



Performance Report 2017/18 Summary

What's Working Well/ Worries/ What Needs to Happen

Outcome 1 - There is an effective Early Help Offer for Children and Families in Suffolk

1a Registration for income based Free School Meals of those eligible

What's working well?

- We have seen a slight increase in the take up of free school meals. This could be because more families are on lower income or more schools have applied. However, all children in Key stage one get free school meals as part of the early help offer. This will be covered in Suffolk Headlines for schools.

What are we worried about?

- Schools not always applying for the funding. This could give schools access to pupil premium.

What needs to happen?

- Schools where eligible need to apply for the funding.

1b Registration in Children's Centres by eligible families

What's working well?

- The percentage of children registered 0-5 at Children's Centres is the highest percentage rate Suffolk has seen since July 2015.
- 14 Centres have over 80% of children 0-3 registered.
- 39 Centres have over 65% of children 0-3 registered.
- 'Registration' and 'Seen' data of teenage parents remains high.
- There is a good central reporting system which is reporting both monthly and quarterly.
- Centrally the focus has changed to 0-3 years where there is shown an increase in Registration and Seen figures.
- An online registration form has been introduced, usage is increasing and therefore there is a reduced risk of data entry issues.
- Data reporting allows Centre Managers to target resources to need much more effectively.

What are we worried about?

- 9 Children Centres have below 65% of children 0-3 registered.
- There are two data systems: eStart which captures CC activity and requires a family to register and SystmOne which records all the health interventions.
- Recording issues remain a concern especially for workless households because this relies on staff identifying families on the system as workless. This is often not completed.

What needs to happen

- Review the data reporting to ensure it is a true reflect of activity held in Children's Centres.
- Focus our reporting of families seen.
- Align eStart data with Systm1 data to reflect an accurate picture.
- Ensure all H&CC have robust local system in place with SCS for the sharing of under 5 CP&CIN data.
- Deliver data workshops across the county to help with recording and consistency of practice.

1c % eligible 2, 3 & 4 yr. olds accessing funded childcare places

What's working well?

- The take up of 2-year-old places as this represents our most disadvantaged children. This is the highest take up figure so far and means that 2 year olds are benefiting from a quality early learning experience. 84% are taking up their place in a Good or Outstanding provision as judged by Ofsted.
- The collaborative work between the Early Years and Childcare Service and Providers on Two's Count Here: a project that adopts a reflective approach to developing the quality of provision for 2 year olds.
- Working with the early years and childcare sector to pilot the Signs of Safety approaches.

What are we worried about?

- The reduction in funding for the early years and childcare sector and the impact this may have on providers' ability to sustain the high quality of provision.

What needs to happen?

- To continue to focus on the quality of early years and childcare provision by working collaboratively and within available resources.

1d % CIN and CIC Eligible 2, 3 and 4 yr. olds accessing funded childcare places

What's working well?

- Vulnerable children taking up the free entitlement of an early education place. Evidence suggests that improved take up is having a positive impact on outcomes for children. This is measured and evidenced by the 2016 Early Years Foundation Stage Profile (EYFSP) results. 70% of children achieved a Good Level of Development (GLD) and this is better than the national average.
- In addition, narrowing the gap data was the best in the region and especially for the most disadvantaged. The percentage of Free School Meals children achieving a GLD in 2016 was 58% compared to 49% in 2015. The achievement gap has narrowed by 7%. This is the smallest gap amongst our statistical neighbours and 4% smaller than England.

- 100% of Suffolk's eligible 3 and 4-year-old children in care have accessed a funded childcare place as at March 2017. There is good progress being made for 2 year olds.
- Children in Care are achieving the expected levels in the Early Learning Goals. They are working at the same levels as their peers. Their early experiences are not adversely impacting on their early learning.

What are we worried about?

- The reduction in funding for the early years and childcare sector and the impact this may have on providers' ability to sustain the high quality of provision.
- The introduction of the government's policy of up to 30 hours free for 3 and 4 year olds of working parents. This is because it will bring new providers to the market who may not currently have experience of working with the most vulnerable 3 and 4 year olds.
- Initial training for key workers such as Social Workers and Family Support Workers is lacking a focus on the value to a young child of accessing their free entitlement.

What needs to happen?

- Those staff in Children and Young People's services that work with families with 2, 3 and 4 year olds need to maintain the focus on supporting their access to the free entitlement.
- We need to continue to work with the early years and childcare sector to provide support and challenge within resources available and use the new opportunity of bringing training into the Early Years and Childcare Service to plan, deliver and develop bespoke training to continuously improve the quality of provision.
- Provide bespoke input to initial training for the workforce on the value of the free entitlement as a protective factor.

1e Number of CAF assessments received in past 12 months

What's working well:

- The number of CAFs opened every month has dropped as the EH service is working hard to support assessors to work with families where they can when there is no role for EH or are signposting assessors to voluntary organisations or third parties where this is more relevant. This means that EH are only working with families who really need multiagency support.
- The number of CAFs opened in 17/18 remain reasonably consistent with a much smaller peak in July before the summer holidays. This has been achieved by working closely with schools to avoid the sudden panic of providing support over the holiday period.
- The drop in August and September reflects the fact that schools are closed at this time and they are the main source of referrals to EH.

What are we worried about

- The unexpected drop in referrals in December 2017 and subsequent rise in January 2018. This was due to a delay in CAF triage that has now been resolved.

What needs to happen

- Managers need to continue to monitor this data and ensure that we build on this good practice whilst safeguarding that we continue to support all schools in Suffolk, and other assessors to work with families to build resilience and sustainable change.

1f Number of Children Currently Subject to CAF

What's working well?

- Overall the numbers of CAFs open to Early Help (EH) has reduced from 2305 last March to 1709 in March 2018. This is due to:
 - More rigorous management oversight to ensure there is no drift and that cases are closed appropriately when there is no further need for EH to be involved.
 - Smarter plans that focus on achievable goals that meet the needs of the child and family and promote resilience.
 - The CAF Triage team ensuring that all CAFs that do not meet the threshold for intervention by EH are signposted to other more appropriate organisations or are supported to work with the family within their own capacity.
- After a small increase in the overall number of CAFs in January and February the numbers are beginning to reduce again. It may be that we are reaching a natural plateau as the numbers of CAFs closing each month is beginning to decline, whereas the numbers of CAFs that are opening remain reasonably consistent.
- The reduction in open CAFs has ensured that the average caseload size is reducing. However, Early Help also supports children, young people, and families at CiN and CP and this is not reflected in the figures above. The amount of work carried out on behalf of the CiN and CiC teams is difficult to quantify and varies from team to team (16-25% of the total work). The introduction of Liquid Logic should address the issues around getting accurate caseload data.
- A central commissioning panel has been created to ensure that alternative services are commissioned that truly reflect the needs of the community and compliment rather than replicate services already provided by EH. Working closely with Public Health and the Building Community Capacity officers.
- Results from Audits show a marked improvement in the quality of work carried out by the EH teams.
- Service User feedback is excellent with 91.7% of children and young people (C&YP) and 86.4% of parents and carers describing that things had improved since receiving support from EH.
- Following the death of a child and a Serious Case Review, there is a comprehensive action plan being put in place to address the issues of neglect and management oversight. Most actions on the Baby E action plan have been completed and are awaiting audit.
- Additional Supervision capacity (9.0 fte Practice Leads) have been recruited to in the Health and Children's Centre Teams and are in post.

What are we worried about?

- Pressures on CYP to make further savings.
- The Creation of the Emotional Wellbeing Hub has the potential to bring a lot of extra work to EH although this has been difficult to quantify.
- High turnover of Family Support Practitioners (FSPs) in the EH teams. (See section 8A for actions to address this issue).
- There are limited alternative providers in the community to support families and therefore limited opportunities to sign post. (see action above re commissioning panel).

