



ST HELENS
BOROUGH COUNCIL

Town Hall, St. Helens, Merseyside, WA10 1HP

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Agenda

CHILDREN AND YOUNG PEOPLE SERVICES SCRUTINY COMMITTEE

Date: Wednesday 6 September 2023 Time: 10.00 am Venue: Room 10

Membership

Lab 6 Councillors D Banks, T Long (Chair), McCormack, Murphy, Osundeko and Sweeney

Grn 1 Councillor Sheldon

LD 1 Councillor Sims

Inds 1 Councillor Greaves

NIW 1 Councillor Maguire

Co-opted (Voting)	Mr D Thorpe	(Church of England)
	Mr C Williams	(Roman Catholic)
	Miss A Kirman	Parent Governor (Primary)
	Vacancy	Parent Governor (Secondary)
	Vacancy	Parent Governor (Special School)

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	Jo Davies – Assistant Director Children and Young Peoples Services and Thomas Howard – Head of SEND and Inclusion have been invited.	
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CHILDREN AND YOUNG PEOPLE SERVICES SCRUTINY COMMITTEE

At a meeting of this Committee held on
24 April 2023

- (Present)** Councillor T Long (Chair)
Councillors CD Banks, McCormack, Maguire, Osundeko, Sims and Sweeney
- (Also Present)** Councillor Charlton, Cabinet Member Children and Young People
Councillor Groucutt, Cabinet Member Economy, Business and Skills
- (Not Present)** Councillors J Banks, Greaves and Sheldon
- Mr C Williams (Roman Catholic Church Representative)
Mr D Thorpe (Church of England Representative)
Miss A Kirman (Parent Governor – Primary)
-

26 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors J Banks, Greaves and Sheldon.

27 MINUTES

- * Resolved that the minutes of the meeting held on 9 January 2023, be approved and signed.

28 DECLARATIONS OF INTEREST

No Declarations of Interest from Members were made.

29 DECLARATIONS OF PARTY WHIP

No Declarations of party whip were made.

30 DIRECTORS REPORT ON PROGRESS IN CHILDRENS SERVICES

A report was presented which provided an overview of progress in Children's Services, highlighting the inspection of the Youth Justice Service by HMI Inspectorate of Probation in November 2022, the Ofsted monitoring visit in December 2022, findings from a peer review of the Public Law Outline in January 2023, and an update on progress made with the Children's Improvement Plan, which was updated in February 2023.

It was reported that this had been a busy period for the service, with the Youth Justice Service inspection in November 2022, and Ofsted Monitoring visit in December 2022, and a peer review by Bolton Council of St Helens Public Law Outline (PLO) practice and processes in January 2023. On top of this St Helens had also had the annual conversation with Ofsted in March 2023.

The service was also implementing the Workforce Strategy and managing staffing issues following the exit of the last Innovate team. The service had a strong focus on recruitment and retention of social work staff, with the first tranche of international social workers joining the local authority this spring.

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Priorities from the Children's Improvement Plan continued to be achieved, including practice improvement across the service, and an improved focus on achieving permanency for children, evidenced through the feedback from the recent monitoring visits in July and December 2022.

Further peer reviews were being undertaken throughout the spring, with Fostering and Kinship Care in March 2023, the Care Leaver Service in April 2023 and Children We Look After in April/May 2023. All of this activity was in preparation for the next full Ofsted inspection, namely the Inspection of Local Authority Children's Services (ILAC), which was likely to be later on in the year.

The report provided a detailed update of progress in respect of:

- Ofsted Monitoring Visit 13 and 14 December 2022;
- The Youth Justice Service (YJS) Inspection by HM Inspectorate of Probation;
- Peer Review of Public Law Outline (PLO);
- School Attendance; and
- School Support/Special Education Needs and Disability (SEND).

The letter summarising the findings of the monitoring visit to St Helens Children's Services on 13 and 14 December 2022 was attached to the report at Appendix 1 and the YJS inspection report by HM Inspectorate of Probation was appended to the report at Appendix 2.

In conclusion, it was reported despite the continued high level of demand for services, Children's Services were evidencing improvements and progress across all areas. The judgement of 'Good' awarded to the Youth Justice Service showed a teams ability to change and improve, through a relentless focus on delivering a service where good outcomes for children and good quality practice was prioritised. This was now being shown and evidenced across Children Social Care and Education Services.

Also, it was added that it was a very busy and demanding time for the service, preparing for both the ILAC and SEND inspections, as well as three peer reviews and increasing demand and complexity of work for the staff. The workforce remained stable, committed and focused to the improvement work ensuring the best outcomes possible for the children and families.

Following the provision of a verbal overview of the report, the following comments and questions were raised

- Members commended the innovative practice, joined up systems and organisational arrangements that had been developed and welcomed the impact of quality assurance framework processes in improving social work practice standards;
- recognition was also afforded for the positive findings in relation to the YJS inspection and thanks were expressed to staff for their dedication and commitment;
- following a request, information was provided to detail several actions to address the issue of recording of information which the inspectors highlighted as still requiring improvement, the recruitment of social workers/fostering and adoption workers to vacant staffing positions and an update was provided on the progress

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of international social worker recruitment, their terms and conditions of employment and access to support packages;

- concern was expressed over the 11.5 vacant staffing posts that existed in the Duty Team service, and following discussion it was agreed that a recommendation be made to be taken forward on what more could be done to attract and recruit suitable experienced staff to the posts. It was stressed that this was a budgetary consideration which would need to be considered through the appropriate decision making process;
- in terms of social work retention, it was confirmed that no bonus was in place for retention of staff. However, ways of retaining staff were always being explored and St Helens compared favourably with neighbouring boroughs with the handling/response to the issue;
- in response to a question, the key areas were outlined of practice work that needed to be undertaken or were ongoing, in an attempt to reverse and prevent the trend of children going into care. Also, it reported how the work of partners would link with improvements;
- ongoing audit checks and processes were in place to mitigate the risk of inaccuracies in the automated recording of information;
- reassurance was provided that the YJS staffing was now much more stable, as was social worker staffing;
- work had been undertaken to ensure improved partner attendance at meeting and forums, such as the Youth Justice Board;
- ongoing work was highlighted to capture whether staff felt valued; and
- the benefits of purchasing properties for care home use to bring services back 'in-house'.

The Director of Children's Services was thanked for the thorough and comprehensive report.

* **Resolved that:**

- (1) **the report and progress achieved be noted; and**
- (2) **a recommendation be taken through the appropriate decision-making process to determine what action could be undertaken to resolve the 11.5 vacant staffing posts in the Duty Team.**

31 **PERFORMANCE REPORT – QUARTER 3 2022-23**

The Quarter 3 Performance Report 2022-23 was presented and provided an analysis of progress and performance over the period April to June 2022 against the Children and Young People Services priorities. The report reflected the new Performance Framework and targets aligned to the priorities and outcomes of the Borough Strategy as agreed by Cabinet at its meeting on 20 April 2022.

This framework provided the basis for quarterly performance reporting to Cabinet and Overview and Scrutiny over the course of 2022-23.

The Council acknowledged that effective performance management and arrangements were critical to supporting decision making during these challenging times and work continued to ensure the development of the Performance Framework and performance management processes across the Council.

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It was reported that there were 88 performance indicators, where targets had been set, reported in the Quarter 3 Performance Report 2022-23. Of these:

- 73% of indicator targets had either been exceeded, met fully, or met within 95% of target. This compared to 75% of indicators in the previous quarter and 66% at Quarter 3 in 2021/22;
- 27% of indicator targets were not met. This compared to 25% of indicators in the previous quarter and 34% of indicators at Quarter 3 in 2021/22;
- Over the course of the last 12 months, 52% of indicators showed improvement, 7% of indicators maintained the same performance and 41% of indicators showed a downward trajectory. The position was a decrease on the position in Quarter 3 of 2021/22, where 54% of indicators showed improvement; and
- 24% of all indicators where comparison was possible were in the top quartile, compared to 39% at Quarter 3 of 2021/22, whilst 27% were in the bottom quartile, compared to 32% at Quarter 3 of 2021/22.

In summary, at Quarter 3 there were a number of areas where performance against outcomes was either some distance from the Quarter 3 target or an outlier in terms of St Helens performance relative to the England average of the nearest neighbours.

These areas included three outcomes within Priority 1 – ‘Ensure children and young people have a positive start in life’.

The Quarter 3 Performance Report 2023-23 at Annex A provided an assessment of the Council’s performance over the period October to December of the 2022-23 financial year.

The impact of the pandemic and sustained financial pressure on local government continued to pose significant challenges for the Council and St Helens Borough. Robust and appropriate performance management arrangements continued to be critical to support effective decision making and enable the delivery of the Council’s desired outcomes across the borough and its communities.

Following the provision of a verbal overview of the report, which focused on progress towards addressing areas of variance from target in some key indicators and on the key challenges, comments and queries were raised as follows:

- in response to concerns raised over variance from target for the performance indicator in respect of the percentage of Education, Health and Care (EHC) plans, it was confirmed that an action plan was in place to address the key issues and the challenges within the service area were acknowledged;
- it was clarified that there was Council representation on the appropriate committee that linked with the Homestart charitable organisation to facilitate early help for families in need, with the aim of avoidance of an escalation to child protection plans;
- it was confirmed that the performance data in terms of the ‘smoking status at the time of delivery’ performance indicator related to tobacco rather than also including vaping products and that evidence would need to be rigorously monitored to determine and conversations undertaken on whether vaping should be promoted as a healthier alternative to tobacco;
- the public health support work and campaigns were outlined in relation to advice and interventions in schools and with parents to promote healthy eating;

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- the referral process into the HENRY (Health, Exercise and Nutrition for the Really Young) programme was explained; and
- assurance was given that additional support was provided where higher social worker case loads existed because of fluctuating periods, and that case loads were carefully monitored.

* **Resolved that:**

- (1) **the performance position at Quarter 3 be noted; and**
- (2) **the actions planned by the Children and Young People Services to address specific areas for performance improvement in relation to Priority 1 be noted.**

32 **IMPROVING EMPLOYMENT OPPORTUNITIES FOR LOOKED AFTER CHILDREN AND CARE LEAVERS TASK AND FINISH GROUP RECOMMENDATIONS UPDATE**

A report was provided to update Members on the progress associated to the recommendations from the Improving Employment Opportunities for Looked After Children and Care Leavers Task and Finish Group report, which explored work opportunities for care experienced young people.

