difference in obesity or excess weight prevalence in Swindon and England, with:

- 9.2% of Swindon children and 9.1% of English children being obese
- 20.5 % of Swindon children and 21.9% of English children having excess weight (i.e. overweight and obesity).

Year 6: there is no statistically significant difference in overweight, obesity or excess weight prevalence in Swindon and England, with:

- 14.8% of Swindon children and 14.2% of English children being overweight
- 19.5% of Swindon children and 19.1% of English children being obese
- 34.2% of Swindon children and 33.2% of English children having excess weight

Overall the trend for obesity is essentially flat in both reception and year 6 in Swindon (i.e. no change since 2006/07). For England, the trend is a small decrease in

obesity in reception year and a small rise in obesity at year 6 since 2006/07. These data are liable to annual fluctuation without necessarily indicating a trend that would require further action.

A number of new programmes are being developed in Swindon schools and the wider community, which will encourage an increase in physical activity and the consumption of a healthy diet. These include national funding of £9,000/year/primary school from the academic year 2014/15 for 3 years, free school meals for reception, year 1 and year 2, which started in September 2014 and on-going work to improve school meals nutritional quality in Swindon. We also have an early years obesity prevention programme.

### **Healthy Schools agenda**

28 out of 75 schools across Swindon have achieved their Bronze Healthy School award status with a further 16 schools working towards their bronze award and 3 towards their silver award. Three schools in Swindon (Commonweal, Isambard and Swindon Academy) are delivering on a social norms programme to challenge perceptions of risky behaviours and promote positive healthy lifestyle choices.

### **Targeted Mental Health in Schools (TaMHS)**

The Targeted Mental Health Service (TaMHS) is Swindon's Tier 2 (early help) CAMHS service and it is based as part of the Early Help Teams for Children and Young People aged between 0–18 years of age and their families. TaMHS aims to ensure that the emotional and mental health needs of children and young people are appropriately supported and addressed at the earliest opportunity. TaMHS delivers short term interventions of between 4-6 weeks, this may involve using techniques such as Cognitive Behavioural Therapy (CBT) or solution focused informed work. TaMHS is the single point of access for all referrals for mental health services for children and young people that have a Swindon GP, including CAMHS, Learning disability CAMHS and now On Trak. The TaMHS service also deliver the parenting package for the Attention Deficit Hyperactivity Disorder (ADHD) pathway and run two family links nurturing programmes. TaMHS now works with the Fostering Team to support foster carers who may need support or advice with the aim of preventing placement breakdown.

TaMHS received 1,285 referrals for children and young people through the single point of access from September 2014 to August 2015 and the same number again through referrals from schools and settings that are trading with TaMHS. The TaMHS service is trading with approximately 55 educational settings (schools and colleges) across Swindon during the 2015/16 academic year. Each school or college is provided with a bespoke package tailored to meet their specific needs, which may include nurture groups, 1-1 client-centred sessions, parent work, classroom observations, small group work, consultations for staff and parents, clinical supervision and training. Each individual intervention is measured/evaluated through the completion of pre and post intervention SDQs (Strengths and Difficulties Questionnaires) in order to identify the progress made.

All referrals to TaMHS are triaged dependant on the content of the referral. Approximately 90 referrals a month are currently received through the single point of access. A decision is then made by the practitioner whether that child or young person needs to be seen within the next few days, whether they need the next available assessment appointment, or if they can then be put on to the waiting list. The waiting list is currently about 16 weeks for a routine assessment appointment. Once assessed the child or young person will then be allocated to a member of the TaMHS team for work if necessary, signposted to a more appropriate agency for the work, referred onto Specialist CAMHS, or closed.

### **CAMHS Service Transformation plans**

In 2015 the Children and Young People's Mental Health Needs Assessment was completed which informed Swindon Transformation Plan. Oxford Health NHS Foundation Trust, TAMHS, Commissioners and Public Health worked collaboratively to develop this plan.

In October 2015 Swindon was successful in securing funding to transform children and young people's mental health and wellbeing services. The aims of the Transformation Plan 2015 -2020 are to:

- Improve our local eating disorder service in Swindon in conjunction with Banes and Wiltshire. This will be led by Oxford Health NHS Foundation Trust
- Build resilience through promoting good mental health and wellbeing, preventing ill-health and intervening early across the CAMHS pathway
- Change how care is provided so that we have a needs-led not service-led seamless CAMHS pathway
- Sustain a culture of continuous evidence based improvement delivered by a workforce with right skills-mix, competencies and experience who strive for excellent quality

Schools now have the budget to commission mental health support for their pupils. TaMHS have increased their traded services from £123,000 from 29 Schools in 2011/12 to more than £300,000 from 55 schools in 2015/16.

TaMHS and CAMHS are working hard to improve the number of patients they see within 18 weeks. At present TaMHS see 64% within 18 weeks and the Transformation Funding and Plan focus on improving this figure.

### **Children's Social Work Services**

#### **Child Protection - Safeguarding at the social care front door – contacts, referrals and assessments**

The service is managing a significant risk in referrals and assessments being undertaken due to the sheer volume.

#### **Multi-Agency Safeguarding Hub (MASH)/Family Contact Point**

A Multi-Agency Safeguarding Hub (MASH), also known as Family Contact Point, provides the opportunity to improve safeguarding approaches through better



information sharing across a range of agencies and shared high quality and timely safeguarding responses. The Wiltshire MASH began in January 2014 in County Hall, Trowbridge. At that time it was agreed that Swindon Borough Council would be a 'virtual partner' it is now appreciated that arrangements need to be more localised with workers co-located and integrated to share real time decision making.