What needs to happen?

- More training for staff to support C&YP and their families with their emotional wellbeing.
- Improve measurement of impact with families. (Tools under development).

- Further embedding of Signs of Safety in EH work.
- Increase capacity to support CiN and CiC teams.
- Develop pathways and processes for working within the EW Hub. (Underway).
- Carry out audits to ensure actions from Baby E action plan are embedded.
- Continued Head of Service oversight of SCR plan and reporting to LSCB.

1g Suffolk Healthy Child Programme

What's working well?

- The SCC CYP Health Visiting (HV) teams are out performing the national average for new birth visits, 6 week checks, 9-12 month checks, 2 ½ year checks and breastfeeding data at 6 weeks, and our regional neighbours in all of the former apart from the new birth visit.
- A revised vacant caseload protocol has been implemented that allows us to redeploy staff to areas where staffing levels have reached critical levels.
- We have a recruitment and retention action plan focusing on the recruitment of HVs and SNs.
- We have a rolling advert for HV recruitment in place.
- We are offering financial incentives to HVs to work in areas that are historically difficult to recruit to (Forest Heath).
- We are currently in the process of recruiting to 15 full time student HVs.

What are we worried about?

- Significant staff vacancies within the HV teams mean that staff are working at Level One which means that antenatal visits are only being carried out on targeted families and the 3-4 month review, that is not a mandated contact, is only being offered to high risk families. The impact of reduced staff numbers has had a significant impact on data in Q4 which has reduced our overall figures for 2017/18.
- We continue to struggle to recruit in the West of the county.
- 7% financial savings required from the HV budget over the next 3 years.

What needs to happen?

- We must explore the possibility of offering financial increments to HV staff on SCC T&Cs so as to bring their salaries in line with neighbouring counties. Planned for June 2018.
- We must review the skill mix, structure and offer of the HV service to be able to provide a more targeted service to all our families in line with the new budget and the needs of the families in Suffolk whilst embrace digital technology. Planned for Autumn 2018.
- Continued monthly recruitment of Health Visitors in May saw four new Health Visitors appointed.

1h Number of referrals to Early Help teams in past 12 months

What's working well?

- The percentage of cases transferred from MASH to EH remains constant.
- On average 2/3 more cases transfer from SC to EH than from EH to SC.

- The numbers transferring from SC to EH remain reasonably consistent over the year suggesting that the transfers are made appropriately and are not a reaction to SW caseloads.
- We have reviewed the transfer process between EH and SC so that it is now more robust with good feedback loops.
- We have strengthened the role of the Consultant SW in offering support to EH with stuck and worrying cases.

What are we worried about?

- EH continues to transfer between 30 to 40 cases a month to the SC teams.

What needs to happen?

- Analyse a sample of cases that transfer from EH to SC to:
 - see if there are any themes that might indicate what more could have been done to prevent the case escalating to SC;
 - determine if this rate of transfer is unavoidable.

1i Take up of Parenting classes in past 12 months in Children Centres and other localities

What's working well?

- Delivery of a range of evidence-based parenting programmes, seminars and workshops for parents and carers across Suffolk. Referrals come from an increasing range of agencies including CYP Early Help and Social Care, health professionals, NSFT, schools, CAFCASS, solicitors, voluntary agencies and self-referrals.
- An online calendar of programmes and other events for parents can be found at www.suffolk.gov.uk/theparenthub . Termly newsletter for parents and practitioners has been launched and had positive feedback.
- Successful delivery by team of range of workshops and programme training for other practitioners including FSPs, School Nurses, CHAs, PMHWs, school staff and other agencies. These included Strengthening Families Facilitator training, Solihull Foundation training and Solihull Group Facilitator training, as well as practitioner workshops and network meetings. A cost-effective way of increasing capacity, and to build awareness of strategies which often be transferred to individual work with families.
- Suffolk is joining national pilot re emotional wellbeing of parents and children 0-2 through training, delivery and supervision of Webster Stratton Baby and Toddler programmes. Will leave greater capacity to run these programmes effectively across county and support experienced facilitators to become accredited/do Train the Trainer.
- Many FSPs and student Social Workers are supporting the co-facilitation of programmes as part of their professional development.
- Evaluations include client satisfaction questionnaires and the use of pre- and post-group measures including SDQs, DASS scales (Depression, Anxiety and Stress), Parenting Scale and Acrimony Scale. Significant improvements have been shown in parents' reporting of their mental health issues and their confidence in managing their children's needs and dealing with challenging behaviour.
- New developments this year have included the roll-out of Triple P Stepping Stones and Family Transitions programmes. Stepping Stones is an extended version of the Triple P Group programme aimed specifically at parents and carers of children with additional needs. Family Transitions is a 5-week programme for parents and carers going through

divorce or separation where this is having an adverse effect on their parenting, for example children being exposed to conflict. It is designed to complement the existing offer of programmes

- Trial of Triple P Online parenting programmes in Central & South. Parents can download these programmes to computers or smartphones and complete independently or with support, e.g. from an FSP, and are especially useful when parents are unable to attend a group locally. Positive feedback so far, being taken up by Attendance Team and health staff re ADHD pathway for use when parents are required to complete a programme, often within a tight time-frame.

What are we worried about?

- Ensuring level and spread of programmes to meet increasing demand. Danger of parents having to go on waiting lists for longer than desirable. Need to ensure referrals are to the most appropriate programme.
- Keeping website, newsletter and publicity fresh and up-to-date to engage parents and referrers. This include parents who are directed to complete programmes.
- Keeping up with demand for programme training while continuing to deliver programmes to parents. Developing systems for peer mentoring, especially for new Solihull-trained staff.
- Organising time and capacity to join this pilot without affecting delivery of existing programmes. Challenge of recruiting 152 parents within tight timescale.
- In some areas it is very hard to have FSPs and other colleagues as co-facilitators, which reduces number of groups run and means opportunities lost for professional development in transferable strategies and evidence-based work.
- Making best use of tools for pre- and post-group scoring and publicising improvements to referrers and funding agencies. How to link with new Case Management system.
- Keeping up with increasing demand for Stepping Stones programme, especially by parents of children with ASD, and how this links with SEND developments.
- Need to ensure greater awareness of Family Transitions among CYP colleagues and also agencies we have had less contact with previously, and that referrals appropriate.
- Time needed to make staff aware of programme and for them to do it themselves to support parents. Who will fund licences (@ £57 each) if it is more widely adopted?

What needs to happen?

- Continue to develop links with teams to ensure mix of programmes and workshops meets local needs. Explore opportunities to develop capacity for delivery.
- Review website and calendar and how it links to other systems. More incorporation of video clips and external links, and development of social media e.g. Facebook groups, text reminders. Involvement in development of new Case Management System.
- Continue to plan regular training sessions and monitor demand with local teams. Work as team on developing additional peer mentoring structures. Link this to learning from Webster Stratton Baby and Child pilot.
- Close work with colleagues in Early Help and other agencies and with external researchers to develop this within the time-frame, including publicity, advertising, training and delivery. Develop awareness and engagement as a first step.
- Continue to promote opportunities with CYP teams and other agencies. Develop tighter process around role of co-facilitators, e.g. commitment but also benefits to them. Work on skilling up parent volunteers.