The Children and Young People's Scrutiny Group received the report in June 2021.

On 23 June 2021, Cabinet approved the action plan and resolved that the response to the recommendations be submitted to the Children and Young People's Scrutiny Committee on 12 July 2021.

Since that time, services had continued to develop for care experienced young people, with several very positive developments, in turn leading to performance which compared favourably to both statistical neighbours and national data.

The recommendations from the Task and Finish Group alongside the relevant actions from the service to date was attached, in tabular format, to the report.

It was reported that four of the recommendations had been completed, with the remaining three recommendations being partially completed at the current time.

An update of progress and activity towards completing those three recommendations by the agreed completion date was provided by the Assistant Director, Children's Social Care.

Members were pleased with the response to this piece of scrutiny work that had been undertaken and its positive impacts.

Whilst discussing the key issue of ensuring the aspiration of care leavers was built into the Council's care, ongoing work and strategies were explained and it was reported that a piece of work was to be undertaken with the aim of ensuring that every care leaver had an opportunity of employment within the Council, alongside partnership working with businesses to ensure care leaver received offers of employment.

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The importance of collective working was stressed in terms of collective working between all aspects of services provided by the Council and partners to ensure wrap around support to care leavers in ensuring parentage.

Thanks were expressed to all members and staff input on this piece of work and the response provided to date.

* **Resolved that:**

- (1) **the report be noted; and**
- (2) **the progress of actions associated to the recommendations of the Improving Employment Opportunities for Looked After Children and Care Leavers Task and Finish Group report be noted.**

33 IMPROVING SCHOOL ATTENDANCE SPOTLIGHT REVIEW

A report was provided which presented this Committee with the findings from the spotlight review 'Improving School Attendance'.

The report was a summary of the evidence that was submitted to the Children and Young People Services Task Group, Improving School Attendance in St Helens. It concluded with five recommendations to ensure that a culture of "Attendance Matters" was developed as a borough wide obsession linking into the priority contained within the Council Strategy of "Ensuring Children and Young People Have a Positive Start in Life".

The Improving School Attendance Spotlight Review Recommendations were attached to the report at Appendix 1.

Based on its findings, the Committee's main objective was to contribute to strategies to improve school attendance rates in St Helens, thereby improving pupil achievement, well-being, life chances and reducing the potential of children and young people's vulnerability to harm.

At the Children and Young People's Scrutiny Committee Work Programme Workshop on 6 July 2022, it was agreed to hold a spotlight review on 3 November 2022 to contribute to wider work to improve school attendance in St Helens.

This focus was agreed because overall absences in St Helens for the 2021/2022 Autumn and Spring term were higher than both regional and national averages.

The primary school absence rate in St Helens was 6.7% compared to the northwest average of 6% and 6.2% in England. The secondary school absence rate in St Helens was 10.2% compared to the northwest average of 8.8% and 8.6% in England.

St Helens also had higher rates of persistent absences for this period than regional and national averages. The primary school persistent absence rate in St Helens was 21.3% compared to 17.7% and 18.2% in the northwest and England respectively. St Helens' secondary school persistent absence rate was 31.6% compared with 27.3% and 26.7% in the northwest and England respectively.

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Absenteeism affected learning, attainment, social and emotional well-being, and the life chances of these children and young people. For some, it also factored as a safeguarding concern relating to criminality and various forms of exploitation. It was agreed to scrutinise examples of work being carried out in three St Helens schools and to look at how the Council supported the work on improving attendance across the borough.

An overview of the reports presented to task group members and discussions undertaken was provided.

It was confirmed that local authority attendance officers had been bought in by schools to undertake specific casework and tracking exercises had been done to demonstrate that their inputs had improved attendance.

It was explained that, in future, the DfE guidance recommended that all schools should receive a service offer from school attendance welfare officers to improve attendance, which would be achieved and delivered by the attendance team operating under the Triage, Education Support and Specialist Advice to schools (TESSA) model to offer early help, support and guidance. Bespoke support could be provided to schools at a cost.

Discussion also took place upon how good practice could be shared amongst schools to improve attendance alongside media campaigns, various professional staff forums and the involvement of school governors.

* **Resolved that:**

- (1) **the Task Group report and recommendations as set out in Appendix 1 be approved; and**
- (2) **the recommendations be submitted to Cabinet for response.**

34 **REDUCING TEENAGE PREGNANCY IN ST HELENS SPOTLIGHT REVIEW**

A report was provided which presented the evidence submitted to and findings of the Children and Young People's Services Scrutiny Committee Spotlight Review 'Reducing Teenage Pregnancy Rates in St Helens' held on 5 December 2022 and 26 January 2023.

Based on the Committee's findings the main purpose of the report was to contribute to strategies to reduce teenage pregnancy rates in St Helens, thereby reducing inequalities; improving the well-being, life chances, and aspirations of children and young people; and reducing their potential of vulnerability to harm.

It concluded with 12 recommendations which linked to and supported the first of the six borough priorities "Ensure children and young people have a positive start in life."

The Reducing Teenage Pregnancy Rates Spotlight Review Recommendations were attached to the report at Appendix 1.

At the Children and Young People's Scrutiny Committee Work Programme Workshop on 6 July 2022, Members noted that the Under 18 conception rate in St Helens was the fourth highest in England at 27 per 1000.

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Members also noted that the under 18 teenage (15–17-year-olds) live birth rate in the borough of St Helens was the second highest out of 23 northwest local authorities, and the sixth highest in England out of 152 local authorities, at 8.2 per 1,000.

Although all young mothers wanted to do their best for their children, and some did very well, teenage pregnancy overall continued to have a significant impact on inequalities including on education, well-being, and life chances, and was a factor in the cyclical prevalence of disadvantaged families.

Members therefore felt that a spotlight review of strategies to reduce teenage pregnancies in the borough would be useful.

An overview of the reports presented to task group members and discussions undertaken was provided.

Members commended the impressive media campaign produced and delivered by the Teenage Action Zone (TAZ) sexual health team and congratulated the staff involved.

* **Resolved that:**

- (1) **the Task Group report and recommendations as set out in Appendix 1 be approved; and**
- (2) **the recommendations be submitted to Cabinet for response.**

35 CHILDREN AND YOUNG PEOPLE SERVICES SCRUTINY COMMITTEE WORK PROGRAMME 2022/23

The Children and Young People Services Scrutiny Committee Work Programme 2022-2023 was provided to Members.

It was reported that most items on the Work Programme had been covered, with three topics remaining which this Committee may wish to consider as priorities in the new municipal year.

It was confirmed that a piece of work would be undertaken at a Task and Finish Group meeting on Friday, 28 April 2023 to focus on reducing alcohol and substance misuse during pregnancy.


Members were thanked by the Chair for their work over the 2022/2023 municipal year along with Cabinet Members, staff and partners for their support.

* **Resolved that:**

- (1) **the report be noted; and**
- (2) **consideration be given to covering the three remaining work items as a priority in the next municipal year.**

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 ST HELENS BOROUGH COUNCIL	<h2 style="margin: 0;">Children and Young People Services Scrutiny Committee</h2> <h3 style="margin: 0;">6 September 2023</h3>
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Report Title	Directors Report on Progress in Children's Services
Cabinet Portfolio	Children and Young People
Cabinet Member	Councillor Nova Charlton
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Hilary Brooks Director of Children's Services HilaryBrooks@sthelens.gov.uk
Contact Officer	Hilary Brooks Director of Children's Services HilaryBrooks@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	
	Create safe and strong communities and neighbourhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	X

1. Summary

- 1.1 This report provides an overview of progress in children's services, highlighting the peer reviews undertaken since the last scrutiny meeting 24th April 2023. Along with improvements made within the service and work already being undertaken in respect of ILAC and SEND inspection preparation.

2. Recommendation for Decision

- i. To note progress achieved to date.

3. Purpose of this report

- 3.1 To provide an update on children's services progress to the Children's Scrutiny Committee.

4. Background

- 4.1 This has been a busy period, two peer reviews have recently been undertaken, one in the Fostering Service by the LGA and one for the Children we look after service (CWLA) by Salford City Council as part of the North West sector led improvement offer.
- 4.2 The service still has a strong focus on recruitment and retention of social work staff. The first tranche of five international social workers joined the local authority in April, one more is due to join at the end of June and five more in the summer.
- 4.3 Priorities from the Children's Improvement Plan continue to be achieved. This month has shown another reduction on children subject to child protection plans and children in pre proceedings. There has also been a focus on achieving permanency for children, evidenced through the feedback from our recent monitoring visits and initial feedback from the peer review.

5. Peer Review Fostering

- 5.1 Following the independent review of the Fostering Service undertaken in April by the LGA, the Independent Reviewer made several recommendations which have been considered and accepted by the service.
- 5.2 The recommendations include.
- clarity of the 'offer' to foster carers incorporating support, training, benefits and fees and allowances with focus on harder to place children/young people
 - to undertake joint workforce development to clarify the roles and responsibilities of social workers across the fostering service, and reflected within records held for both the child/young person and the foster carer
 - to consider a preferred therapeutic model to underpin service delivery
 - to review the current mechanisms to capture the voice of the child
 - to continue with the roll out of audit activity to ensure learning is tracked
- 5.3 As part of the review a number of audits were undertaken, these have yet to be shared with the service, but verbal confirmation has been provided that there were no areas of concern identified.

5.4 Activity against the recommendations has commenced via an action plan and lead officers nominated. Progress will be robustly monitored through the existing management monthly performance meetings.

6. Peer Review CWLA

6.1 Following the CWLA peer review by Salford City Council as part of the North West sector led improvement offer in May 2023, the feedback to date highlighted the following strengths and recommendations.

6.2 Strengths

- Children who enter Care are presented at Legal Planning meetings.
- Young Peoples voices are heard within planning and are supported by professionals around them who can articulate their needs.
- Current trackers provide a clear overview of the Cared for Cohort.
- Tracking and Careplanning oversight was understood with all practitioners.
- There is consistent 'buy in' from all senior leaders and partners in attending relevant panels.
- There is a shared understanding, amongst all levels of the workforce, of the challenges facing families in St Helens and a desire to improve things.
- Workforce are confident in discussing families they are working with and know them and their wider networks well.
- Young people's voices are pro-actively sought with examples of established and emerging practice supported by the Participation Worker.