A project to establish the Swindon MASH, where the three core members, Council's Children's Services, Health and Police members will be co-located, is making good progress with the MASH scheduled for testing in February 2016. Accommodation in Clarence House, on the Council's Civic Campus has been refitted to accommodate the MASH. The Police have successfully recruited experienced staff to work in the MASH, Health representation has been agreed and work is continuing to identify the staff who will work in the MASH. The processes and procedures for the MASH have been defined and changes are being made to the computer systems that staff will use building on the already established Family Contact Point (FCP) structure and systems. As part of this progression the Domestic Abuse Pathway into Social Care is also being reviewed to ensure a timely and proportionate response to children and families that experienced domestic abuse within the family. The Council and its partners continue to work with wide range of agencies to establish the MASH and agreement has been reached with the Probation Service to participate in the MASH from January 2016.

## **Contacts**

Family Contact Point/MASH records all contacts for children's services in their widest sense (ie includes Early Help) as well as contacts that may become referrals to Children's Social Care. There were 6,673 contacts to Family Contact Point between April and September 2015, compared to 5,317 for the same period in 2014/15. There were 1,402 contacts in September 2015, compared to 1,036 in August 2015.

## **Referrals**

1,540 referrals were received in Children's Social Care between April and September 2015, compared to 1,374 for the same period in the previous year. In September alone there were 305 referrals compared to 167 in August. Swindon's referral rate in the first 6 month period is now higher than national and statistical neighbour averages based on the cumulative rate of referrals between April and September 2015 (Swindon 316.9 per 10,000 under 18 compared with 263.5 statistical neighbour and 274.2 national average).

The high referral rate in June (304), July (333) and September account for this. It is possible that by the end of year Swindon will be back in line with national and statistical neighbour average if no further fluctuations occur.

## **Statutory Assessments**

From April 2015 to September 2015, a total of 1,833 social work/statutory assessments were completed taking an average of 36 working days.

## **Number of children in need (section 17 social care)**

The number of children in need (this does not include children in care) was 1,309 at the end of September 2015, down from 1,379 at the end of April 2015. This is above the national (1,140) and statistical neighbour (943) average.

## **Child Protection Processes and Outcomes**

### **Child Protection Conferences**

144 out of the 252 child protection enquires completed went on to a child protection conference, where a multi agency group of professionals decide whether a child needs to be made the subject of a child protection plan. This compared to 172 out of 284 in the same period in 2014/15. The percentage of enquires that went to initial child protection conference within 15 working days was 72.3% between April and September 2015. This is roughly in line with the national average of 74.7%. This performance is good given the context of an increase in the number of children on child protection plans.

### **Children on Child Protection Plans**

214 children were on a child protection plan at end September 2015. This is a relatively high number compared to the national average (208) and statistical neighbour average (203). During June and July in particular there was a fluctuation in the number of children starting plans with 32 and 35 respectively. The monthly average was 21 between April and September 2015. Partners are working together to reduce the number of children subject to child protection plans.

### **Child Protection Plan Reviews**

Between April and September 2015, 100% of children on child protection plans had their reviews completed on time. This is an improvement from 93.4% in March 2015. The national average is 94% and the statistical neighbour average is 97.6%.

### **Second or subsequent child protection plans**

The number of children having second or subsequent plans was 17.5% between April and September 2015, an increase from 13.1% in September 2014. This is above the national average (16.6%) and statistical neighbour (17.6%). A detailed understanding of the reasons for a relatively high number of children receiving second or subsequent plans needs to be developed to inform any practice changes required.

It is also important to note that a percentage of children will have subsequent plans due to family circumstances changing and for different reasons to their original plan.

### **Duration of child protection plans**

0.8% of children (1 child) ceasing a child protection plan remained on a plan for two years or more between April and September 2015, compared to 3.1% in the previous year. This is below the 2014/15 national average of 3.7% and below the statistical neighbour average of 3.6%.

## **Multi-Agency Risk Panel (MARP)**

Children's Social Care operate a process called the Multi Agency Risk Panel (MARP). Children that are considered to be at the highest risk may be reviewed at MARP, as well as any child that other partners are worried about as being at high risk. Most high risk CSE cases are reviewed at the Panel as well as cases where professional are concerned for other reasons – such as gang activity. To assure itself that the MARP is effective and having the desired outcomes, a review has been completed and was reported to the LSCB in June 2015.

## **Child Sexual Exploitation (CSE)**

The council has had a CSE working group since January 2015, which was chaired by John Gilbert. There is a delivery plan in place that links closely with the LSCB action plan. The majority of actions in the delivery plan have been achieved within timescales. Actions from the Council CSE Working Group include, letters been sent to every taxi driver, hotel and licence premises. We recently had positive meetings with Thamesdown Transport and Stage Coach and it has been agreed that they will facilitate a letter can be sent to every bus driver. The message in all the letters is if you “see something say something”. Linked to this, Swindon Council now has a new website “Say Something Swindon”. A presentation on CSE was made to the Children's Health, Social Care and Education Overview and Scrutiny Committee on 6<sup>th</sup> January 2016. There is a national CSE awareness day on the 18<sup>th</sup> March, Swindon Council and colleagues from the LSCB are working together to plan for the day.

The Partnership Profile for CSE has provided an understanding of those people who are at most risk across Swindon. It has enabled targeted partnership activity, focused on identified areas of concern in Swindon.

Funding and agreements are in place for a co-located CSE team with significant representation from Police and Local Authority, operating under one roof. The Opal Team, as it is to be known, is expected to be operational by March 2016

## **Female Genital Mutilation (FGM)**

In 2015 Swindon LSCB developed multi-agency guidance and procedures to address FGM. The Board has developed a pocket guide to raise awareness of the issue amongst the children's workforce, and 1,400 pocket guides have been distributed to date. The LSCB has incorporated FGM into Level 3 Safeguarding training and provided two specialist courses in 2015.

Swindon has not yet used the new LSCB protocol. However when there were concerns about a child in Wiltshire, the Swindon FGM protocol and guidance were used, and feedback from Wiltshire Police was very positive.

Work in the area of FGM will be incorporated into a strategy to address violence against women and girls and will be led by the Community Safety Partnership. The strategy will join up the areas of CSE/Sexual Violence, Teenage Domestic Abuse. Forced Marriage and FGM.