- Continue to be actively involved in development of Case Management System. Report outcomes via CYP-IAPT. Develop feedback to Health re parents completing programmes as part of new ADHD pathway, and also to Attendance Team for referred parents. Further work also needed on proportion of referrals from Social Care.
- Continue monitor reasons for referral for Stepping Stones. Develop links with Suffolk Parent Carer network and continue to work with SENDIASS (e.g. with them coming into programmes, workshops and parent hub events).
- Publicise Family Transitions with CYP and other agencies, and link with key colleagues to ensure greater sharing/clarity about appropriate referrals. Explore government's proposals for additional funding for work on effects of family conflict on children.
- Submit report on pilot to Central & South team, also EHSMs and wider Early Help and Social Care teams for decision on whether wider adoption would be cost-effective and useful for families and teams. If so develop plan for roll-out and monitoring of usage and outcomes.

1j Suffolk Family Focus (SFF) total number of enrolled families

What's working well?

- The data collection processes are improving and more and more key workers are using the Signs of Safety system of working to assess families and ensuring that a whole family approach is being taken.
- The use of the SFF Clinical Psychologists, who are embedded in Children's and Young People's Services (CYPS) Teams across the county enables there to a different approach to dealing with Stuck families. It allows key worker to consider different approaches that they can take with families and a safe environment.
- The engagement with other agencies to be able to provide a team around the family approach is working well. The use of SFF PCSO's, Suffolk coastal District Councils Anti-Social behaviour team, Ormiston families, working with the Youth Offending Service, Home Start, North and Suffolk Foundation Trust, various other services including schools is delivering a whole systems transformational approach.

What are we worried about?

- Family data and it's supply and collection is a constant challenge. The area of most concern is the collection of data on Domestic Abuse, Substance Misuse and health data, both mental health and physical health. The use of consent and the process of all understanding when a family has given consent to share data and in an acceptable standard is a challenge. However, with the help of CCG colleagues some progress is being made and it is hoped that there will be a common consent form, based on the current CAF consent in place for trials by Autumn 2018.
- The capacity to provide better analytical data to demonstrate the value of the SFF programme in outcomes to reduce demand and reduce costs over the long term.
- To hit the national targets Suffolk, need to get over 1000 Families to reach the sustainable outcomes targets by March 2018. This will be a challenge as there is a need for all teams to ensure that within their systems and processes that the baselines are identified at first point of entry and that process is monitored to ensure that the identified sustainable outcomes are achieved.
- That the current grant agreement process for partner agencies will finish in 2020 and that when the funding finishes the posts currently in existence will disappear.

What needs to happen?

- Work on the systems and processes for data collection and the use of consent to share data will continue and the barriers to be able to share data for the benefits of families will be overcome for the benefit of all agencies.
- To provide the resources to produce better analytical data to demonstrate the value of the SFF programme.
- That all teams involved in the SFF process and who work with families are aware of the sustainable outcomes that need to be achieved and agree to work to these outcomes.
- That other agencies and organisations will over the next three years look to mainstream the present posts funded by the national troubled families programme.

1k Suffolk Youth Offending Service (SYOS) Prevention and Early Intervention

What's working well?

- The Diversion Programme provides one simple referral route for partners which is well understood. In suitable cases this enables young people at risk of involvement in crime to access appropriate intervention without receiving a criminal record.
- The design of the programme is closely based on the Enhanced Triage Scheme for which Suffolk YOS received a YJB Effective Practice Award in 2016. The Diversion Programme is also being evaluated by the University of Suffolk.

What are we worried about?

- There is a tension between maintaining resourcing for prevention and early intervention and an increasingly complex statutory caseload. The Suffolk YOS has had year on year reductions in funding of over 25% since 2013-14. The Diversion programme requires additional police resources to be seconded to SYOS and more recently Suffolk Constabulary have found it difficult to maintain this level of commitment because of resourcing pressures elsewhere within the force.

What needs to happen?

- Between 2017/18 and 2019/20 SYOS will be developing and implementing a restructure and new operating model based on the Enhanced Case Management pilot in Wales or a similar trauma recovery model for high risk cases.
- Any further development of the Diversion programme will be informed by recommendations and findings from the evaluation currently being completed by University of Suffolk, which will report in December 2018. This will also inform resourcing discussions with Suffolk Constabulary for the future delivery of the Diversion programme beyond March 2019.
- SYOS have appointed a professional lead to support work with partners in developing an operational framework that supports an integrated understanding and response to children and young people presenting with sexual harmful behaviour.

Outcome 2 - Risk is appropriately identified and responded to

What's working well?

- During 2018, there has been a steady decline in the number of s.47 enquiries initiated by the MASH, with rates now more closely comparable to the average for our statistical neighbours; this reflects ongoing work within the MASH to improve the application of s.47 thresholds and to ensure decisions are reached which are child-specific (rather than applied to whole sibling groups).

What are we worried about?

- The volume of contacts for which the outcome was either NFA or information and advice has remained high. Within this cohort there are contacts for which the MASH has added little value. In order to be able to prioritise those contacts where risk is indicated most clearly, the volume of contacts with these outcomes needs to reduce.

What needs to happen?

- In order to reduce the volume of contacts for which the outcome is either NFA or advice and information, work has taken place to drill down into the data to establish which contacts benefit from contact with the MASH and which do not. Those that do not will include some notifications for standard levels of risk within domestic abuse, (DASH). It will also include those contacts where the referrer is uncertain as to whether a referral should have been made or not. Suffolk Police have completed an extensive evaluation of contacts from their agency, and working alongside the domestic abuse charity *safe lives* expect to be able to reduce contact numbers from their organisation.
- MASH attendance at DSL training delivered to schools in order to raise awareness of appropriate referrals, MASH'S role in the Early Help offer, the promotion of the consultation line and ensuring CYP workforce development's multi-agency training programme supports understanding of the referral process will all be put in place.

2b Number of Cases Currently Open to Specialist Services in comparison to the last 6 and 12 Months

What's working well?

- The rate of S.47 enquiries completed has fallen for each of the last 12 months. This has resulted in Suffolk having a rate which is almost exactly that of our statistical neighbours during March 2018. This has been achieved through the careful and considered application of thresholds by staff both in the MASH and in Fieldwork teams. For families, this means fewer unnecessary interventions and a better relationship with social care.
- The total overall county caseload has continued to fall over the year, with the total of CiN, CPP and CiC at end of March 2017 being 3579 (individual children), to the current drop of 313 (individual children) to overall total at the end of March 2018 of 3266. This has been achieved primarily through the continued robust progression and closing or transferring of CiN cases - with a total of 6164 becoming CiN and a higher total of 6628 being closed or transferred – i.e. 464 more cessations than starters. Transfers to Early Help services have been more or less even throughout the year.
- Percentage of assessments completed within required timescales remains good – but can be improved – see below.

What are we worried about?

- Audits indicate that there is still some variability in decision making. There will always be an element of this as much of our work is dynamic and complex and as such it is difficult to correctly determine the degree of risk in an ever-changing environment. The achievement described above will need to be maintained for a year in order to ensure our year-end figures for 2018/2019 are also in line with neighbouring authorities and this represents a challenge with regard to consistency over a long period.
- Although overall case numbers have fallen, given the reducing CiN numbers, there are teams in Suffolk experiencing significant staffing challenges which impacts upon the capacity to manage caseloads and case “throughput” – workforce issues are reported later in this report.
- There has been a small fall in percentage of assessments completed within timescales, which reflects the staffing pressures in some teams.

What needs to happen?

- We need to keep thresholds under review and continue to make use of audits to support our decision making. We need to include more people in strategy discussions in order to deliver the best outcomes. We will do this by including colleagues from fieldwork teams where appropriate and also by including the referrer wherever practicable.
- Effective recruitment and retention strategies are required to achieve and maintain sufficiency of staffing resources and capacity to effectively manage and progress casework, including the process of assessment (see later workforce section).

2g Recorded child abuse investigations resulting in prosecutions/cautions

What’s working well?

The data for this year is much improved due to the introduction of the Athena recording system.

2h A total of 3895 (1.67%) children who have been excluded from school in the past 12 months

What’s working well?