6.3 Recommendations for consideration/action

- Head of Service footprint to be more evident on file.
- IRO oversight, scrutiny and footprint to be supported by appropriate framework.
- Understand SGO breakdowns and identify opportunities for earlier support.
- Review effectiveness of panels and communicate any changes to the whole workforce and partners.
- Review understanding of permanency at the front door and identify and deliver any training need.
- Review opportunities to strengthen edge of care offer to support and scaffold existing placements and avoid unplanned admissions / disruptions.

6.4 Activity against the recommendations has commenced via an action plan and lead officers nominated. Progress will be robustly monitored through the existing management monthly performance meetings.

7. Children's Improvement Plan update

7.1 The children's improvement plan was updated June 2023. This demonstrates the level of activity within the service and the improvements achieved to date.

7.2 We are continuing to see high levels of demand, with the rate of CIN, 441 children per 10,000, which is higher than the North West average, but similar to our statistical neighbours. The number of Children and Family assessments completed is also high, with a rate of 1040. This equates to one child in ten. Currently there are 469 looked after children in St Helens, a rate of 129 per 10,000 children, this figure has stayed stable despite increases elsewhere in the region.

7.3 Child protection plans are down from 279 March 23 to 255 June, Children in care remains fairly stable 473 in March to 469 in June, placement with parents numberers were 42 in March down to 36 June, pre proceedings cases stood at 35 in March down to 20 in June.

- 7.4 The numbers of children and young people in residential provision has increased from 59 in March to 62 in June, these figures continual to be monitored weekly.
- 7.5 Partnership working – Thematic reviews of neglect and domestic abuse by the Safeguarding Children Partnership Board have been completed, along with the five workstreams for the year which link into the overarching priority of Neglect. A multiagency conference has been arranged for September, to disseminate the findings of both reviews.
- 7.6 Health - 95% of children have had their health checks on time. 85% of children have completed their Strengths and Difficulties questionnaire, this is 8% higher than this time last year.
- 7.7 Work is also underway with the colleges in relation to social work apprenticeships and the development of a 'grow your own' strategy. Last month we successfully interviewed four social worker apprentices to start in January and this compliments the two already within the process.
- 7.8 Quality Assurance - A concentrated focus on the quality of audits has led to improvements, with no overall grades changed at moderation, this is in comparison to 60% of changes via moderation in March 2023. The Improvement Team continues to support individuals and teams in relation to the themes that have arisen from audits. The progress relating to practice improvement is evident.
- 7.9 Permanency – a robust system for tracking permanency planning for children along with a new recording system has been implemented, to ensure the child's journey to permanence can easily be reviewed. 100% of pre-proceedings have been completed in 24 weeks this year while 72% have been completed in 16 weeks. The average length of proceedings in the Cheshire and Liverpool family court is 57 weeks, but for St Helens the average time is now 32 weeks.

8. School Attendance

- 8.1 The Department for Education guidance, 'Working Together to Improve School Attendance' was due to become statutory legislation by September 2023. However, this will not be in place before the beginning of the new academic year as originally planned and therefore the guidance will not become a statutory requirement from September. Notwithstanding the delay in the guidance converting to statutory legislation, the Council supported by the DFE have continued to make progress in line with the requirements of the guidance. Since the previous update to the CYPS Scrutiny Panel a joint 'Improving Attendance Action Plan' has been developed in partnership with the DFE. In addition, the member 'Spotlight Review' into improving school attendance in St Helens has set out a series of recommendations under the banner of 'Attendance Matters' to further support the partnership approach to improving school attendance.
- 8.2 Since the previous review, a multiagency 'Attendance and Behaviour Board' has been launched which provides support and challenge to schools and partner agencies to deliver on the overarching ethos of the guidance thus ensuring that good school attendance is everyone's responsibility.
- 8.3 Whilst there remain areas where absence rates reported for St Helens continue to remain above comparable national averages and much higher than the pre-Covid period, the autumn term figures do show areas of emerging improvements. For example, reductions in overall absence rates across the primary and secondary sectors, compared to the previous year, plus reductions in the percentage of persistent absentees for both primary and secondary schools. In terms of other areas to note there are increasing numbers of severely absent pupils (attendance below 50%) across all school sectors.

9. SEND

9.1 Please see separate attached reports regarding SEND for the quarter.

10. Conclusion

10.1 Children's Services are continuing with their improvement trajectory and can evidence progress across most areas. Challenges still exists within the placement / sufficiency arena, but progress has been made in creating our own internal residential homes, we are now entering the tendering stage, inviting external organisations to run our children's homes for us.

10.2 The decline in numbers around child protection plans and pre proceeding is welcome in respect of our statutory reporting and highlights the work undertaken to prevent children entering care.

10.3 The feedback from both peer reviews and their recommendations are currently being actioned across both services.

10.4 This quarter has also seen a focus on Early Help, ensuring those in greatest need are able to readily access our services. This work will be ongoing over the next few months as we look at how the service will interlink with the Family Hubs and support families more effectively, thus preventing children entering our statutory services.

11. Legal Implications

11.1 N/A

12. Equality Impact Assessment

12.1 N/A

13. Social Value

13.1 N/A

14. Net Zero and Environment

14.1 N/A

15. Health and Wellbeing

15.1 N/A

16. Equality and Human Rights

16.1 N/A

17. Customer and Resident

17.1 Children Services are on a continual improvement journey since 2019. However, the services are seeing an increase in demand especially around poverty and neglect and is implementing current strategies to address them.

18. Asset and Property

18.1 N/A

19. Staffing and Human Resources

19.1 Staffing is now fairly stable within Children's Services. However, we still have a high degree of agency staff, and have now employed the first cohort of international social worker recruitment.

20. Risks

20.1 N/A

21. Finance

21.1 Children's Services budget is approximately £60m per annum of which £27m is spent on placements. There is currently a £6m pressure on the budget with an action plan in place to address the shortfall.

22. Policy Framework Implications

22.1 N/A

23. Impact and Opportunities on Localities


23.1 N/A

24. Background Documents

24.1 N/A

25. Appendices

25.1 N/A

 <p>ST HELENS BOROUGH COUNCIL</p>	<h2>Childrens and Young People Scrutiny Committee</h2> <h3>6 September 2023</h3>
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Report Title	Update on OFSTED SEND Local Area Inspection Preparation Activity
Cabinet Portfolio	Children and Young People
Cabinet Member	Councillor Nova Charlton
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Thomas Howard Team Manager, SEND and Inclusion thomashoward@sthelens.gov.uk
Contact Officer	Joanne Davies Assistant Director, Education and Learning Joannedavies@sthelens.gov.uk

Ensure children and young people have a positive start in life	X
Promote good health, independence, and care across our communities	
Create safe and strong communities and neighbourhoods for all	
Support a strong, thriving, inclusive and well-connected local economy	
Create green and vibrant places that reflect our heritage and culture	
Be a responsible Council	X

1. Summary

- 1.1 This report highlights the key areas from the previous OFSTED SEND Local area inspection, gives an overview of the new inspection framework following its publication earlier this year, explains the inspection preparation that has already taken place and highlights the current risks that have been identified.

2. Recommendation for Decision

Scrutiny committee is recommended to:

- i. Note the findings of the report and progress made.

3. Purpose of this report

- 3.1 The purpose of the report is to ensure that Scrutiny members are aware of the strengths, the areas for development and the changes in the new inspection framework.

4. Background / Reason for the recommendations

- 4.1 Between 29 January 2018 to 2 February 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of St Helens to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

- 4.2 The findings of the inspection are contained in the Ofsted report attached. These were split across three general categories, which judged the effectiveness of the local area in:

- Identifying children and young people's SEN and/or disabilities.
- Meeting the needs of children and young people who have SEN and/or disabilities.
- Improving outcomes for children and young people who have SEN and/or disabilities.

4.3 Progress against these areas:

- 4.4 There has been significant progress since the previous inspection.

- 4.5 The local authority has addressed the data profiling issue by compiling a SEND Data Dashboard, which draws on existing datasets to provide 'at a glance' real-time information for leaders against a number of agreed metrics. These include the number of statutory assessment requests and their source the volume of EHCPs issued, the timeliness of professional contributions, the timeliness of the overall assessments. This also gives the facility for the identification of data trends and data profiling to support effective strategic planning.

- 4.6 Health and Social care information are now both routinely sourced in the production of Education Health and Care Plans and a co-produced Quality Assurance Framework is now in place to judge EHCPs against five agreed quality assurance standards. This framework has been attached for consideration. A Multi-Agency audit of 10 randomly selected EHCPs takes place every term, with findings fed back to the respective services

to drive up improvements in quality. This regular audit considers both newly produced and reviewed EHCPs.