## **Honour Based Violence (HBV)**

Training in awareness of 'Honour' Based Violence (HBV), Forced Marriage (FM) and Female Genital Mutilation was delivered in 2015. Since 2010 over 400 frontline staff have attended this course. Two further courses are scheduled for 2016. MARAC (Multi Agency Risk Assessment Conferences) continue to deal with cases which are dealt with in a closed MARAC as appropriate. Family Contact Point/MASH assess approximately six families a year in relation to HBV.

## **Children in Care and Adoption**

### **Number of children in care**

268 children were in care at the end of September 2015. This compares with 252 at the end of 2014/15. Swindon is below the national average (291 children in care when scaled to the Swindon population). 77 children in care (28.7%) were in externally commissioned placements at the end of September 2015. This compares with 25% (63 children) in 2014/15. One reason for the increase has been in relation to a number of unaccompanied asylum seeking children coming into the Swindon area. 13.1% of children in care were placed more than 20 miles away from their home address as at the end of September, down from 16.7% at the end of March 2015, which is in line with the national average of 14%. This measure is a corporate priority with a target to reduce to 7% by 2019.

84.3% of looked after children were in family placements at the end of September 2015. This is a slight decrease from 84.9% in March 2015 and is in line with the national average of 85%.

### **Placement Stability**

Short term placement stability is measured based on those children having 3 or more placements during the reporting period as a percentage of the number of children in care at the end of September 2015. 2.2% of children in care had 3 or more placements. The percentage increases through the year as children move placement and is likely to be in the region of 11% to 15% for the full year. The national average for 2014/15 was 10%. Swindon has more adolescent young people in care than the average and we know this age group tends to have a higher number of placement moves.

Long term placement stability for children in care for 2.5 years or more has improved to 67.7% from 66.1% at the end of March 15. Performance is in line with the national average (67%).

### **Adoption**

4 children were adopted between April and September 2015. In 2014/15 a total of 13 children were adopted. A further 6 children also became subject to Special Guardianship Orders between April and September 2015. The rate of adoption is receiving attention to ensure that the levels are appropriate. The number of Special

Guardianship Orders shows that they are being used as appropriate where adoption is not considered to be in the child's best interests.

### **Timeliness of Adoption**

The average number of days between coming into care and being placed for adoption is high, at 836 days compared to 636 nationally based on the September 2015 position. Performance has improved since the end of 2014/15 when 850 days was recorded. We have been able to adopt some children with particular/special needs this year to date, despite making the timeliness figure for adoption higher.

### **Advocacy for children in care**

Advocacy services are available for all children in care and young people aged 4 – 19 years at their statutory review, including children with a disability, children seeking asylum and children for whom English is not a first language. The service is offered at the 1<sup>st</sup> month and thereafter at the 3rd month following the child becoming looked after, and every 6 months thereafter if required, and at any additional reviews as requested. This is an opt-in service and not all choose to take up the service (7 out of 20 took up the offer during 2014/15). Children in care are increasingly leading their reviews and choosing where and when they take place.

### **Health of Looked After Children**

Improving the health and well-being of children in care remains a priority for Swindon Borough Council and Swindon Clinical Commissioning Group (CCG).

The Ofsted and CQC inspection in 2014 highlighted several areas for improvement, including the quality and timeliness of health assessments and the need to improve capacity. A rapid improvement plan was put in place and has now been implemented with an emphasis on improving performance and quality monitoring.

There has been an improvement in the timeliness of health assessments and the quality of health assessments. At the end 2015 the CQC agreed to fund a Specialist Nurse for Children in Care to work alongside the Designated Nurse for Children in care. This post has now been advertised and the Specialist Nurse should be in post by the summer of 2016. This will enable the nurses to complete the majority of review health assessments for children placed outside of Swindon. This will improve the timeliness and quality of health assessments and allow the nurses to have an oversight of the quality of the care in out of borough placements. The extra capacity will also be used to improve the health support available to care leavers.

The Designated Nurse works closely with the Designated Doctor for Children in Care. She also links with the School Nursing and Health Visiting services to ensure that universal services are meeting the health needs of children in care. The Designated Nurse meets regularly with other health service providers to ensure they understand the health needs of children in care and that children in care get swift access to services. This includes Child and Adolescent Mental Health (CAMHS), Targeted Mental Health in Schools, Sexual Health Services and GPs.

In 2015 the full time post of Placement Support Practitioner was put in place to support foster carers understand the emotional and mental health needs of the children placed with them and to offer practical solutions to managing challenging behaviour. There has been very positive feedback from foster carers and social workers about the impact of this work.

### **Education of children in care**

Looked after children achieved 29% 5A\*-C with English and mathematics which is above the national average for this group (12% in 2013/14). Expected progress information shows that looked after children make more progress than this group does nationally too, particularly in English. Care should be taken when trying to interpret this data though because the cohort consisted of 17 pupils.

### **Corporate Parenting Board**

The Cabinet Member Children's Services chairs the Corporate Parenting Board, and representation on the Board has increased, to include representatives from Housing, Finance, two foster carers, and representatives from the Children in Care Council who chair one of the Board meetings. Issues discussed at Corporate Parenting Board during 2015/16 include:

- The Virtual School and education of children in care
- The contract for the Children's Rights commissioned service
- Recruitment and retention of foster carers
- The health and wellbeing and mental health of children and young people in care
- Routes to employment, education and training, and access to accommodation for care leavers

### **Children in Care Council**

The Children in Care Council is a group of young people who are all cared for by Swindon Borough Council and gives children and young people the chance to shape and influence the parenting that they receive at every level, it gives young people a chance to have a say about the things that really matter in their lives, helping to shape the overall strategy for cared for children and young people in Swindon. There are two groups held (8-13; 13-18). The groups meet once a month.

In addition to the CICC, there is an In Care Experienced group (ICE TEAM), who sit on the Corporate Parenting Board and are responsible for gathering the views from other children in care and presenting them to the board. Coram Voice delivers this work.