- Standards and Excellence officers (SEOs) monitor school attendance and exclusions data through a variety of sources, for example school data, DFE, Raise online, data from the NCER Nexus website, monthly CWAN reports produced by Suffolk Intelligence hub and information shared from the Inclusion team at area half termly In Year Fair Access panel meetings (IYFAP).
- Where concerns are identified regarding poor attendance or high exclusions SEOs challenge school leaders and support them in finding solutions to issues that have led to this. This may also involve joint working with other teams and officers, for example; the Resolutions Team, Inclusion Team and Education Welfare Officers.
- SEOs visit all maintained schools at least half termly so are able to rapidly and vigorously pursue issues when they arise so that improvement can be made. For example, at one high school the SEO challenged the school regarding its poor attendance. This led to a series of rapid response plans being deployed to improve attendance and a senior leader being put in place to lead on this. The school also appointed a new attendance officer and has visited other schools to learn from successful approaches in improving attendance. Direct impact of these strategies in terms of pupil improved attendance figures will be monitored.
- Each locality has a locality plan with a range of actions taking place to support improvement in outcomes, particularly for disadvantaged and vulnerable children and young people. Many

academies are part of the groups developing these actions as well as maintained schools. For example, in Lowestoft and Waveney schools are working together to increase awareness of behavioural difficulties caused by attachment issues and some are using restorative practises effectively to decrease behaviour problems. In time this should lead to a reduction in exclusions, but currently the evidence of impact is more in changes of practise rather than decreases in exclusion figures. In Lowestoft and Waveney there is also a pilot lead by the Ormiston Families Trust that is just starting, which specifically aims at delivering a programme called "Parental Presence". This supports parents in being able to manage their child's behaviour and help them to engage with school and learning. Impact form this will be monitored.

What are we worried about?

- There is a mismatch in the data from the intelligence hub and the data from the inclusion team. Some permanent exclusion data in the monthly CWAN reports is inaccurate since the intelligence team only receive data through EMS which some of the schools do not use, and the school census.
- Sponsored academies, free schools and some converter academies do not take up the offer of half termly visits from Standards and Excellence Officers. This limits the direct impact the team can have with these individual schools.

What needs to happen?

- Further work needs to take place to ensure accuracy of monthly exclusion data so that where issues are identified action can be taken quickly. Inclusion and Intelligence teams need to work together on this. This information can then be shared with officers working with the schools so that action can be taken where exclusions are too high or attendance is too low.
- Similar monthly information regarding attendance needs to be made available so that SEOs can monitor this more effectively and take appropriate action when needed.
- Where academies and free schools are identified as having particular issues there is a need to ensure a named senior officer discusses these with individual schools and action is taken by the school to resolve the issue. If improvements are not made these schools should then be discussed with the RSC.
- Further developing the school to school support partnership to include effective practice around inclusion will enable all schools to access support and learn from what has worked in other schools.
- Developing the work of locality plans to include more school leaders from academies will strengthen the joint working amongst LA officers and school leaders in LA maintained schools and academies.
- SEOs will continue to support school leaders in LA maintained schools to ensure high quality inclusive practice is in place in their schools in order to reduce exclusions including through a culture of ambition and aspiration for all pupils; quality first teaching and robust and accurate evaluation that accurately identifies areas to improve and results in clear plans showing how issues will be addressed.
- Schools and alternative provision curriculum offers need to continue to be extended so that students can be offered a curriculum that meets their needs and interests and encourages them to attend school.

2i Care leavers in suitable accommodation

What's working well?

- The numbers of care leavers in suitable accommodation continues to steadily increase.
- We see an upward trajectory in young people accessing Staying Put arrangements and remaining with their carer post 18.
- The new supported Housing providers are working in partnership with the Leaving Care Service, there has been an encouraging improvement across the service in terms of placement stability and support available to meet the individual needs of those care leavers in placement.
- The communication with housing providers, stakeholders within the local authority and service delivery has improved with the regular attendance and meeting with YPHAG (Young People's Housing Action Group) additionally there is now a YPHAG sub group recently formed which is held on a bi-monthly basis to discuss and address individual and more localised concerns with Care Leaver's housing options. This has proved beneficial in supporting this vulnerable group during the recent changes in legislation, policy, benefits, and housing related support.
- The use of B and B accommodation has continued to reduce and is only used in emergency situations as a last resort whilst alternative accommodation is being sought.

What we are worried about?

- We are concerned by the numbers of young people that are currently serving custodial sentences in Youth Offending institutes and HM Prison. There are currently 10 young people serving sentences between the ages of 16 and 21. We work closely with partner agency's such as the Youth Offending Service to support young people from re offending to prevent further custodial sentences. The Youth Offending Service ensure that Leaving Care workers are invited to attend the statutory review meeting to plan resettlement and notify of pending accommodation needs.
- In this year 25% of entries into care were sixteen plus. The reasons for coming into care are CE, risk of gangs and groups and criminal activity; therefore, this will increase the numbers in custody for Children in Care as we are recognising that 16 and 17 year olds can be at risk. The Police operation, WOVEN is targeting adolescents who are involved in gangs, organised crime/drugs. Recognising children are at risk and therefore bringing them into care and are receiving custodial sentences.
- We are also concerned about Housing Related Support (HRS) offered to care leavers post 18. It is usual for our more chaotic care leavers to struggle to maintain their placement and often this can lead to break down in accommodation placements. We support them to move to other providers until they become more stable, these young people are very quickly deemed as intentionally homeless so will not be provided with emergency or temporary accommodation from their local housing department which could potentially lead to an increase in young people unable to access appropriate accommodation and therefore be sofa surfing or street homelessness.
- Furthermore, there is a reduction in emergency placements for 18 – 21 year olds, this too had heightened the anxieties felt by young people when turning 18 and being requested to leave their current CiC placement, unsure about what options are open to them if they have experienced trauma in terms of placement turmoil. I am concerned that it could be incumbent on the local authority to provide additional housing and support post 18 until an appropriate placement can be identified moving forward and will prevent the release of placements for younger care leavers during the transition.
- It has become apparent that the new HRS contract has reduced the hours of support offered to young people over the age of 18, we are concerned that this may have a negative impact

on chaotic Care Leavers as their needs may not be met. However, we understand additional support hours can be purchased flexibly but this process is not clear.

What needs to happen?

- It is critical that the YHAG group continue to meet to address and discuss concerns that have been highlighted to prevent gaps in services being identified and not actioned. Workers also must equip themselves with all the appropriate knowledge to ensure young people are informed and supported with their housing options post 18.
- Emergency accommodation beds/rooms to be confirmed for young people over 18 in crisis. More attention given to ensuring there is appropriate emergency accommodation to prevent sofa surfing and street homelessness
- Young people to feel supported and informed about the housing options post 18 and that appropriate housing application are made in a timely manner to assist with planning for the future
- Leaving Care workers to continue to establish links with colleagues across the organisation and beyond to ensure that we are adequately planning for young people's release from prison to prevent further offending behaviour.
- Continued work with the Police for avoiding custody for young people wherever possible.

2k Number of children receiving intervention through the Suffolk Sexually Appropriate Behaviour Service (SSABS)

What's working well?

- The University of Suffolk are undertaking a raid assessment exercise. This piece of work will give a detailed insight into how the gangs situation is developed in Ipswich and will produce recommendations for a Suffolk Strategy.
- A multi-agency Youth Gangs Board is in place.
- Suffolk YOS hosts a multi-agency meeting regarding those young people at risk or already involved in gangs. As a result, there is a good understanding of the local networks of the young people and adults involved and how they are linked.
- Facilitation of training/awareness raising amongst partners by YOS.

What are we worried about?

- There are concerns about two local groups in Ipswich and evidence of recent conflict between the groups.