- 4.7 The local authority prioritises effective communication and engagement with parents. During COVID lockdown, a 'SEND Helpline' was established, so parents could ring with general queries or to ask for support. This helpline has been retained due to its effectiveness. The 'Listen 4 Change' Parent Forum (L4C) are also key stakeholders and have membership on a number of boards and strategic oversight groups including the SEND Partnership Board, the Family Centres Strategic Group and the Neuro Developmental Pathway, (NDP) Steering group. There is also a regular multi-agency 'Keep in Touch', (KIT) meeting for which L4C produce the agenda.
- 4.8 The roles of Designated Clinical Officer, (DCO) and Designated Social Care Officer, (DSCO) are now established in St Helens. The ICB have informed the partnership that the current arrangement of DCO supported by a Deputy DCO is set to be reduced at the end of June to a single 0.6 FTE DCO post. This reduction in capacity represents an operational risk, especially given the local area was criticised for "dragging its heels" in the appointment to the post by OFSTED.
- 4.9 The current Short Breaks Offer remains limited and so is an area of risk/concern. The local area was criticised in the previous inspection as there appeared to be few activities available in the local area specifically for children and young people with SEND. In particular, a shortage of personal assistants and scarcity of overnight respite care was observed by OFSTED. A multi-agency working group has been established to address this, the progress of which will be monitored by the inspection oversight group.
- 4.10 The local authority has articulated its ambitions for young people with SEND in St Helens through both the St Helens Borough Strategy and the SEND Strategy, ('A Life of Equal Chances') 2021 – 2024. The latter sets out the ambition for young people with SEND to "be able to live an ordinary life, a life with equal chances to shape their future, be active members of their community, be healthy, have choices and be able to make independent decisions".
- 4.11 Provision for young people aged 18 – 25 has progressed. Both colleges based in St Helens have worked collaboratively with the KS5 special school in the borough to develop education pathways that related directly to Preparation for Adulthood. Curriculum is delivered against: Daily Living Skills, Community and Leisure and Practical and Vocational Skills.
- 4.12 St Helens and Knowsley College Group, (SKCG) provides a curriculum for young people with complex needs from the Knowsley campus, which is on the border of St Helens. The provision at SKCG has recently been re-classified as good in the most recent Ofsted inspection, with Carmel college rated outstanding.
- 4.13 St Helens has developed an effective supported internships programme for young people with EHCPs to support pathways into employment. Supported Internships (SI) are a structured study programme based primarily at an employer. They enable young people aged 16-24 with an Education, Health and Care plan to achieve sustainable paid employment by equipping them with the skills they need for work, through learning in the workplace.
- 4.14 At the time of writing, 33 students have completed the programme, 9 of whom have secured full-time employment as a result. There are 11 students in this year's cohort, one of whom has already secured an employment offer.

5. New Ofsted SEND Local Area Inspection Framework.

- 5.1 Ofsted updated the SEND Local Area Inspection Framework in April 2023. The new framework is significantly different to the previous version and so will require a different response from the partnership, as outlined below.

Inspection activity has been increased to take place over three weeks and inspectors will require access to pupil-level data and individual casefiles. The inspection team will select 6 cases from the 1604 young people with EHCPs, the 4,708 with SEND Support and those pupils attending Alternative Education.

5.2 The new inspection reports:

- 5.3 Following a full inspection, inspectors will report on the effectiveness of the local area partnership's arrangements for children and young people with SEND. The report will include:

- The Inspection Outcome
- What it is like to be a young person with SEND in the local area
- What the local area partnership is doing well and what needs to be improved.
- Recommendations for improvements
- Whether any areas for Priority Action have been identified and which area partners are responsible for addressing them.
- The type and timing of the next inspection activity.

5.4 Inspection Outcomes:

- 5.5 There are 3 possible full inspection outcomes, leading to different subsequent inspection activity:

Inspection Outcome:	Meetings and Inspection Activity:
The local area partnership's SEND arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.	Engagement Meetings Full inspection within 5 years
The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements.	Engagement Meetings Full Inspection within 3 years
There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.	Engagement Meetings Submission of priority action plan, (Area SEND) Monitoring Inspection within 18 months Full re-inspection within 3 years

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5.6 **Alternative Provision**

- 5.7 Inspectors will also evaluate the local authority's commissioning and oversight of alternative provision for all children and young people in placements directly commissioned by the local authority.

This includes evaluating how the local authority ensures that placements:

- Meet the needs and aspirations of children and young people.
- Provide the support they need.
- Prepare them for their next steps.
- Enable them to feel valued and included in their community.

6. **Inspection Preparation**

- 6.1 A considerable amount of work had already been undertaken in preparation for a potential OFSTED inspection. The publication of the new framework has required the partnership to take swift action to ensure preparedness, as the new requirements differ considerably from the previous framework.

- 6.2 In response to the publication of the new framework, the SEND Partnership has organised and established an OFSTED preparation oversight group. This group is currently being chaired by the Interim Head of Service for Children with Disabilities and Children in Care with support from the Assistant Director for Education and Learning and the Team Manager for SEND and Inclusion. Meetings take place on a four-weekly basis and involve all key stakeholders from Education, Health and Social Care as well as the 'Listen 4 Change' Parent Forum.

- 6.3 Meetings are recorded and an action log produced to ensure accountability. The action log is circulated by the chair in advance of each meeting, with a requirement for the membership to update on their actions.

- 6.4 Further to this, a central 'MS Teams' channel has been established to which all partners have access, allowing the storing of data and information in a single area. Numbered folders have been created which correspond to the inspection data requirements. The oversight group has produced a comprehensive list of documentation and evidence, each has been assigned to an appropriate 'named' member who will populate the respective folders. Each folder has been assigned a 'RAG' rating, which is dependent on the level of evidence available for each area. This will ensure all information required by the inspection team is available immediately upon request.

- 6.5 In addition to the evidence folders, nine specific task and finish groups have been established to address key inspection areas. A lead officer has been assigned responsibility for each of these groups. This will ensure that progress against all key inspection areas can be monitored, and crucially impact can be demonstrated.

These areas are as follows:

- Alternative Education
- Short Breaks
- Neurodevelopmental Pathway
- Multi-Agency Audit

- Self- Evaluation Framework, (editing group)
- Data Quality and Case lists.
- EHCP Timeliness / Quality
- Experience of Children and Families
- Participation and Decision Making.

- 6.6 Each lead officer has been tasked with preparing an action plan for their area. An action tracker is being used by the oversight group to ensure that this work progresses swiftly. This tracker is reviewed at each oversight group meeting.
- 6.7 The oversight group has also produced a risk register which highlights the current areas the partnership feel are likely to influence an inspection outcome.

7. Current Risks

- 7.1 The inspection preparation group have highlighted the current areas of risk on the SEND Inspection Risk Register.

These are set out below:

1. Accessibility of the Disabled Children's Register

It is a statutory requirement that each local authority maintains a Disabled Children's Register, which is a voluntary register that parents to join. While there is a register currently maintained by St Helens, it is currently only accessible to families who have an open involvement with the Children with Disabilities Social Care Team. This has implications for one of the Annex A datasets, which currently cannot be returned in the format requested by OFSTED. The Interim Head of Service for Children With Disabilities is currently addressing this issue and plans to make database registration available via an interactive portal on the current SEND Local Offer site should resolve this issue.

2. Short Breaks Provision

This was identified as an area for development following the initial 2018 inspection and remains an area of concern. A consultation with key stakeholders and providers is currently underway, organised by the commissioning manager, public health. This consultation will facilitate the development of a wider offer, particularly for young people with complex needs. While this represents positive progress, development in this area has been slow. This has been identified as an area of particular frustration and dissatisfaction by parents and young people, which is likely to influence the inspection outcome given the new framework's emphasis on the experience of the young person and their family.

3. Current EHCP Performance

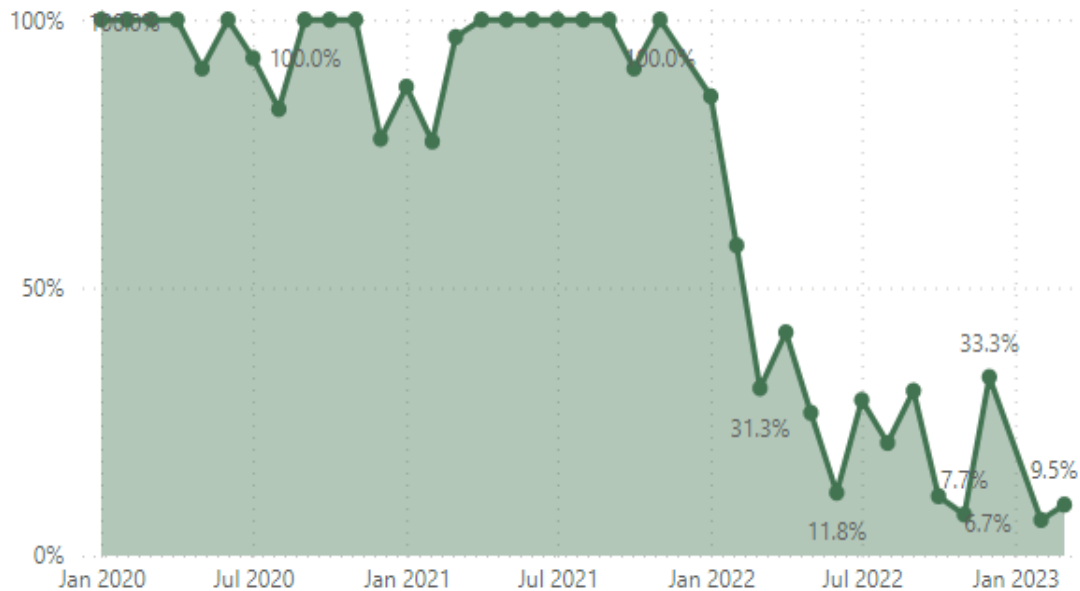
Following the previous SEND Local Area Inspection, both performance and quality of EHCPs improved considerably and consistently and St Helens was ranked as one of the best performing local authorities in the country, and best performing authority in the North West Region in both 2020 and 2021, (See Office for National Statistics Dataset, published 8th June 2023).