### **Care Leavers**

At December 2015, The Care Leavers Team worked with 147 young people aged 18 - 25 years old. In September 2015 the allocation of a Personal Advisor for those children in care at the age of 16 was formalised for the team, to work alongside the Community Social Work teams to support Social Workers with Pathway Plans and



add a more qualitative overview that includes the voice of the child and provide advice and guidance regarding young people's rights as a care leaver. This is an area that requires further work to embed the practice successfully to achieve best outcomes for Swindon's Care Leavers and is part of the team's improvement plan.

Historically we know that care leavers have not been successful in the area education, employment or training. The rate of care leavers in NEET on their 19<sup>th</sup>, 20<sup>th</sup> or 21<sup>st</sup> birthday as at the end of the year was at 50.7%. This is an increase from 2014/15 and is higher than the national average of 38.0% and the statistical neighbour average of 38.7%. Where a birthday record is recorded, 25 out of 50 children (50%) were NEET. Work is underway with our Virtual School leads and Routes to Employment colleagues to reduce the gap and improve performance. This includes a number of planning events to hear the voice of the child/young person both those in care (as part of transition planning) and care leavers.

### **Reducing Domestic Abuse**

The Council and its partners commissioned a new Domestic Abuse Strategy in 2015. The work has been completed and Cabinet recently agreed the new Strategy. Priorities include, support for perpetrators, reducing the impact on children within the family and working with victims and survivors. This is timely given that monthly returns show the reporting of Domestic Abuse increasing by just over 30% in the first 6 months of 2015/16.

Domestic Abuse continues to be a challenge particularly with the increased reporting of incidents. The new Strategy and Action Plan will help to address this. One example is improving the work agencies deliver at Multi Agency Risk Assessment Conferences (MARACs). Here we have seen an increase in repeat referrals with 45% of cases being referred back again due to repeat incidents.

### **Children, Families and Community Health Quality Assurance activity**

Children, Families & Community Health have recently reviewed its Quality Assurance Framework and introduced a new quarterly performance board to oversee the various strands of quality assurance activity and agree action plans developed as a result of activity. This meeting will act as a challenge meeting where the HOS can scrutinise activity, receive exception and corrective action reports and call managers to account. Key Quality Indicators (KQIs) have also been developed to sit with its Performance indicators to start providing improved information on how good the services are rather than simply how many or how much of an activity occurs.

### **Children's Workforce Information**

Overall caseloads in Swindon compare reasonably with the national picture. Caseloads in the Assessment and Child Protection Team (ACP) have reduced since Quarter 1 but this is the team where caseloads are higher than the service would wish. Caseloads in ACP team now average around 30-35 children per social worker, averaging elsewhere across the service between 20-25 per social worker. Throughout 2015 the Council has increased resource in response to increased

demand and service pressure, in September 2014 agreeing to 7 extra establishment social workers, extra Assistant Team Managers and Independent Reviewing Officers.

The service continues with its recruitment drive for social workers and social work managers. Our overall vacancy percentage stands at below 20%, much lower for social work posts. We have successfully filled all team manager posts with permanent staff and have made significant progress in relation to Independent Reviewing Officer posts, but recruiting to Assistant Team Managers remains a challenge. Agency workers continue to be used to cover vacant posts within the service to ensure all children have an allocated worker.

The Children's Workforce Development Team has developed a number of systems and processes to ensure managers and staff in Children, Families and Community Health and Early Years' workforce have continuous access to learning and development opportunities. The workforce is complex as we deliver a range of Health, Social Care and Children's support services. An Action Plan supports delivery of a Workforce Development Strategy. We have invested in additional capacity through apprenticeships to ensure that larger projects can move forward. The LSCB provides multi-agency training to all staff in Child Protection.

### **Strengthening Families**

The Safeguarding Children and Supporting Families Programme is the Council's re-design Programme for Children, Families and Community Health. The Programme has 4 workstreams:

- MASH (Multi Agency Safeguarding Hub)
- Care and Placements
- Recruitment and Retention
- ICT

### **Local Safeguarding Children Board (LSCB)**

The work of Swindon LSCB in 2015/16 has been directed by the LSCB Strategic Business Plan that identifies four priority areas. Priority one is to develop strategies and comprehensive approaches to specific safeguarding issues that keep children and young people safe and promote effective intervention with those who are at risk and; Consolidation of strategies and approaches to Child Sexual Exploitation that keeps children and young people safe.

Priority two is ensuring that the LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities. Priority three is to communicate effectively with children and young people; their families; the community (including different sections of the Community); and staff at all levels from partners agencies. Priority four is to develop and maintain a performance management framework that promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon.

The current LSCB Sub and Working Groups are addressing specific areas of safeguarding practice including Child Sexual Exploitation, ESafety, Training and Safe Workforce, Quality Assurance and Performance. In 2015 the LSCB developed a short term Female Genital Mutilation Working Group that produced a FGM toolkit to raise awareness of FGM and provide guidance to professionals. The LSCB continues to strive to improve and develop its role in challenging and supporting the work of agencies involved in safeguarding children and in monitoring and coordinating the response to child abuse and neglect.

### **Children's Voluntary Sector contracts**

Swindon Ten to Eighteen projects (STEP) is commissioned to deliver the Member of Youth Parliament, Youth Forum and Disabled young people's participation (Thought Tank). There is an expectation for the service to link in with other voluntary organisations such as Young Carers and Coram Voice to ensure the wider voice of children and young people in Swindon.

### **Youth Participation and Members of Youth Parliament**

Maintaining a regular core group of the Youth Forum has not been practical therefore we have implemented a redesigned model of youth participation whereby a 'core group' is not always necessary. Projects and requests are taken directly to targeted young people; this has proved successful so far E.g. Anti-Bullying vision was created alongside Swindon Young Carers, STEP, and Members of Youth Parliament. Complex Health Needs was taking directly to young people with Thought Tank and Special Resource provisions.