What needs to happen?

- A need for a more comprehensive strategic approach which is based on preventing young people becoming involved in the first place and offering effective intervention and exit planning.
- SYOS is planning to adopt an intervention model based on trauma recovery (It is called Enhanced Case Management ECM) specifically to deal with the complex and hard to impact cases.
- Agencies have been asked to identify children and young people they are most concerned about. This information will be analysed to identify which young people should be targeted.
- Funding has been identified to facilitate pathways out of gang involvement for young people.
- Specialist workers have been identified in SYOS and MAC to work with young people at risk of gang involvement.

Outcome 3 - Thresholds are effective and ensure the correct level of support

3a Children Transferred between teams over past 12 months.

What's working well?

- The percentage of cases transferred from MASH to EH remains constant.
- On average 2/3 more cases transfer from SC to EH than from EH to SC.
- The numbers transferring from SC to EH remain reasonably consistent over the year suggesting that the transfers are made appropriately and are not a reaction to large SW caseloads.
- We have reviewed the transfer process between EH and SC so that it is now more robust with good feedback loops.
- We have strengthened the role of the Consultant SW in offering support to EH with stuck and worrying cases.

What are we worried about?

- EH continues to transfer between 30 to 40 cases a month to the SC teams.

What needs to happen?

- Analyse a sample of cases that transfer from EH to SC to:
- see if there are any themes that might indicate what more could have been done to prevent the case escalating to SC;
- determine if this rate of transfer is unavoidable.

3b The percentage of re-referrals to Specialist Services in the past 12 months

What's working well?

- The volume of re-referrals when measured both as a gross and as a percentage has fallen every year since 2014. This is the point from which we have stable data collection methods to draw upon. The reductions are modest, but the trend is a positive one. This is both efficient in terms of resource, and also means that families are the subject of fewer repeat interventions.

What are we worried about?

- Suffolk's rate of re-referrals is similar to other East of England authorities, and England as a whole, but still higher than our statistical neighbours. Re-referrals are a function of many factors, but are much higher in areas of high deprivation. It is likely that in such areas it is harder to establish an effective social work solution in one assessment cycle. There are also powerful external influences upon a family out of the control of social care that will result in the need for subsequent interventions. Re-referrals also vary in volume when measured on a monthly cycle. They also vary considerably from a geographical perspective with some areas indicating re-referral rates five times that of others. Holding families within an assessment framework too long has its own problems and this means that there will always be a volume of re-referrals which in itself indicates a willingness to work in the least intrusive way possible.

What needs to happen?

- Data to understand the correlating factors and possible causations that drive these differences is significantly improved from the last reporting period and work is ongoing to moderate these geographical differences downwards through implementation of best practice across the county and also by ensuring that staff resources are adequate in teams where re-referral rates are high. There will be a specific audit of re-referrals in the coming year which will focus on these hot spots.

3c Outcome of contacts received in the MASH in past 12 months

What's working well?

- During 2018, there has been a steady decline in the number of s.47 enquiries initiated by the MASH, with rates now more closely comparable to the average for our statistical neighbours; this reflects ongoing work within the MASH to improve the application of s.47 thresholds and to ensure decisions are reached which are child-specific (rather than applied to whole sibling groups).

What are we worried about?

- The volume of contacts for which the outcome was either NFA or information and advice has remained high. Within this cohort there are contacts for which the MASH has added little value. In order to be able to prioritise those contacts where risk is indicated most clearly, the volume of contacts with these outcomes needs to reduce.

What needs to happen?

- In order to reduce the volume of contacts for which the outcome is either NFA or advice and information, work has taken place to drill down into the data to establish which contacts benefit from contact with the MASH and which do not. Those that do not will include some notifications for standard levels of risk within domestic abuse, (DASH). It will also include those contacts where the referrer is uncertain as to whether a referral should have been made or not. Suffolk Police have completed an extensive evaluation of contacts from their agency, and working alongside the domestic abuse charity *safe lives* expect to be able to reduce contact numbers from their organisation. Increased use of the MASH consultation line, as well as increasing the awareness of thresholds through 'meet the MASH' sessions will also reduce unwanted contact volume.

3d - 3f Statutory assessments

What's working well?

- The actual number of assessments required and rate per 10,000 of child population, have notably reduced since last year, reflecting a more robust application of thresholds and diversion to other appropriate services etc. Assuming this level is an improvement, then fewer families are being subject unnecessarily to the intrusive process of assessment, which has also enabled a better targeting of social care staffing resources and the time invested by other agencies too.
- The percentage of assessments completed in timescales remains good, but can be improved upon, see below.
- The ongoing monthly auditing and quarterly audit reporting is very encouraging in respect of the quality of practice, and steady progress in most areas.

What are we worried about?

- With reducing rates of assessments, one might have expected a reduced percentage of NFAs – on the basis that fewer assessments meant higher need being reflected within the referrals. However, there are complicating factors such as, with fewer assessments to progress, more time can be afforded within each, and this may include a greater level of support/intervention during the assessments – which are now an extended timeframe of 45 working days, and thus “NFA” needs to be understood in this context.
- The percentage of assessments completed within timescale is seeing a gradual reduction from a good level. This likely reflects the staffing pressures within some teams.

What needs to happen?

- Effective recruitment and retention strategies are required to achieve and maintain sufficiency of staffing resources and capacity to effectively manage and progress casework, including the process of assessment (see later workforce section).

Outcome 4 - Child protection plans are as effective as they can be and ensure the best outcomes for children

4a - 4d, 4f, 4g, 4H - Number of children currently subject to a CP Plan

What's working well?

- Independent audits show 65% of CP plans are good or outstanding.
- Safeguarding Managers continue to scrutinise requests to conference and all audits indicate the right children are becoming subject to child protection plans.
- Save for a peak in May/June 2018, numbers of children subject to child protection plans remains largely stable.
- LSCB members are attending conference and providing feedback. The most recent report identified that 9 out of 10 observers gave an overall rating of either good or outstanding.
- The LSCB are holding partner agencies to account when they are not attending conference and contributing as required.
- The monthly PM/IRO and SM/SGM meetings are taking place consistently and provide a forum to explore and resolve issues.
- Conference observations, audits of plans and feedback from children and families highlight positive progression in helping families understand what changes must be made to achieve and maintain safety for children.
- Although there was a sharp rise in March 2018, the trend for children being subject to a plan for over 18 months has been downward reflecting work being done with families to find safety, or where this is not possible, for alternative care arrangements to be identified timely.

What are we worried about?

- Where there are CP plans that do not measure up to be SMART, they are picked up in audits and fed into individual supervision.
- Most initial conferences have not been subject to extended timeframes. We need to consider if extending timeframes should only apply to previously closed cases becoming subject to S47 at the point of referral.
- Of those cases where extended timeframes were applied, in a 6-month period only 26 did not require an initial child protection conference.
- The number of children becoming subject to child protection plans under the category of physical and sexual abuse remains low.
- Children and young people's participation and feedback in child protection conferences is not great enough, either with or without an advocate.

What needs to happen?

- Whilst the quality of plans is improving, we still need to improve those that are not 'good' or 'outstanding'. All families should know what they need to do for their children to be safeguarded.
- We need to consider if extending timeframes should apply only to previously closed cases that become subject to S47 at the point of referral into the MASH. We are meeting with the Head of Specialist Services to discuss this.
- There needs to be some exploration with chairs and audit work completed to ascertain if the category at ICPC is the same as the presenting issue.

- We met with ACT last year to discuss how more children can access advocacy for their conference. At this time, there does not appear to have been an impact so further work with ACT and the operational teams will take place to understand and act upon why more children do not attend their conferences. We also need to capture from conference chairs and social workers the reasons why older children have not attended.
- The concern regarding reports being shared with parents is on the LSCB risk register and is continually monitored through LIG.