While there is evidence from the multi-agency audit of EHCPs that overall quality has continued to improve, there has been a significant deterioration in timeliness of assessment from 96% in 2021 to 28.9% in 2022. While the national average has also dropped by almost 10% over the same period, (from 59.9% to 50.7%) the St Helens

average deteriorated by almost 60% and has continued to decline. This is indicated in figure 1 below:

Figure 1: Timeliness of EHCP assessment from 2020 – 2023:

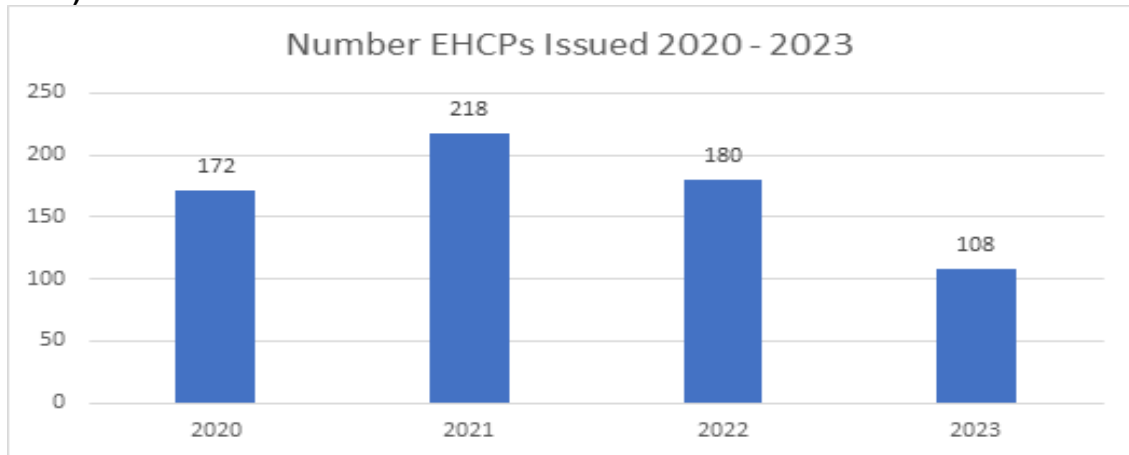
Rate of EHC plans excluding exceptions issued within 20 weeks



This deterioration in performance has been caused by a significant reduction in the capacity of the SEND Team due to a high number of resignations in 2022, which reduced the team from 9 FTE members of staff to 3.5. This also compounded a further capacity issue in the Educational Psychology Service. While the authority has had a successful programme of re-recruitment to these roles, the team is now working through a backlog of 200 overdue assessments in addition to the new assessments that are added to the caseload on a fortnightly basis. The department have shared a recovery plan, which has been approved by the DfE, and recruitment to the vacant posts has been positive. Parents and other key stakeholders are also being kept briefed on progress however it is likely that this current drop in performance will present a risk to the outcome of any inspection, due to the impact on customer satisfaction.

Due to the successful programme of recruitment and resultant capacity increase, the number of final EHCPs issued by the team is increasing steadily. In the first 6 months of 2023, the team have issued an equal number of plans to first 6 months of the 2021 Calendar year, (see figure 2). This suggests a recovery to the previous level of performance is likely to be achieved. This improvement is currently following a similar trajectory to that experienced by the service between 2019 and 2020, suggesting that EHCP timeliness will return to above the national average within a 12 month period.

Figure 2: Volume of Final EHCPs Issued by Calendar Year, (Including Jan – June 2023):



EHCP performance can be tracked and monitored via the SEND Data Dashboard, with the Team Manager, SEND and Inclusion providing analysis and updates to the SEND partnership board.

4. Educational Psychology Capacity.

There are significant capacity demands in the Educational Psychology Service, which are impacting the team's ability to contribute professional advice to the statutory assessment process in a timely manner.

243 requests for psychological advice have been made to date in 2023. 78.6% of these have been allocated to a psychologist and 4.1% have been returned to the SEND team within the 6 weeks allowed for this process. This continues impact on EHCP timeliness.

The Principle Educational Psychologist currently prepares a month report on performance which is shared with key stakeholders.

The service are currently taking the following actions:

- Recruiting to vacant Educational Psychologist Posts and recruiting additional 'Associate EPs' where possible; This is in the context of a national shortage of EPs and a highly competitive market to secure Associate EP services.
- Recruitment of a Year 3 trainee EP, starting in September 2023.
- Continued monitoring and analysis of service capacity to build in additional capacity and flexibility against any variations in demand anticipated throughout the year.

5. Co-Production.

In the previous inspection, a key area of strength identified by the inspection team was co-production, as they observed that "Across the local area parents, professionals, children and young people are working effectively together to devise and implement improvements". There has been a recent lack of representation from the parent carer forum on several steering groups, including the Inspection preparation group. The local authority has been advised that the Carers Centre are initiating a recruitment drive in September in order to identify new parent representatives to ensure the voice of parents is represented.

6. SEND Cohort School Attendance.

In November 2022, the Children’s Commissioner published their ambitions for the SEND system, which set out what local area partners would be required to do to ensure children with SEND had equitable outcomes.

A key area was attendance goals and challenged professionals working with children to set realistic goals for school attendance, integrating these with EHCPs to make sure children are receiving a level of support and education which matches their ambitions. This document “A SEND system that works for every child, every time”, is attached. National Data shows that in the autumn term 2021, overall absence for pupils with an EHCP was 11.6%, up from 9.4% the previous year. In St Helens, current figures show that the overall absence rate for pupils with EHCPs is 13.9%, higher than the national average.

This has been prioritised as an area of work for services across the Education and Learning Department.

As a result, the number of pupils with SEND who are ‘persistently absent’, (meaning they have missed 10% or more of possible school sessions) is slightly lower than the national averages: 36% of pupils with an EHCP are persistently absent nationally, compared to 35.4% in St Helens.

Nationally, 31% of pupils receiving SEND support are persistently absent compared to 26% in St Helens:

7. Reduction in DCO Capacity.

The DCO provides the point of contact for local authorities, schools and colleges seeking health advice on children and young people who may have SEN or disabilities.

In St Helens, the DCO quality assures all of the advice received from health providers before it is incorporated into Education, Health and Care Plans and sits on the decision-making panel that reviews all applications for statutory assessment.

The DCO also acts as an initial point of contact for the local authority should concerns arise regarding the timeliness of professional advice received, which can impact the EHCP process.

The ICB have informed the partnership that the current arrangement of DCO supported by a Deputy DCO is set to be reduced at the end of June to a single 0.6 FTE DCO post. This reduction in capacity represents a risk to the operational functions described above. It is currently unclear whether the local authority can influence this decision.

8. Legal Implications

- 8.1 All activity undertaken by the partnership in preparation for the local area inspection is lawful and complies with the Council’s constitution. While there is no direct legal risk to a poor inspection outcome, there is potential for reputational damage to all partners. The inspection outcome report will be available in the public domain.

9. Equality Impact Assessment

9.1 While this report speaks to the work being undertaken to ensure the Local Area Partnership is ready for inspection, the work being undertaken continues to have an ongoing impact on the St Helens community.

10. Social Value

10.1 The activity currently being undertaken as part of the preparation for adulthood strand around supported internships is enabling local young people with disabilities to gain paid work with local employers.

10.2 This will also sustain and improve the community, as it is helping to provide purposeful work, volunteering and learning opportunities which will allow local young people with disabilities to build individual self-worth and improve health and well-being, as well as fostering community cohesion.

11. Net Zero and Environment

11.1 By improving on the current levels of inclusivity in local mainstream schools, as well as bringing on-line more local specialist and resourced educational provision, we will reduce the reliance on out-of-borough provision and the associated transport requirements to these providers. This will reduce vehicle emissions as young people will be able to access education in their local area. This in turn will improve air quality.

12. Health and Wellbeing

12.1 Young people engaging with the partnership will have their health needs identified in an accurate and timely manner, so supporting access to the appropriate specialist services at the right time where necessary.

12.2 High quality Education, Health and Care Plans will help support the mental health and wellbeing of young people with SEND and their families by ensuring that they are afforded the same access to opportunities as their non-disabled peer group.

13. Equality and Human Rights

13.1 This is an inspection of existing services, several service providers from the partnership that will be scrutinised as part of the inspection have carried out equality assessments as part of their service delivery plans. There may be reputational damage for these partners depending on the inspection outcome.

14. Customer and Resident

14.1 This is an inspection of existing services, however there will be a reputational impact for the local area dependant on the inspection outcome.

15. Asset and Property

15.1 There are no asset and property implications.

16. Staffing and Human Resources

16.1 There are no workforce implications.

17. Risks

17.1 The currently identified risks in relation to inspection are outlined in para 7.1 above. In addition, there is a potential reputational risk for the local authority and its wider partners depending on the outcome of the inspection.

18. Finance

18.1 There are no implications for revenue / capital as this report highlights work that is currently being undertaken by council services and wider SEND partners as part of discharging their statutory function.

19. Policy Framework Implications

19.1 Any recommendations in this report are in line with current council policy and reflective of the statutory duties of the respective services.

20. Impact and Opportunities on Localities

20.1 This is an inspection of existing local area services. There may be a reputational impact for some service providers based in particular localities dependant on the inspection outcome.

21. Background Documents

21.1 N/A

22. Appendix

1. Outcome of Joint local area SEND inspection
2. St Helens EHCP Quality Assurance Framework

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21 March 2018

Mr Mike Wyatt
Director of Children's Services, St Helens
Corporation Street
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WA9 1LD

Sarah O'Brien Interim Clinical Chief Executive, St Helens Clinical Commissioning Group
Joanne Davies Local Area Nominated Officer

Dear Mr Wyatt

Joint local area SEND inspection in St Helens

Between 29 January 2018 to 2 February 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of St Helens to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

Main findings

- Leaders have a deep and accurate understanding of the local area's strengths and weaknesses. Leaders acknowledge that the local area was late in starting to implement the reforms. However, progress in implementation has speeded up considerably over the past 12 months. Senior leaders, managers and frontline

staff have embraced the spirit of the reforms, putting children, young people and families at the heart of their plans.

- Leaders and managers are cognisant of the task that still lies ahead. They are taking urgent and decisive action to implement the further improvements needed.
- Senior leaders' ambitious plans for the transformation of St Helens have the potential to make a positive long-term impact on the lives of children and young people. However, children and young people who have SEN and/or disabilities do not have high enough priority within these plans. Leaders' priorities and the aspirations and expectations for these children and young people need to be made clearer.
- Strong appointments to key roles have already transformed the effectiveness of systems and structures across education, health and social care. Although it is early days, key stakeholders including parents, carers, children and young people and professionals are seeing first-hand the positive difference that these changes are making to their day-to-day experience.
- Communication has improved considerably across the local area. Senior leaders, managers and frontline staff, particularly in education and health, work well together to implement the reforms. The local area make sure that key stakeholders, such as Listen4Change (the parent carer forum), are kept up to date with their plans. Senior leaders pay heed to these stakeholders' views. Leaders and managers communicate when waiting times have increased or services are depleted. Stakeholders welcome this approach. However, parents and carers are not always kept in the loop. For example, parents shared their frustration about the long delay in the publication of the revised transport policy. Parents' uncertainty about whether they will be required to pay for their children's transport costs is causing them undue stress and anxiety.
- The timeliness and quality of education, health and care (EHC) plans have improved considerably. However, too often these focus heavily on education. Plans seen by inspectors do not capture essential information about children and young people's health and social care needs and the required provision to meet those needs.
- There is a small minority of parents who feel that their children and families have been let down by the local area. However, the majority of parents and carers are pleased with the help and support that families and children receive in St Helens. Some parents described the transformational effect this has had on their children's lives.
- St Helens has a well-established and active independent advice and support service. This service provides a wide range of effective support which is valued highly by parents and carers.
- Joint commissioning is a strength of the local area. The development of the neurodevelopmental pathway demonstrates the commitment of senior leaders and managers to work collaboratively. Arrangements for working together are strong, from senior managers through to frontline staff.