Dedicated 'youth participation worker' role created to build relationships and be in regular contact with schools (and other youth organisations. Already seeing a greater uptake / interest in youth participation projects – all schools have been visited and work is commencing around support of School Councils. Recent national consultation 'Make your Mark' saw all Swindon secondary schools (excluding one), special schools, colleges and EOTAS engaging in the process resulting in 8517 votes being collected.

Our young people have supported a mental health needs assessment as requested by the Senior Public Health Manager - Swindon Borough Council. Two questionnaires were designed; one for young people who have received a service from mental health practitioners and one for those who haven't to find out if young people know how to access help. Responses from the commissioners of this piece have work have been positive and have played an integral part in the JSNA.

Continuing with the Mental Health theme, our Members of Youth Parliament have supported the UKYP national campaign 'Mind the Gap' which aims to praise services that are meeting the mental health needs of young people, and highlight where young people are missing out on mental health services.

We have received feedback from South West Regional Youth parliament that Swindon is the only area in the south west to provide useful resources; providing them with 2 films completed by our young people to help remove the stigma around mental health as well as the findings from our needs assessment. Ellie, our member of Youth Parliament is concluding her campaign to encourage young people to embrace education by providing a support pack to all Swindon secondary schools. The aim is to not only encourage young people to take advantage of education while it is made available to them for free, but to provide information – following her consultation around ‘barriers to achieving your goal’ – on where to go for support and help should young people need additional emotional support, and guidance to prevent disengagement.

### **Learning from Complaints**

A quarterly report is made to the Children and Families Senior Management Team on complaints and issues that have arisen and complaints are discussed individually in supervision. The Complaints Annual Report is discussed with elected Members, with themes and key issues analysed. Staff and managers review learning from specific complaints in team meetings. The principal theme to emerge from complaints in 2014/15 was that a small number of fathers felt that their opinions were not being given equal weight in the assessment process or had not been given opportunity to express their views. A further theme to emerge was that some domestic abuse victims complained that Social Workers were not sufficiently sensitive to their situations. Workforce training/awareness raising is in place to address both these issues.

## **Education and Schools**

### **Admissions**

For September 2015 allocation for Primary, 93% of first preferences were met and 98% got one of their three preferences. For Secondary 2015 allocation 95.6% of 1<sup>st</sup> preferences were met, and 99% received one of their three preferences.

### **School standards**

Detailed Attainment Data for 2014/15 is set out in the Education Standards and Performance report that was considered by the Children’s Health, Social Care & Education Overview and Scrutiny Committee on 2<sup>nd</sup> December 2015. This can be found at:

<http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=985&MId=6925&Ver=4>

### **Local Authority School Improvement Inspection**

Swindon’s school improvement function was inspected by Ofsted in December 2014 with the report being published in March 2015. The inspection made a number of recommendations for improvement. These have or are currently being addressed and the action plan is included in this report. It has been recently updated as requested by inspectors.

Many of the recommendations in the inspection report have been addressed. An Education Strategy Board has been set up with terms of reference and a strategy document which are included with this report. Any concerns that the local authority has about the performance of academy schools is communicated directly to the Regional Schools Commissioner or his representative through the board, in writing or through frequent meetings. There is now much closer working with Swindon's two teaching schools to ensure that quality support is provided or brokered. An Education Improvement Strategy plan is in the process of being developed based on a range of information such as that provided in this report.

Ofsted has indicated that they will follow up their first inspection to identify what progress has been made with the recommendations. This would usually take place one year after the initial inspection.

## **Attendance**

### **Primary School Attendance**

Primary absence was 2.8% in September 2015, the same as in the same period of the previous year. For reference, absence in Primary schools in Swindon in 2014/15 was 3.9% while the national and regional averages were 4.0%.

### **Secondary School Attendance**

Secondary absence was 3.7% in September 2015, the same as in the same period of the previous year. For reference, absence in Secondary schools in Swindon in 2014/15 was 5.1% while the national and regional averages were 5.2% and 5.4% respectively.

### **Persistent Absenteeism (less than 85% attendance)**

995 (3.6%) pupils were deemed as persistent absentees in 2014/15, slightly lower than in the previous year and also lower than the national and regional averages of 3.9% and 3.8%.

## **Exclusions**

### **Fixed term exclusions (FTEs)**

In Swindon, during the month of September 2015, there were 172 FTEs from Swindon schools, with 20 exclusions for primary-aged pupils and with 152 exclusions for secondary-aged pupils. This is a similar overall figure to the same period of the previous year when there were 179 FTEs, with 12 coming from primary-aged pupils and 167 from secondary-aged pupils. However, a modest drop in FTEs was recorded for pupils attending mainstream secondary schools.

Latest available official figures by the Department for Education, for the year 2013/14, show that FTE as percentage of school population for Swindon was 4.9%, compared to 3.5% for England and for the South West. This puts Swindon among the local authorities in England with the highest FTE rates (22 out of 151).

## **Permanent Exclusions (PEX)**

2 children were permanently excluded from Swindon schools during September 2015, whereas none were excluded in the same period of the previous year. Both pupils were secondary-aged.

4 pupils had their Permanent Exclusion withdrawn during September 2015, compared to 5 in the same period of the previous year. All pupils were secondary-aged.

Latest available official figures by the Department for Education, for the year 2013/14, show that PEX as percentage of school population for Swindon was 0.05%, compared to 0.06% for England and 0.07% for the South West.

There is good collaboration between all secondary schools and Swindon Borough Council to manage provision for pupils at risk or in receipt of permanent exclusion. Children with characteristics of vulnerability are significantly over-represented among those that are excluded from school.

## **Alternative Education Provision**

The LA provides Education Other Than at School (EOTAS) provision either directly or on a commissioned basis to support children who are out of school through reasons of illness, exclusion or otherwise as laid down in section 19 of the 1996 Education Act.