4e - % of CP Plans with concerns – raised by CP chairs

What's working well?

- For initial conferences, there have been three months during the last year where no concerns around practice and expectations have been raised with the operational teams.
- For review conferences, there has been one month where no concerns were raised regarding practice and expectations.
- Since April the trend for concerns being raised at initial conference is declining.

What are we worried about?

- There is a pattern of concerns being raised for chronologies being unavailable and the social work report not being shared with parents by the requested time. In addition, for review conferences, the pattern of concerns are for visits not having taken place within timeframes laid out within the plan and the core group not meeting within timeframes.

What needs to happen?

- The issues are raised with Service Managers to identify if there are training needs or if there are other reasons as to why chronologies are not completed. Whilst we would aim for a target of 100% of reports being shared timely with parents which is not being met, the figures show this is usually relatively low numbers and the greater percentage of reports are being shared. Visits to children is monitored and scrutinised by Service and Safeguarding Managers monthly and at the same time current pressures within teams are highlighted to Heads of Services. It is noted where the impact of staffing challenges can be seen within the raising of concerns.

Outcome 5 - Children in Care (CiC) thrive in stable placements

What's working well?

- Taking the UACS children out of the general Child in Care figures show a rise of only 13 children in the last financial year.
- The range of suitable supported accommodation for those aged 16 plus has expanded significantly. Whilst there continues to be a demand for placements Suffolk is in a far better position than it was. Further work is underway to develop local accommodation options for those with complex needs and learning disability combined with education.
- Suffolk continues to provide stable permanent placements for the vast majority of children in care and with limited disruption.
- The majority of children are placed in Suffolk unless they have special needs. Of those placed outside the county most are placed in neighbouring authorities often in connected persons kinship placements because this is in the best interests of the child and birth families live close to the border.

What are we worried about?

- The profile of those entering care has changed with a higher proportion of older age late entrants who tend to remain longer and are more costly to look after. This is placing the Corporate Parenting budget under a lot of pressure. Whilst Cabinet has put an additional £5 million into the budget to cover the costs of Purchased Placements, fostering allowances and special guardianship allowances there continues to be a real pressure on the budget and risk of overspending unless the number coming in and remaining in care is contained.

What needs to happen

- The authority is currently working through the implementation of its current two-year Sufficiency Strategy for Children in Care. This includes a range of priorities to ensure we have sufficient placements available for them as well as the development of services for children on the threshold of care to enable them to remain within their family as well as the recruitment of foster carers and residential and supported accommodation. We have recently strengthened our commissioning and contract management capacity to help us achieve these developments.

5i % of CiC who are currently NEET

What's working well?

This academic year we have seen a 15% reduction in our CiC cohort who were NEET compared to last year (23.1% for 2016/17 to 19.7% for 2017/18). This positive position has been maintained throughout the year, reporting a 3.8% point lower NEET rate in March 2018 compared to last year. The annual cycle means that NEET figures increase gradually throughout the academic year. This is in line with national and historical trends. Improvement to date due to a dedicated focus on improving Participation for CiC:

- Effective joined up working between Early Help, Catch 22 and most of Suffolk's schools and post 16 providers. Termly meetings are held in all FE colleges to discuss the progress of our Year 12 & Year 13 CiC students.
- Lead CiC Specialist Youth Support Worker to champion participation across Early Help Teams countywide.
- Effective joint working between Early Help & Fostering Changes for Children Team and Learning/Volunteering Matters and dedicated UASC Specialist Youth Support Worker.

- Use of Welfare Call service to monitor weekly attendance for post 16 CiC and report to SCC.
- Dedicated transition support for CiC during Year 11. SYSWs have been requested to have an overview of the Transition section of the pre-16 PEP, particularly Year 11. Year 11 Transition Checklist has been developed to help those who are involved in supporting our CiC to make a successful transition into post 16 learning.
- Close communication between SYSW (CiC) and the Virtual School highlights those Year 11s with unrealistic intended destinations or those who are unlikely to make a successful transition to post-16 learning.
- Role of lead CiC SYSWs in each area – monthly area meetings to discuss the current NEET cohort.
- Post 16 PEPs and Post 16 Pathway to EET plans are being completed for our EET and NEET young people respectively.
- SYSWs are allocated to Children’s Homes and attend education meetings as well as Team Around the Children’s Home (TACH) meetings. This provides transition support to post-16 learning for our young residents.
- The data that we have on CiC young people is more accurate – much cross-checking of information across systems (Year 11, 12 and 13)

What are we worried about?

- There are teething problems with the post-16 Welfare Call weekly reports: not being received as regularly as we would like. We are working to improve this. Also, we need to work with the Leaving Care Service to find out the most effective way for the social workers to receive this data so that they can respond more effectively to the attendance information.
- The completion of Post-16 PEPs – 43% were completed for the Autumn term (2017), and 31% were completed for the Spring term (2018). These post-16 PEPs need to be seen as a continuation of their last Year 11 PEP, rather than a completely new document/plan. There are also concerns about the goals/targets being set on the Post-16 PEPs: most are not SMART, or linked to educational progression. These concerns may be addressed when the PEPs move on-line and the college will be completing the education section with the young person.
- The completion of Pathway to EET Plans (completed for our NEET young people in place of a PEP). Again, there are concerns around the goals/targets being set and the reviewing of the young person’s progress. There should be a joint responsibility for these plans: Leaving Care worker and the Specialist Youth Support Worker (SYSW) in the Early Help Teams.
- There are a number of young people who are being transferred from the CiC Teams to the Leaving Care Service NEET – we are, as yet, unsure of the reasons for this. It could be that they have come into care late (16-17 years) and no transition planning has been done with them, or it could be that there has been inadequate (lack of joint-working) post-16 transition planning in Year 11. SYSW (CiC) and Leaving Care Service to liaise closely to identify these young people, and to research as case studies to identify where the process is failing.

What needs to happen?

- Planned creation of a Virtual College for Children in Care and Care Leavers, as part of Participation governance arrangements. This will focus on the achievements, outcomes and success of our young people and shape the strategic approach to participation, skills and developing opportunities.
- Further development of Post 16 Leaving Care service in line with and complementary to Early Help Transition support offer.
- Development of additional reporting mechanisms on Core+ for this vulnerable group.

5j % of CiC who have a permanency plan in place by their 2nd review

What's working well?

- Suffolk has a very strong record of offering permanence for children in care this includes adoption special guardianship and child arrangement orders and long term fostering. Cases are presented to the Permanence Panel for approval, IROs, social workers and practice managers.
- Our Adoption, Special Guardianship and long term fostering support service has an excellent local offer and we have been successful in accessing therapeutic support services for children and carers.

What are we worried about?

- It is more of a challenge to deliver permanence to later entrants mainly because of their challenging behaviour but also they have a strong bond and identify with members of their birth family and often do not want to be part of another family. In these cases, we try to offer a stable setting with contact with their family.

What needs to happen?

- Social workers in the fieldwork service and corporate parenting will continue to seek and offer permanent placements and maintain our good performance.
- Continued robust monitoring of third reviews assessing permanence plans has been achieved.

5k Children in Care (CiC) - Strengths and Difficulties Questionnaires (SDQs)

What's working well?

- The current return rate of 71% is the best return rate ever achieved. The average score for returned SDQs is approximately 15-16. The lower the score the better. If a score goes above 17 the SDQ is forwarded to the Social Worker to see if any additional support can be offered. The majority of returned SDQs this year were below the threshold of 17 and were returned without additional comments.

What are we worried about?

- Several SDQs have been returned from carers of children with disabilities questioning as to why the form has to be completed every year.

What needs to happen?