- Leaders have recognised the challenges of there being enough school places for pupils who have SEN and/or disabilities. Leaders have put the needs of children and young people at the heart of their plans to build capacity. The local area is not reliant on simply increasing the number of specialist places but has invested heavily in training and support for mainstream school staff. Consequently, across the local area, schools meet the needs of pupils who have SEN and/or disabilities better.
- The local area uses information intelligently to identify strengths and weaknesses in educational provision for pupils who have SEN and/or disabilities. The school effectiveness team ensures that school leaders are routinely and robustly challenged around outcomes and provision. Tailored support is helping schools to improve outcomes for this group.
- St Helens is embracing co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all). Across the local area parents, professionals, children and young people are working effectively together to devise and implement improvements. Co-production with Listen4Change has been key to success in developing the neurodevelopmental pathways. The learning from this work is now paying dividends with the development of the new local offer, occupational therapy (OT) services as well as improving EHC planning processes.
- The local area has responded swiftly to the recommendations from the recent children looked after and safeguarding inspection. For example, leaders have swiftly addressed the shortfalls in the school nursing service. School leaders and pupils who spoke to inspectors were generous in their praise for this change. Pupils told inspectors about how much they value the service offered by their school nurse.
- Parents, young people and professionals are unanimous in their concerns about the limited pathways to employment. Although the proportion of adults with learning difficulties and disabilities is above the national average, not enough is done to capitalise on the innovative work of schools and colleges in preparing these young people for working life.
- Staff within the local area take their safeguarding responsibilities seriously. Leaders, managers and frontline staff know children, young people and their families well. They follow up assiduously on any concerns. Robust systems and procedures ensure that children and young people who have SEN and/or disabilities are kept safe.

The effectiveness of the local area in identifying children and young people's SEN and/or disabilities

Strengths

- Many of the statutory duties as outlined in the code of practice are common, everyday practices in the local area. As a result, professionals work well together to identify the needs of children and young people in the local area.

- The innovative neurodevelopmental pathway has transformed the accessibility, timeliness and coordination of specialist services for children, young people and their families. Parents and carers agree that referrals are dealt with efficiently and appropriately.
- Parents and professionals agree that routine checks for babies and young children are used well to identify any emerging development needs. Effective partnerships between health and education professionals provide a timely and coordinated response to any concerns. Parents make good use of 'drop-in' services, including well-baby clinics at children's centres and coffee mornings, to seek advice and guidance.
- Children and young people who are looked after have their needs identified and assessed quickly. For example, those referred into the neurodevelopmental pathway are routinely prioritised for assessment by individual services. This means that they are assessed within six weeks of referral so they receive the support and help they need quickly
- The local area's comprehensive training programme ensures that staff in St Helens schools are well equipped to identify potential needs. The vast majority of special educational needs coordinators (SENCOs) located in the settings and schools visited are well qualified. They keep staff up to date with developments, particularly in health and education, through frequent, informative meetings. Moreover, SENCOs benefit from the advice and guidance of a wealth of specialist support services, including educational psychology, through the termly SEN and disabilities planning and consultation meetings.

Areas for development

- Historical school census data identifies some inconsistencies in the identification of need. Senior leaders and managers have been slow to interrogate this data in order to identify and challenge weak practice. The recently appointed SEN and disabilities 0 to 25 manager has identified and addressed the issues, which were mostly administrative. However, this tardiness is delaying the availability of an up-to-date, accurate profile of children and young people's SEN and disabilities across the local area to inform planning.
- Too often, health and social care professionals are not invited to submit evidence for statutory assessment. At times, the evidence submitted is not up to date or the quality of information provided is poor. Moreover, these professionals do not have the opportunity to routinely review their contribution to the draft EHC plan or contribute to annual reviews. Consequently, provision is focused on meeting children and young people's needs during the school day. The SEN and disabilities 0 to 25 manager has taken urgent and decisive action to establish rigorous and robust quality assurance of EHC plans. This has improved the quality of the most recent plans.
- Poor communication causes parents and carers unnecessary anxiety. There are some examples of effective communication with parents when waiting times may

be extended or there are staff shortages. Parents appreciate the honesty from services when things are not working as well as they should. However, too often parents feel ill-informed about waiting times for appointments and provision for their child. This causes worry and frustration.

The effectiveness of the local area in meeting the needs of children and young people who have SEN and/or disabilities

Strengths

- Across the local area, leaders and managers ensure that the statutory duties, as set out in the code of practice, are at the heart of the work of services working with children and young people who have SEN and/or disabilities.
- Families awaiting assessment as part of the neurodevelopmental pathway are able to access a range of training and support. This helps them better understand their children's conditions and associated behaviours. Parents told inspectors about the positive impact of the range of training programmes offered. For example, some parents and carers reported that their child required no further support or help following the completion of these programmes.
- Community children's nursing teams ensure that young people who have SEN and/or disabilities are well supported as they transition from children's to adult services. These teams continue to support young people until appropriate and equivalent adult services are known to be in place for those young people at transition. This provides both young people and their parents with continuity at an anxious time.
- Community nurses provide high-quality training and support to teaching assistants who work with pupils who have complex medical needs. The nurses ensure that teaching assistants have the skills and expertise to carry out medical procedures during the school day. Moreover, ongoing support ensures that teaching assistants continue to carry out procedures competently. This approach ensures that there is minimal disruption to pupils' education.
- Portage services work closely with families to ensure that where possible, multiple appointments are arranged to take place at the same time. This reduces the need for those families to have to tell their story more than once. Furthermore, early intervention coupled with strong transition arrangements ensures that the youngest children get off to a good start in school.
- The local area's graduated response to meeting additional needs ensures a consistent approach across settings, schools and colleges. Rigorous and robust oversight by the local area ensures equity of provision for SEN in educational establishments across St Helens. Moreover, the application of transparent criteria means that enhanced funding goes to those pupils in greatest need.
- The parent carer forum, 'Listen4Change', co-produced the neurodevelopmental pathway from its earliest consideration to its implementation. Likewise, they and children and young people have been involved in the refresh of the local offer.

Consequently, the new local offer is more relevant and accessible to children, young people and their families.

- Pupils who have high levels of need are thriving in mainstream settings. Parents who spoke to inspectors are delighted by the quality of provision in the schools visited. School staff are working hand in hand with a range of professionals to ensure that these pupils are successful. Consequently, these pupils are making strong progress.
- The visual impairment service offers exceptional support to pupils, schools and families. Specialist staff go the extra mile to ensure that these children and young people are not disadvantaged in any way by their visual impairment.
- Senior leaders and managers have built capacity across the maintained and independent schools sector to provide sufficient places for pupils with complex needs. These leaders and managers have worked effectively with mainstream and special schools, both in and out of borough, as well as pupil referral units to ensure that there is consistently high-quality suitable provision for pupils who have SEN and/or disabilities.
- Colleges and special schools have worked together on a post-16 offer to establish a variety of accredited programmes, alongside vocational, independent living and community experiences that prepare young people well for adult life. These accredited programmes are endorsed by local and national employers and have led to offers of permanent employment for some young people. Young people value the confidence this gave them, with one student reporting that the experience 'made me become more of a person'.
- The local area ensures that it carries out frequent, comprehensive checks on those pupils who have SEN and/or disabilities who are electively home educated. The responsible officer keeps a close eye on the personal development and well-being of these children as well as their academic progress.

Areas for development

- The local area dragged its heels in appointing a Designated Clinical Officer (DCO). This has contributed to the delays in the implementation of the SEN and disabilities reforms. The recently appointed interim DCO has made considerable inroads to drive forward the SEN and disabilities agenda, not only in health but also across multi-agency partners.
- The local area's short-break provision is ineffective. There are very few activities available in the local area specifically for children and young people who have SEN and/or disabilities. In particular, parents of older young people are frustrated by the shortage of personal assistants and the scarcity and lack of suitability of overnight respite care.
- Recent capacity issues in the school nursing services and child and adolescent mental health service have had a negative impact on the timeliness and quality of the mandatory health reviews for children looked after.

The effectiveness of the local area in improving outcomes for children and young people who have SEN and/or disabilities

Strengths

- The range of programmes offered by speech and language therapy (SALT) and OT promote early identification of need. Parents and carers who attend the programmes understand better how well their children are progressing, both socially and physically. These short courses improve outcomes for children and young people at an early stage. More than half of children referred to one of the SALT programmes do not need further referral.
- Young children are acquiring the crucial communication and language skills to get them off to a good start in the early years. The innovative Books and Language Unite St Helens service promotes the development of oral speech, language and communication skills successfully. In addition, St Helens' schools library service develops language and literacy skills through a successful reading for pleasure strategy.
- Parents, carers and schools who spoke to inspectors consistently reported that children make a successful transition into primary school from early years settings and from primary into secondary school. Parents, carers and schools cited coordinated planning and support by professionals as key to this success.
- Attendance rates for children and young people who have SEN and/or disabilities are improving. The proportion of children and young people who have EHC plans who are persistently absent is now below the national average for this group of pupils. Furthermore, pupils who have SEN and/or disabilities without EHC plans attend well. Their attendance is above the national average for this group of pupils. Consequently, these pupils take advantage of the improved provision for SEN and/or disabilities in St Helens schools.
- Fewer children who have SEN and/or disabilities are excluded from school than is the case nationally. School leaders across the local area work well together to prevent exclusions. The local area now offers a range of options to support those pupils who have SEN and/or disabilities at risk of exclusion. This includes managed moves to provide a 'fresh start', placements in the pupil referral units as well as intervention by the behaviour support team.
- Comprehensive information gathered by the school effectiveness team provides an up-to-date, accurate evaluation of the effectiveness of provision for pupils who have SEN and/or disabilities across colleges, schools and settings. This information informs timely and robust challenge to those providers where outcomes for pupils who have SEN and/or disabilities are less than good.
- The virtual headteacher for children looked after closely scrutinises the quality of personal education plans to ensure that additional funding for these pupils is used wisely. She makes sure that there is consistency and coherence across the range of plans for those children looked after who have SEN and/or disabilities so that these children get the help and support they need. Consequently, there are

marked improvements for this group, particularly in their progress in writing at key stage 2 and reading at the end of key stage 1.