On any day in Swindon, there are more than 200 pupils of secondary age who are educated away from school. Some will return to school but many will not. Secondary EOTAS provision in Swindon that is directly provided or commissioned by the Local Authority includes:

- Stratton Education Centre for a funded average of 45 pupils who have been permanently excluded from school
- Great Western Hospital Education plus outreach team for between 10 pupils plus ward support, for pupils too ill to attend school
- Marlborough House for 12 residential places plus 2 day places for children/young people with identified mental health concerns
- Riverside for 45 pupils deemed as educationally vulnerable and anxious, and
- Swindon Tuition Service (from September 2014) five centres plus administration office + outreach for 70 pupils with a range of needs that have resulted in them being out of school.

## **Special Educational Needs and Disability (SEND)**

There has been an overall increase in the number of new requests for assessment from 226 in 2013/14 to 239 in 2014/15 and an overall increase in the number of children with Early Help Record and Plan (EHCP) and statements in the school population from 1,207 in January 2015 to 1,223 in December 2015. This represents 3.8% of the population compared to 2.8% nationally, regionally and amongst statistical neighbours.



Between September and December 2015 only 16% EHC plans were issued within 20 weeks excluding exception cases. This compares to 64% across England in Jan 2015. Delays are due to gathering information from health and social care and other professional within 6 weeks of the local authority request alongside unfilled vacancies within the SEN assessment team. The high number of requests received prior to the school summer holidays was also a contributory factor.

Attendance rates for children with SEN are improving but remain a cause for concern. In 2014/15 children with an EHCP or statement had a rate of 13% persistent absence compared to 2% of children without SEN. In both cases this has reduced by 1% since 2013/14. Overall absence for children with SEN has increased from 5.9% in 13/14 to 6.5% 2014/15.

Exclusion rates for children with SEN are improving but remain a cause for concern. The exclusion rate in 2014/15 was 11% for children with an EHCP or statement compared to 1% for children without SEN. Whilst this figure remains high it represents a 1% reduction since 2013/14.

A number of strategies have been put in place to address these areas for improvement. These include:

- A review of the SEN Resource and Assessment Panel which is now chaired by the local authority with direct oversight of the assessment process
- An improvement plan is in place and monitored through termly meetings with the Department for Education (DfE) and through the Strategic Board for SEN
- Monthly reviews now take place between the Children and Families Commissioner, Early Help manager, Principal Educational Psychologist and Strategic Commissioner for SEND to identify and address areas for improvement
- Improvements have been made with regard to information sharing between early help services and SENAT and we are moving closer to an electronic information sharing process to improve efficiency
- A SENCO (SEN Coordinators) champion group of approximately 20 SENCOs has been established to facilitate a closer working relationship with SEN staff in schools. The first meeting took place on 26<sup>th</sup> Jan 2016
- A SENCO network has been established, for all schools. The first meeting took place on 4<sup>th</sup> Feb 2016
- A new local area joint inspection for SEND has been launched by Ofsted and the Care Quality Commission (CQC). We are preparing for this inspection which could take place at any time from May 2016. The focus of this inspection is to understand how Swindon as a local area, identifies and meets the needs of all children with SEND, not just those with a statement or education health and care plan. There were 5,264 children with SEND identified in Swindon as of December 2015.

- An audit of SENCO qualifications and workforce development needs is currently underway.
- We are in the process of recruiting primary SENCOs to support early years' providers where they do not have a qualified teacher or SENCO employed.
- A strategic health forum has been established to facilitate joint working with health professionals.

## **PFI**

The PFI Schools include two secondary, three primary and two special schools in the North of the Borough. 2014/15 saw the successful Academy conversion of both Moredon and Nova Hreod. We have two further schools, Uplands Special School and Brimble Hill Special School seeking Academy conversion and we continue to work hard with the respective schools, Department for Education (DfE) and Developers to navigate through the added complexity of land covenants on the Learning Campus. Because we have completed two previous PFI Academy conversions, the remaining documentation and process is agreed so once we have addressed the covenants on the land then we would expect accelerated progress of their respective conversion.

Benchmarking of soft services, Catering, Premises Management, Cleaning, Grounds Maintenance and Pest Control is to be undertaken by the PFI Provider, this will commence in April 2016. We are working closely with the Schools to ensure that specifications reflect the standard of service required, and also working towards a reduction in the cost of service provision.

The Council have also started conversations with the PFI Provider with a view to seeking overall reductions in the annual cost of service. This includes a number of areas such as financing and lifecycle and maintenance. These conversations are likely to be on-going throughout the year.

Localities are leading a consultation and feasibility study to utilise PFI funding for Youth provision in the Moredon area, working closely with the Moredon Community Centre and Property Services.

## **Early Years Development**

The quality of provision in the Early Years is good, both in the maintained and private and voluntary sectors. The key indicators at Early Years Foundation Stage are the Good Level of Development (GLD), measured at the end of reception and Ofsted inspection outcomes. In 2014/15, 68% children in Swindon were assessed as achieving the GLD across all schools. This is an improvement of 7%pts from the previous year. The number of Early Years settings in Swindon rated either RI or Inadequate has halved over a 5 year-period. Early Years private and voluntary settings rated Good or Outstanding has increased from 69% in 2011 to 83% in 2015.

## **Children's Centres and Family Centres**

Following a consultation in December 2015 and January 2016 on the closure of the remaining children's centres in response to 2016/2017 budgetary pressures, the children's centres will be closed in the summer of 2016 as confirmed through Cabinet. The centres closing are Penhill/Pinehurst, Drove, Gorse Hill, Moredon and Parks and Walcot East. Some of the savings will be used to establish a Family Service for 0 – 18 children with the most needs, aligning to the delivery of Troubled Families programme. The service will sit in-house in Children, Families and Community Health Service and be part of targeted Early Help.

In response to the consultation a budget of £76k per year, for two years, has been allocated to support the maintenance and further development of parenting networks. This work will be supported through either the creation of parenting development workers or the inclusion of this work in existing posts. The allocation of the resulting resource will be split one fifth at Drove, one fifth Pinehurst and three fifths Parks and Walcot East. Wherever possible, protected space for parents and health provision will be negotiated with early years' education providers taking over the children's centre space. If there is limited space available in the buildings then space will be sought in community buildings and a small budget has been made available for rental costs.