- Adoption and Fostering are liaising with the Intelligence Hub to look at ways in which we can improve the return rate further next year. Following these comments, the Intelligence Hub and the Adoption and Fostering Services are currently considering if carers of young people open to the Disabled Children's Team should need to complete an SDQ each year.

Outcome 6 – Young people’s emotional health and wellbeing is catered for

What’s working well?

- The publication of the Suffolk Children Transformation Plan and Children & Young Peoples Improved Access to Psychological Therapies (CYP IAPT) has provided Norfolk & Suffolk NHS Foundation Trust, along with other key stakeholders, with a clear unified future vision of services for children, young people and their families. The transformation of services has already produced more innovative service designs, such as, the Suffolk Family Focus project with NSFT clinical psychologist situated in mainstream CYP teams offering psychological formulations and advice to frontline social care staff which is now well embedded within CYP teams. Work has almost completed on the review of the specification and recruitment of new staff to the CONNECT service provided by NSFT for Children in Care. This service will provide a range of interventions in partnership with CYP Suffolk County Council and in alignment with the vision of the plan.
- There has been recent work with commissioners to plan and implement the design of a countywide ADHD service for 0-18’s, expected to be operational during Summer dependent upon staffing. This service will provide diagnostic, prescribing and therapeutic support to Suffolk’s CYP and families.
- The Learning Disability CAMHS 0-18 service has been developed and is currently being recruited to. The Intensive Home Support Team for Learning Disability provides crisis and intensive support services for CYP aged 14 – working age adults in the community is now operational.
- NSFT is fully engaged in the work streams under the transformation project. We believe that this partnership approach is critical to the whole system changes needed to improve the coherence and quality of service responses to children experiencing emotional, psychological and mental health difficulties. Work streams for the Emotional Wellbeing Hub (formerly Single Point of Access) for CYP and Crisis Services are ongoing with new services in place expected for Autumn 2018.

What are we worried about?

- We continue to experience a high volume of referrals into specialist mental health services that, following initial screening and assessment, do not require treatment interventions. This may, in part, be due to the confidence, skill set and expectations of our wider system partners in working with children who are experiencing emotional, psychological and mental health difficulties. It may also be an indication of the availability and connectivity of pathways to access particular support services for certain groups of children and young people. We are feeding this intelligence into the planning of the Emotional Wellbeing Hub work stream to influence its future design. Going forward, NSFT aims to see a reduction in the number of referrals to specialist mental health services with a high correlation in those that are referred and assessed going onto receive treatment interventions.

What are we doing about it?

- NSFT is fully committed to the programme of work under the Children’s Transformation Plan and have clinical and managerial representation into the relevant working groups. We are openly sharing our clinical experience and system intelligence to support the transformation of services in Suffolk. Our staff, along with other stakeholders will be instrumental in the co-production and implementation of the service going forwards.

6g Suffolk Healthy Child Programme - School Nursing number of children receiving:

What's working well?

- Additional monthly performance data now available i.e. number of children attending drop in for emotional health reason, and as percentage of total attendance. Also number of emotional health pathways opened per month.
- Introduction of 'blank reports' has increased accuracy of recording. These are sent monthly to staff to complete data fields left blank on reports run from System One.
- Process maps have increased clarity regarding recording of referrals in to service and of interventions.
- Service users able to anonymously provide feedback (but unable to isolate emotional health advice/support).

What are we worried about?

- Data does not record measurable health outcomes made as a result of School Nurse intervention.
- Although improvements made, some inconsistent recording of emotional health advice on System One (health records) and also ChatHealth remains. Some ChatHealth conversations recorded as 'request to see' when the request is about emotional health concern.
- School Nurse model contains 4 categories of emotional health needs (anxiety/stress, low mood, bereavement/loss/separation, self-esteem and emotional and psychological wellbeing). Staff report that not always sure which category to record work under. Detail outlined in operating procedure but content is long and not easy to access.
- Concerns that total number of interventions are not being recorded. One reason appears to be that if Universal referral closed when report run, the data is not included in report.
- Able to report on pathways opened per month (referrals) but not number of interventions. One referral may have 6 interventions, another only 2, but unable to give this detail.
- Current countywide recruitment campaign underway. New staff will need training in both emotional health delivery and recording.
- Data does not reflect complexity of cases.

What needs to happen?

- Consideration of how case studies can be used to demonstrate complexity of cases and outcomes. Frequency of completion needs to be determined.
- Introduction of scaling to be introduced to electronic emotional health templates, to measure outcomes. Initial meeting with System One manager 6/6/18 to scope potential and timescales.
- Further work planned during July/ August to clarify recording process, including when Universal referral to be kept open. This work will look at both ChatHealth and System One recording.
- This will then be included in training to all School Nurses, staff nurses and students on 5th and 6th September 2018.
- Guides to support this training will be compiled and available at time of training.
- Content of Emotional Health pathways to be reviewed in order to clarify for staff. Summary sheet to be produced. Work is underway to simplify structure of operating framework to increase ease of use.

Outcome 7 – Children feel safe in their environment

7c Number of children reported as missing and absent in the past 12 months **Children Missing Education (CME)**

What's working well?

- Links between agencies such as CYPS, Suffolk Constabulary, Youth Offending services and Education have been strengthened to ensure information is being shared consistently.
- Workshops are being held within the community including at schools and universities to increase awareness of the risks associated with missing children including child exploitation and the importance of notifying appropriate authorities when it is suspected a child is missing.
- Suffolk's Missing Children Coordinator started in February 2016 and this post has been beneficial in ensuring data is collated effectively and accurately to help build a picture of what is happening across Suffolk.
- The process of missing reports being shared with CYPS has been reviewed and amended to ensure that every missing child is responded to appropriately and all have the consideration given to whether a return interview is required.
- Return interview compliance – has risen from 25% in February 2016 to 75% in March 2018. Only **7%** of return interviews were refused by young people. It is important to state, where return interviews are refused, information is still gathered about the missing episode from parents/ carers/other professionals working with the child to ensure there are no additional safeguarding concerns.
- 65% of return interviews were conducted within the 72hrs guidelines.
- 75% of children reported missing were on plans within children services, this could indicate we are directing out services and resources at the children who do need it, a consistent finding with last year's report.
- 11% of missing children from Suffolk were placed here by other Local Authorities. Work has been conducted over the past year to ensure that information is shared between LA's regarding these children.

What are we worried about?

- Children in Care (CiC) – We have seen a rise in missing reports for CiC in Suffolk this year. It is suggested that one significant factor for the increasing numbers of missing is as a result of the absent category being removed and also in recognition that CiC are our most vulnerable young people.
- The majority of indicators ticked regarding child exploitation following return interviews related to children at risk of sexual exploitation. 74% of the total were for Ipswich & Lowestoft which both had the highest number of missing reports across the county. Work is being undertaken to address the response to those young people at risk and directly involved with gang/groups from the Ipswich area such as the youth offending diversion programme and specialist support from the MAC team. Multi-agency work is also being conducted to share information and resources to ensure these children are supported through preventative work and engagement however it continues to be a concern regarding the numbers of children reported missing from both the Ipswich and Lowestoft area.

What needs to happen?

- Resources and intervention to be developed further to help minimise the risk of CE for missing children.

- Children are being reported missing frequently from Suffolk children's homes and the numbers have risen over the past year – this needs to be explored further to ascertain how additional support can be embedded within children's homes to help minimise these concerns & the risks posed to these children when missing.

7j Number of referrals to MASH relating to e-Safety or Cyberbullying

What's working well?