- Comprehensive support packages for the most vulnerable children and young people who have SEN and/or disabilities make sure that they move on to suitable provision post-16. Meticulous monitoring and tracking enable key partners to keep a close eye on these young people's progress in preparation for adulthood. As a result, almost all of these young people sustain education, employment or training when they leave school.

Areas for improvement

- There is a disconnect between the aspirations and ambitions for all children and young people across St Helens and those who have SEN and/or disabilities. Senior leaders and managers across health, social care and education have not agreed the key performance indicators for children and young people who have SEN and/or disabilities. Consequently, there is no consistent view of how the implementation of reforms is having an impact on outcomes for children and young people who have SEN and/or disabilities.
- Parents, carers and young people are frustrated by the poor provision for young people who have SEN and/or disabilities aged 18 to 25 in St Helens. Parents and carers lament the limited choice for education, the dearth of supported internships and lack of suitable leisure opportunities. This hinders the ability of young people who have SEN and/or disabilities to realise their potential as they move into adulthood.

Yours sincerely

Pippa Jackson Maitland
Her Majesty's Inspector

Ofsted	Care Quality Commission
Andrew Cook HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Pippa Jackson Maitland HMI Lead Inspector	Daniel Carrick CQC Inspector
Pat Tate Ofsted Inspector	

Cc: DfE (Department for Education)
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England

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Education, Health and Care Plan (EHCP) Quality Assurance Framework



1. Introduction.

This EHCP Quality Assurance Framework describes how all partners in St Helens will work together to ensure the quality of the Education, Health and Care assessment and planning arrangements across the borough. It sets out the approach and measures taken to improve and sustain quality of assessment, planning review and provision for children and young people with SEND, as well as how information will be reported into accountability and governance structures.

This document has been approved by the SEND EHCP Development Group, a multi-agency partnership including parents and those professionals who deliver support and services for children and young people with SEND and their families.

The purpose of this framework is to support and further promote our culture of continuous reflection and improvement. As such this document sits within a range of performance and quality measures.

2. Wider Performance / Quality Assurance Measures.

This framework for assuring the quality of EHCPs is part of a broader range of tools to aid the monitoring and development of the local authority's statutory performance and quality of practice.

The local authority has set a series of internal performance indicators, collected monthly and reported quarterly as part of the internal audit / scrutiny cycle. These performance indicators are:

- CYP-29: % of Education, Health and Care Plans completed within a 20 week period.
- CYP-30: % of Professional assessments completed within a 6 week period.
- CYP-36: Children and young people perceive themselves to be actively involved in their EHCPs

St Helens, we are striving to develop a 'Quality Dashboard' which will provide real time data on:

- Timeliness of EHCPs
- Timeliness of professional advice.
- Service User Experience, this will include feedback not only from the EHCP process, but also information regarding mediations and tribunals.
- Complaints and Compliments.
- Reports from independent partners, (SENDIASS and Together Trust)
- Workforce development.

3. Principles.

The following principles underpin our agreed standards of practice:

- EHCPs include the views, wishes and aspirations of children, young people and their families and carers.
- EHCPs are clear and accessible.
- EHCPs set out how all partners will work together to support the child or young person.
- EHCPs include specific outcomes agreed by the child, young person and their family, including those related to preparation for adulthood.
- EHCPs clearly identify the needs of the young person.

The Quality Assurance Framework sets out a system of review and audit to ensure that:

- The Local Authority is working to discharge the **statutory duties** set out in key legislation:
 - Children and Families Act, (2014).
 - The Care Act, (2014).
 - The Chronically Sick and Disabled Persons Act, (1970).

And associated regulations¹.

- There is **consistency and quality** throughout the application of the EHCP process.
- Children and Young People with SEND and their families are supported to receive the **right support** at the **right time**.
- EHCPs contain **SMART outcomes**, (Specific, Measureable, Achievable, Realistic and Time-Bound) agreed by young people and their families.
- EHCPs can be **effectively reviewed** to ensure that they continue to have the maximum impact for children, young people and their families.

4. Quality Standards.

The current SEND Code of Practice contains a number of principles underpinned by Section 19 of the Children and Families Act, (2014). It challenges the partnership to ensure that day-to-day practice evidences:

- A strong focus on high aspirations and improving outcomes for children and young people.
- The active participation of children, young people and their families in decision-making at both individual and strategic levels.
- A focus on inclusive practice and removing barriers to learning.
- Successful preparation for adulthood, including independent living and employment.
- The joint planning and commissioning of services to ensure close co-operation between education, health and social care.

¹ Regard will also be given to the following related guidance:

- The Equality Act, (2010).
- Working Together to Safeguard Children, (2013).
- The Children Act, (1989) Vol 2, (Care Planning and Placement) and Vol 3, (Planning Transition to Adulthood for Care Leavers).
- The Mental Capacity Act, (2005).
- Reasonable Adjustments for Disabled Pupils, (2012).

- The application by education and training providers of a 'graduated approach²' to identifying and supporting pupils and students with SEND.
- A well-coordinated assessment and planning process leading to timely, well informed decisions.

In order to evidence these principles, the following **Quality Standards** have been devised to support the process of auditing EHCPs:

2.1: Quality Standard One:

There is clear evidence within the plan of the views and aspirations of the child or young person and their family and these have been used to inform the outcomes listed in Section E.

2.2: Quality Standard Two:

EHCPs are clear, accessible and outcomes are SMART, (Specific, Measurable, Achievable, Realistic and Time-Bound) and relate to preparation for adulthood, including independent living and employment.

2.3: Quality Standard Three:

All partners involved in supporting the child or young person, including their families have contributed their views and advice to the EHCP within the timeframe specified in Section 9 of the Code of Practice.

2.4: Quality Standard Four:

The strengths and needs of the child or young person are clearly identified and represented in the EHCP.

2.5: Quality Standard Five:

EHCPs describe provision in a manner that is specific, quantified and matched to the outcomes agreed in Section E. There should be evidence that Education, Health and Care Services are working together to ensure these outcomes are achieved.

5. Services Contributing Advice to EHCPs.

Prior to the audit process described below, it is the expectation of the partnership that each agency contributing advice to the EHCP process should have quality assurance arrangements in place to assure the quality of advice submitted to the local authority.

Children, Young People and their families.

A 'tell us once approach' will allow children, young people and families to contribute advice to their EHCPs in a manner that is meaningful and accessible to them. Agencies that collect the child's voice will give regard to the duties specified in the Equality Act, (2010) around ensuring that this is collected in an accessible manner.

Educational Settings.

² More information on the graduated approach in St Helens can be found at: www.sthelens.gov.uk/send

Prior to submitting educational advice for an EHC needs assessment, all Educational settings will complete a quality assurance exercise to ensure that the advice includes:

- Pupil and Parent Views.
- Information on the 4 areas of SEND detailed in the SEND Code of Practice.
- A chronology of the graduated response, including service involvements and actions taken.
- IEPs and Reviews.
- Any existing relevant assessment and progress information.
- A timetable / timeline of support received and the impact that it has had.
- Any care plans, (if necessary).
- Evidence of implementation of professional recommendations and their impact.

Educational Psychology Service.

When providing Psychological Advice as part of the EHC needs assessment, the Educational Psychology and Learning Support Service will:

- Screen all requests in relation to previous Educational Psychologist and Specialist Teacher involvement and adherence to the graduated approach,
- Notify parents/carers/young person of the intention to complete Psychological Advice,
- Analyse information received and examine work previously undertaken,
- Endeavour to engage in a multi-agency and person-centred process involving parents/carers, children and young people, relevant professionals and educational staff,
- Implement a common approach for providing Psychological advice and attend joint outcome meetings where possible,
- Engage in an internal quality assurance process of review and reflection in relation to Psychological Advice and its affiliated processes,
- Consider guidance provided by relevant professional bodies in relation to providing Psychological advice.

Social Care Services.

To ensure that the Social Care contributions to the statutory assessment process are of high quality, the local authority ensures that:

- All requests for advice from social care services are routinely sent to the social care 'front door' for initial screening and to ensure that the relevant social care teams are involved.
- Advice provided by social care teams clearly demonstrates that existing duties for social care under the Children Act 1989 are being met.

Health Services.

Each CCG Health Service is required to:

- Attend initial EHCP training provided by the DCO, which is recorded in each healthcare professional's PDR.

- Establish a secure e-mail for the health service to communicate with the St Helens SEND Assessment Team.
- Establish an internal tracker to record the commencement of statutory assessment and associated requests for advice. This will be used to evidence the monthly health submission data to the DCO.
- Establish an agreed EHCP advice template for health submissions.
- Establish a service-specific supporting guidance document with regard to contributing written advice to statutory assessment.
- Establish an internal quality assurance process which includes the counter-signing of every health advice by a senior clinician within statutory timescales, with contingency plans in place to ensure these are upheld.

6. The Audit Process.

Auditing the quality of EHCPs against the 5 agreed quality standards will be administered via a 'phased' approach:

3.1: Phase 1 – Initial QA and Compliance Testing.

This initial phase is overseen by Casework Managers based in the SEND Assessment Team and will be carried out on completion of each EHCP. Activity will be carried out by the Casework Managers, both individually and as a group.

Individual Casework Manager Compliance Checks.

Throughout the drafting of the plan and following completion, the Casework Managers will have regard to a Practitioner Guide and Compliance Checklist, based on those produced by the Council for Disabled Children and developed across the North West region.

These are intended to be prompts for the practitioner, highlighting key questions to ask at the draft stage, to ensure that sufficient information is gathered to enable the EHCP to achieve the five quality standards.

Casework Managers will ensure that:

1. All advice collected as part of the statutory assessment process is presented in the draft in a manner that is clear and accessible.
2. The quality and quantity of advice contributed by professionals is monitored and co-ordinated to ensure that the plan is a representative document. This may involve the implementation of contingency/escalation procedures to ensure the plan is drafted in a timely manner.
3. The content of each section of the EHCP complies with the requirements set out in Sections 9.62 – 9.77 of the SEND Code of Practice. This will be evidenced by the completion of the compliance checklist.
4. Any concerns relating to the quality of professional submissions will be raised with the appropriate professional in the first instance.
5. The draft plan produced adheres to the five agreed quality standards.