The two family centres at West Swindon and Abbeymeads Primary School (Butterflies) will remain funded for a further year by Swindon Borough Council until March 2017. There is an expectation that the two centres' funding will become sustainable in the longer term. The centres are building community capacity through the use of volunteers and also providing targeted services for vulnerable 0 – 2 year olds, evidence based parenting groups and Early Bird programmes for parents of children diagnosed with Autistic Spectrum Disorder (ASD). In addition they are providing some limited family support work as determined by capacity of the teams.

## **Swindon Governor Services**

Governor Services is fully traded offering a package of support, advice and guidance, regular online briefings and face to face training events. All Swindon schools and academies with the exception of Seven Field Primary Academy, Hazelwood Primary Academy, Nova Hreod Academy, Swindon Academy purchased the service in 2015/16.

In addition the service offers the National Colleges Leadership development programme for Chairs of Governors and National development programme for clerks (10 Swindon Governors are currently on the Chairs leadership programme). Swindon was the first to trial the clerks programme nationally and has begun a second cohort this year, bringing to a total of 11 Swindon clerks working towards or already completed the programme.

Vacancy rates for governors continues to be a challenge, currently there are 14.7% vacant positions compared with 15% nationally. These figures have risen slowly and

steadily in recent years from 13% locally in 2010. With greater autonomy in the school system, there is always a demand for highly skilled governors with the time and commitment to dedicate to the role.

16 Swindon schools currently have over 25% positions vacant. However, LA governor vacancies are now down to 4.5%, partly due to many academies not having this category of governor.

### **Make Music Swindon (Swindon's Music Education Hub)**

Make Music Swindon has continued to develop the Swindon Music Hub, launched in September 2012, as recommended in the National Plan for Music Education (NPME). In the past year, we have continued to build our partnerships including schools. Make Music Swindon is an umbrella organisation, which aims to bring together all those within an identified area who have an interest in the musical education and experiences of young people. Our top headlines are:

#### Engagement

Through a strong relationship and a hub membership scheme with schools, 92% (which is above the national average of 86%) have engaged with the Hub in at least one of the four core roles:

Core Role 1: Whole Class Instrumental Ensemble tuition

Core Role 2: Ensemble Opportunities

Core Role 3: Progression/Continuation Routes

Core Role 4: Singing Strategy

#### Development of a collaborative hub / School Music Education Plan

There is real buy-in by school representatives, explicitly acknowledging the principle that schools are an integral part of the hub, and not outside of it. 90% of schools in Swindon engaged with the Plan (compared to national average of 62%)

#### Continuation

At 29%, continuation was in-line with the national average of 26%. While positive, it also represents an on-going area for development

#### Singing Strategy

84% of schools were supported to develop singing strategies (compared to national average of 54%)

#### A steadily growing Continuous Professional Development (CPD) offer for schools facilitated by the Hub

Preparatory meetings with headteachers in Spring 2014 enabled the hub to develop its Silver / Gold membership offer.

#### Effective, experienced and committed tutors

A group of 25 - 30 specialist music tutors, covering a wide range of instruments and skills. An effective freelance-based business model is operated in collaboration with

Pertemps, and provides a highly flexible workforce that nevertheless has a strong sense of commitment and purpose in delivering high quality music education to Swindon schools and Swindon Young Musicians (SYM) centres

## **Plas Pencelli**

Plas Pencelli is large outdoor centre located on the edge of the Brecon Beacons in South Wales. The centre offers a large range of traditional outdoor activities from a friendly and homely base. Plas Pencelli specialise in providing tailor-made outdoor education courses for schools and other groups, such as colleges and youth centres. The centre has the facilities to cater for large groups, having almost a 100 beds. Plas Pencelli has the advantage and opportunity to use many challenging local venues including vertical caves, the Gower coastline and quality local white water rivers such as the Usk and Wye.

Plas Pencelli provides programmes of Outdoor Education that make a unique and powerful contribution to each individual's broad education and development. Using a variety of instructional methods adapted to a range of individual learning styles within a challenging environment, each course also focuses on many specific learning objectives within the National Curriculum. In particular the disciplines of Citizenship, Physical Education and Personal, Social and Health Education are particularly well visited. Achievement is centred on 4 main areas: personal development; relationships; social skills and appreciation of the natural environment.

Bookings continue at a good level for the 2015/16 financial year and are favourable for the following year. There is limited movement in bookings year on year with the majority of schools re-booking 2 years ahead. The months of May, June, July, September and October remain overwhelmingly the most popular. However there is a steady stream of interest in the months of November, March and April. December to February is always more difficult with little interest shown from schools to make new bookings. Turnover at the centre is approximately £540K from which the centre provides an annual contribution of £20K to the Council to assist with the operation of the facility.

Reviews from visiting staff and students alike have been very favourable during this period. Plas Pencelli has also started to encourage schools to make use of an on-line feedback system administered by the Association of Heads of Outdoor Education Centres (AHOEC). This tries to tease out information on how students feel they have changed during a course at Plas Pencelli. It is another useful form of feedback for the Centre to help guide staff and future developments.

## **Tertiary Education**

Swindon has considerably fewer Key Stage 5 students that move on to positive activities such as Education (including Higher Education), Employment or Training than the national average. Swindon has one of the lowest proportions of young people that go on to Higher Education (HE), particularly to universities in the "Russell

Group". By the age of 19 not enough young people obtain a full Level 3 qualification (A Level or equivalent).

The Department for Education has recently published destination information for those at the end of a Level 3 qualification (Key Stage 5) in post-16 in 2012/13, and their subsequent activities in 2013/14. It shows the proportion that remain in learning destinations, including HE, or that go into employment after completing their Level 3 qualifications is low in comparison to most other LAs. 65% went on to a positive post-16 activity, compared to 73% nationally. In terms of progressing to Higher Education, only 33% did so in 2013/14 compared to 49% nationally. Of these, 5% of Swindon students entered a Russell Group University in 2013/14, compared to 14% in England and 13% in the South West.