- There is an established group in place which is chaired by lead member for Children's Services.
- The collection of data from Mash and Section 157/175 school audits, Section 11 safeguarding audits is helping to improve knowledge of e safety.
- Training has been undertaken with MASH staff in helping them to recognise digital safety issues.
- The Digital Strategy has been signed off by LSCB.
- The LSCB signing off digital safety as an area of development for the Board.
- The Cyber Survey is in its sixth year and this year it has included an adults survey and a specialist survey for children with special educational needs.
- A joined up media strategy has been developed.
- A 360° toolkit for self-assessment has been developed with and for schools.
- There is evidence that building resilience is working. Schools report that children know the online rules.

What are we worried about?

- There is a concern that digital safety is often seen as a separate issue from safeguarding.
- There is evidence of duplication of resource and lack of joined up thinking.
- Ensuring that partners use the data effectively.
- A need to ensure that all partners keep up to date and current.
- Ensuring capacity to meet the demand.
- Ensuring that parents are engaged and knowledgeable about e-safety.

What needs to happen?

- The strategy needs to ensure that digital is integrated by 2020.
- HR should work with other agencies ensuring digital training is consistent across the partnership.
- Data needs to be analysed by CYPs for patterns/links to ensure localised responses and adequate training.
- Schools choice need to use the Cyber Survey and school feedback to ensure their offer is current and meets the needs.
- The University of Suffolk is about to undertake a research project into parental engagement and the knowledge hub.

Outcome 8 – There is a sufficiently staffed, trained workforce which ensures our children are safe

What's working well?

- We have successfully recruited to the two vacant social work posts in the West with two ASYE social workers that commenced their posts in May 2017.
- The remaining post in the south will shortly be going back out to recruitment, we hope to be successful in appointing an experienced social worker.
- In addition, we were able to successfully recruit to the vacant YPA posts in the South in the early part of the year, 2016. The successful applicants took up their posts in April 2016. The vacant YPA post in the west was filled in a timely manner and the new worker joined the team in October 2016.
- There were 5 members of staff on maternity leave from December 2015 until their return between January and March 2017. The posts were across the service and included managers, social worker and YPA's. All post was back filled by either locum staff or secondments.

What's not working so well?

- We have undertaken two recruitment drives in the South and West, as part of Catch 22 which were unsuccessful. There have been a number of locum social workers that have filled these posts in the interim which has not given stability or consistency especially to the team in the West. The team in the South has remained more stability due to the consistency of the locum worker in that team. There is a difficulty in recruiting social workers that have experience in working with young people and are happy continue to support care leavers into independence.

Actions

Further recruitment to take place imminently to fill the vacant social work position in the South Team.

8c Average caseload for Specialist teams by locality

What's working well?

- As of 11th April 2018, most social workers had caseloads within the recommended limits.
- Overall, county caseload total numbers have been reducing as reported in 2 above, due to robust supervisory oversight and efficient case closure/transfer rates by managers.

What are we worried about?

- As of 11th April 2018, 19 Social Workers had more than 25 children. Of these, 7 Social Workers had between 30 and 35 children.
- 5 NQSWs had a caseload of more than the 20 recommended for this stage (around 6/7 months post HCPC registration usually Sept/Oct).
- All Consultant Social Workers were holding some cases, (which is normally avoided in the interests of maintaining the capacity for supervisory oversight and professional development support of SWs and NQSWs) – most were holding only 1-5 cases (which can be of some professional benefit too). But, 2 x CSWs had caseloads of 21 children and one with 26 – within the Lowestoft area. CSWs in Lowestoft have been used as caseholders to help with overall allocation capacity, and to mitigate this, 2 additional temp locum CSW roles have been agreed.

- Suffolk's individual worker caseloads still remain generally higher than neighbouring authorities report (with Ofsted in summer 2016, identifying Norfolk workers carry a maximum of 20, Essex reporting 15-18 cases and Hertfordshire an exceptional 13 cases. The Ofsted report for Suffolk in February 2016 found Suffolk's, "Workloads are manageable" (p3), and the county-wide caseloads are approximately 300 less than at the time of inspection. However, there are slightly higher vacancy levels now, which brings a continuing challenge to caseloads.
- The current trend is for some areas of increasing caseloads, due to staffing issues.

What needs to happen?

- Effective recruitment and retention strategies are required to achieve and maintain sufficiency of staffing resources and capacity to effectively manage and progress casework, including the process of assessment (see later workforce section).
- Continued robust management oversight to ensure case review and closures/transfers rates are maintained.

8e Number of vacancies for key health staff

What's working well:

- We have a rolling advert for HV which ensures that we constantly have an advert on NHS Jobs and Suffolk Jobs Direct.
- Recruitment is in progress for SNs with interviews on the 24/25 July 2018.
- We have 2 student SNs graduating in the autumn who should be able to fill vacancies by December 2018 and 5 student HVs who will be graduating in September 2018.
- We have recruited and are training 15 full time HV students from September 2018.
- We have recruited and are training 5 part time student School nurses from September 2017.
- We have completed the SN restructure which will ensure the SNs can work more flexibly and cover vacancies when they occur.

What are we worried about

- So far measures to stem the flow of HVs have not resulted in a net increase of HVs.
- Pay differentials between HV and SNs working for SCC and those working in neighbouring organisations is increasing each year.

What needs to happen

- We are scoping the feasibility of providing financial incentives to all HVs and SNs that can compete with neighbouring providers.
- We are enhancing our recruitment and advertising process.
- To address the reduced staffing levels in some HV teams we are:
 - offering staff extra hours,
 - employing bank and agency staff,
 - redeploying staff from other better staffed teams, and
 - redeploying managers with a nursing qualification to work in HV teams.

8i Number of 'hits' on the LSCB website policies and procedures pages

What's working well?

- The average number of visits to the policy page has remained consistent across the last two years as has the average time spent by these people on the page.

What are we worried about?

- There has been a 12% fall on the previous year on total visits to the policy page.

What needs to happen?

A major redesign of the LSCB website as a whole is being undertaken currently. This will make it easier for people to navigate the website and access the policy pages.

8j Number of Safeguarding in Education courses run and attendees as a % of those requesting places

What's working well?

- We have increased the training venues for ease of access across the county, introducing Newmarket and Sudbury.
- We have introduced a new workshop raising awareness of gang crime. Those who attended said it was very informative but sadly only 13 delegates attended. The event was advertised via Suffolk headlines and Schools Choice newsletter and within CYP Directorate.
- A new Safeguarding Conference is planned for 28th September at Wherstead Park. There will be DfE and Ofsted key note speakers and delegate will have various workshops to access and upskill themselves.
- Digital [bitesize] training will be available for schools to purchase on specific safeguarding issues [illegal highs and drug awareness, self-harm and gang crime]. The aim is to provide materials that are flexible in order to upskill on a regular basis. Sessions last roughly 45 mins. The sessions can be delivered on staff development days, lunch times and after school if required.

What are we worried about?

- We saw the end of School Safe and school staff are concerned about where to access training which is approved by County when training in restraint techniques.
- Schools Choice have recognised the need for risk assessing and behaviour management courses. These have now been developed and rolled out to support effective behaviour management and the effective completion of audit trails.
- Schools are finding it harder to release staff for training due to budget and resources.
- Schools may resort to online training as a substitute.

What needs to happen?

- We have completed a study working with children and young people across county to gain an understanding of what they consider are the risks and barriers to keeping themselves safe and to gather their perspective on gang culture. The main aim was to identify any gaps and to support schools in meeting the gaps. The study was very beneficial with children and young people sharing their thoughts and experiences. Children and young people have played an active role in designing and creating a set of training materials (films, discussion cards and other materials) that can be shared in schools (hopefully delivered by children to children with

support). We are developing a T4T model for children to try and help children to stay safe. We will offer this to schools for a September start.

- We are currently developing a new Safeguarding Compliance Course aimed at the senior leadership teams to roll out for September.