The Skills and Employment Strategy, endorsed by Cabinet in December 2013 outlines the approach the Council is taking to tackling skills and employment needs for young people and adults. This includes actions to improve school and college leavers' employability skills, increasing the take up of apprenticeships at intermediate, advanced, and higher levels, and expanding higher education provision in the Borough.

The Employment/Apprenticeship Sub-group of the Board has focused on improving progression into employment and delivering an Apprenticeship Growth Plan. There has been a focus on engaging employers with a series of Employer Breakfasts to share approaches to Apprenticeships. Following a very successful event held in March 2015 and attended by 400 young people, a second "Jobfest", to promote employment opportunities (including Apprenticeships) will take place in February 2016.

The need for Higher Education (HE) provision in Swindon was recognised in the report to Cabinet in December 2012 and this is reinforced in Pledge 19, 'Secure a range of options to access HE in Swindon'. We have updated the evidence base and are currently developing a comprehensive strategy to increase the supply of HE Education Provision and also to identifying specific actions to raise aspirations and increase the demand for Higher Levels Skills provision from young people including non-traditional routes such as Higher Apprenticeships. This will form part of a Swindon and Wiltshire Local Enterprise Partnership (LEP) approach to improving higher level skills. The LEP Higher Futures Programme is currently in place to address the higher level skills gap of employees and to maximise the opportunities for employers to benefit from military leavers.

### **NEET, Participation in Learning and Youth Unemployment**

September is a month with significant proportions of young people in unknown post-16 activities, and so Participation figures are not accurate. Therefore it is best to look at June 2015 to compare Swindon performance against the previous year and national averages.

The proportion of 16-18 year-olds in Unknown activities in Swindon in June 2015 was 7.6% (590 young people), slightly higher than the national and regional averages of 7.3% and 7.1%.

The proportion of 16-18 year-olds that were NEET in Swindon in June 2015 was 6.4% (476 young people), similar to last year's figures of 6.3%, but higher than the national and regional averages of 4.9% and 5.1%. Most young people NEET are aged 18. The percentage of 16 & 17 year olds 'In Learning' in June 2015 was 89.4%, this is similar to the national average of 89.5% however lower than last year's figure of 90.1%.

The number of 18-24 year-olds that are unemployed but that are actively looking for work was 510 young people as at September 2015, representing 3% of this age group. This is lower than in the same period of the previous year, when more young people (660) were out of work. Comparatively, this is a similar rate to the national average of 2.9% but is higher than the regional rate of 1.8%.

## **Use of Resources 2015/16**

### **Financial Information**

The Children's Services Group revenue budget is split between core funded services (i.e. costs that are met from general government grant and council tax) and DSG funded services (i.e. costs are met entirely from the ring-fenced Dedicated Schools Grant) and are accounted for accordingly. A summary of the current position for each area is as follows:

### **Children, Families and Health Services**

The 2015-16 net budget for Children and Families Delivery Services is £20.932m. The projected year-end position as at 31st December 2015 across these services is a net overspend of £2.703m.

This pressure is mainly a result of an increase in costs associated with workforce & placements. As noted earlier in the report, there have been significant challenges in recruiting social workers over the last 2 years and together with increasing workload demands have necessitated the use of agency social care staff across the service. A comprehensive recruitment and retention strategy was launched in January 2015 which has been very successful in recruiting social workers however there continue to be challenges both locally and nationally in recruiting to team manager and assistant team manager posts. The additional cost for agency staff in 2015/16 is £1.149m however there have been month on month decreases in costs since April and we are projecting that this demand will reduce to £530k for 16/17.

Placement costs are projected to overspend by £1.253m due to increased numbers of looked after children, increase in complexity of need and cost of external independent fostering placements. A sufficiency strategy is being finalised to assist in



addressing this demand and a re-launch of our fostering campaign has already taken place with early indications of success.

### **Children and Adults Commissioned Services**

The 2015-16 net budget for Children and Adults Commissioned Services is £63.338m of which Children's Services constitutes £2.213m. The reported projected year end position as at 31st December 2015 across Children Services commissioning budgets is a net projected underspend of £0.062m. This savings relates to restructuring of children centre contracts during the year.

### **Dedicated Schools Grant (DSG) funded services**

The Schools Budget is entirely funded by Government through the DSG. The total DSG for 2015/16 is £161.01m subject to in-year recalculations of the early years' element, which is linked to participation. In accordance with the Department for Education's school funding reform programme the majority of funding (£131.54m) has been delegated to Schools and Academies. The LA retains a proportion of funding for Special Educational Needs (SEN) pupils, which is paid to specialist settings both within Swindon and outside the Borough based on actual occupancy and the needs of individual pupils. The LA also retains funding for in-year school expansion costs and nursery education, which is paid to early years settings based on actual occupancy. The total of the 2015/16 retained budget approved by the Schools Forum is £29.47m.

The projected year end position as at 31st December is a net projected overspend of £0.759m across the centrally retained budget. Pressures are forecast due to a net reduction in the amount of DSG income expected as early year participation is lower than budgeted, an increase in the Education Funding Agency direct funding of high need places, equal pay claims and high need placements in special schools. These cost pressures are offset by savings on out of borough placement fees and in post 16 high need places. Detailed updates on the DSG position are provided to each Schools Forum meeting.

The DSG is a ring-fenced grant for specified educational purposes and local authorities are allowed to overspend their DSG allocation, with that amount being the first call on the DSG received in the following financial year. Underspends on the DSG must be carried forward for distribution subject to annual discussions with the Schools Forum.

### **Health Funded Services**

The funding provided by Swindon Clinical Commissioning Group in 2015-16 for the Health Services was £5.033m. The reported year end outturn position as at 31st December 2015 across the Health Funded Services was a net savings of £0.109m. Budget monitoring statements for the aforementioned service areas are completed monthly and are regularly reported to the Quality and Performance Group and the Joint Commissioning Group for Adults and Children Services.