Moderation by Senior SEND Casework Manager.

Casework Managers are responsible for co-ordinating the assessment process and generating a final EHCP that can be effectively reviewed.

As EHCPs are drafted, the Senior SEND Casework Manager will conduct casework supervision sessions with each Casework Manager to ensure consistency and quality. It remains the responsibility of each Casework Manager to ensure that feedback from these sessions is used to ensure that each of their EHCPs is written to meet the requirements set out in the SEN Code of Practice and the five quality standards.

Moderation by Designated Clinical Officer, (DCO).

All completed draft plans will be moderated by the DCO prior to approval. The DCO will give regard to:

1. The **5 Quality Standards**.
2. The **quantity and quality of the health advice** submitted to the process and how this has been represented in the EHCP.

Any concerns relating to the quantity and quality of individual health submissions affecting the overall quality of the plan will be discussed by the DCO with the specific health service lead in the first instance. Emerging quality themes will be discussed with the relevant operational manager at DCO SEND update meetings. Service-specific training will be provided to address any persistent themes.

3. Sections C, E, F, G, J and K to determine whether the health advice submitted has been recorded in the **correct sections** of the plan and **interpreted appropriately**.

Any concerns relating to either the interpretation or inclusion of health advice within the plan will be discussed in the first instance with the specific Casework Manager within the 2 weeks allowed for this process. Any amendments agreed will be communicated to the Senior Casework Manager in order that these can be monitored and any emerging quality themes be addressed via individual or team training.

This information will also be included in the report presented to the EHCP development group, (See section 3.3 – Moderation and Governance).

4. Moderation arrangements.

3.2: Phase 2 – Multi-Agency Audits.

A Multi-Agency working group will meet termly to carry out a qualitative audit of new EHCPs. The agreed quality standards will be used to inform and develop good practice across the SEND partnership.

Plans to be audited will be randomly selected from new EHCPs completed since the previous Multi-Agency audit took place.

Auditors will be asked to compare the plans with the five agreed quality standards and provide:

- An overall judgement on the quality of each plan.
- A summary of their findings.
- Recommendations for further actions.
- Areas of good practice that have been identified.

Judgement Criteria:

Plans to be audited will be compared by auditors against the five agreed quality standards and assigned on of the following judgements:

Outstanding:	Plan clearly meets all five quality standards.
Good:	Plan meets most of the five quality standards.
Requires Improvement:	Plan does not meet a number of the quality standards.
Inadequate:	Plan does not meet any quality standards.

The summary of recommendations collected as part of this process will be referred for action to the appropriate agency or service.

A summary report will be produced and presented to the Moderation Group.

Key themes will be identified and used to celebrate good practice and contribute to workforce development as appropriate.

The Multi-Agency group will consist of:

- Parent Forum Representative
- Head of SEND (0-25)
- PfA Lead
- Principle / Senior Educational Psychologist
- Designated Clinical Officer
- Senior SEND Casework Manager
- Manager from Children's Social Care Services


3.3: Phase 3 – Moderation / Governance

The moderation group will consist of senior managers from across the SEND Partnership.

This group will moderate a selection of plans from Phase 2 in order to ensure the audits are consistent with the agreed quality standards.

The group will also use the findings of the Phase 2 audits to present a report to the EHCP Development Group with comments on overall quality of plans, including any further thematic work and the timeframe for this in order that it can be included in the overall EHCP Development Action plan.

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 ST HELENS BOROUGH COUNCIL	<h2>Children and Young People Services Scrutiny Committee</h2> <h3>6 September 2023</h3>
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Report Title:	Performance Outturn Report – 2022-23
Cabinet Portfolio	Corporate Services
Cabinet Member	Councillor Martin Bond
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Paul Hussey Interim Director Policy and Transformation paulhussey@sthelens.gov.uk
Contact Officer	Chris Collinge Performance, Strategy & Information Manager chriscollinge@sthelens.gov.uk

Borough priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	
	Create safe and strong communities and neighbourhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	X

1. Summary

- 1.1 The Performance Outturn Report 2022-23 (Annex A) provides an analysis of progress and performance over the period April to March 2022-23 against each of the Council's 6 priorities. The report reflects the new performance framework and targets aligned to the priorities and outcomes of the Borough Strategy as agreed by Cabinet on the 20th of April 2022. This framework provided the basis for quarterly performance reporting to Cabinet and Overview and Scrutiny over the course of 2022-23.
- 1.2 The Council acknowledges that effective performance management arrangements are critical to supporting decision making and work continues to ensure the development of the performance framework and performance management processes across the Council.

2. Recommendations for Decision

Childrens and Young People Services Scrutiny Committee is recommended to:

- i) **Note the performance position at outturn 2022-23.**
- ii) **Work with appropriate Executive Directors to address specific areas for performance improvement.**
- iii) **Work with appropriate Executive Directors to progress the Council's performance framework that forms the basis for quarterly performance reports to Children and Young Peoples Scrutiny Committee over the course of 2023-24.**

3. Purpose of this Report

- 3.1 The Council remains committed to the regular monitoring and reporting of performance information to ensure the delivery of efficient, effective and value for money services that meet the needs and expectations of the customers and communities it serves. The purpose of the report is to present a summary of progress against the priorities and outcomes of the Borough Strategy 2021-2030 through an overview of performance in relation to key indicators.
- 3.2 The format of the report is split into 2 distinct parts:

- Part 1 of the report is a statistical analysis of the performance position at outturn 2022-23.
- Part 2 of the report is a commentary on performance against delivery of the Borough Strategy priorities and their respective outcomes, summarising performance and action being taken to improve performance where required. Scorecards for priority areas are included to provide further information on individual performance measures.

4. Background /Reasons for the recommendations

4.1 The Performance Outturn Report 2022-23 reflects performance over the 12-month period April 2022 to March 2023 and the legacy impacts of the Covid-19 pandemic, the cost-of-living crisis, rising demand for services and a requirement to deliver significant budget savings. As a result, it is more critical than ever that the Council has a clear understanding of what it needs to measure and how it is performing to inform effective decision making. The indicators reported are split between Tier 1 and Tier 2:

- **Tier 1** – A set of high-level strategic indicators and targets that constitute the Outcomes Framework of the Borough Strategy 2021-2030.
- **Tier 2** – A set of performance indicators and targets to address key priority areas of performance within Directorates / Departments linked to the business planning process and the Borough Strategy 2021-2030.

4.2 Annual targets were set where possible within the context of national, Northwest, and local authority comparator group data. Targets equally aspired to be challenging but achievable within the context of the available resources. The targets also took account of performance during 2021-22 and the continued impact of the pandemic, rising service demand and a challenging financial position for local government.

4.3 There are **108** performance indicators, where outturn performance against target is available to be reported in the Performance Outturn Report 2022-23. Of these:

- **73%** of indicator targets have been either exceeded, met fully, or met within 95% of target. This compares to 64% of indicators at outturn 2021-22.
- **27%** of indicator targets were not met. This compares to 36% of indicators at outturn 2021-22.
- The trend measure indicates over the course of the last 12 months that **55%** of indicators showed improvement, **6%** of indicators maintained the same performance and **39%** of indicators showed a downward trajectory. The position is similar to that at outturn 2021-22, where 51% of indicators showed improvement, 10% maintained the same performance and **39%** of indicators showed a downward trajectory.
- **15%** of all indicators where comparison is possible are in the top quartile, compared to 27% at outturn 2021-22. 22% of indicators are in the second quartile compared to 16% at outturn 2021-22. 31% of indicators are in the third quartile and 32% in the bottom quartile, compared to 18% and 38% respectively at outturn 2021-22.

4.4 The legacy impact of the pandemic, rising demand for services and the requirement to deliver significant budget savings has impacted the Council's ability to meet targets and demonstrate improvements in performance trends in the 12-month period from April 2022 to March 2023. Equally in many areas the impact of the pandemic on performance is yet to be fully realised and understood. However, given the effect of the pandemic on St Helens to date and the cost-of-living crisis there is the strong likelihood that existing inequalities may be widened. This presents risks for future performance, particularly in areas such as public health, education, and schools,

children's services and housing where current performance is already challenging. Improvement action to address the summary position above is set out within the body of the Performance Outturn Report under the respective priorities and outcomes sections of the report.

- 4.5 The report takes the format of an executive summary of performance, followed by a more detailed breakdown for each priority and their respective outcomes. Tables have been included to highlight performance against outcome areas, along with a summary of actions that are being taken to improve performance.
- 4.6 In summary, at outturn 2022-23 there are a number of outcome areas which demonstrate strong and / or improving performance. Equally there are areas where performance against outcomes is either some distance from the annual target or an outlier in terms of St Helens performance relative to the England average or our statistical neighbours. Areas of challenge include:
- *Priority 1*
 - *The children's social care outcome:* This includes rates of Children in Need, Children Looked After, and children and young people supported with a Child Protection Plan where current performance is statistically significantly higher than last published England averages and that of our nearest neighbours. The number of open Early Help assessments has declined and is below the local target.
 - *The children's aspiration and attainment outcome:* This includes the timeliness of EHCP completions. Early Learning Goals, the Key Stage 2 and the Progress 8 at Key Stage 4 indicators are all performing below the England and statistical neighbour averages.
 - *The children's health and resilience outcome:* This includes 10-24-year-old hospital admissions for self-harm where St Helens has the highest rate in England, the number of teenage conceptions for which St Helens has the seventh highest rate in England. Overweight and obesity rates for reception and Year 6 children, which are the second and fourteenth highest rates respectively in the country. Under-18 hospital admissions for alcohol and breastfeeding rates remain statistically significantly worse than last published England averages and the performance of our nearest neighbours.

5. Consideration of Alternatives

- 5.1 None

6. Conclusions

- 6.1 The Performance Outturn Report 2022-23 at Annex A provides an assessment of the Council's performance over the period April to March of the 2022-23 financial year. The legacy of the pandemic, the cost-of-living crisis and sustained financial pressure on local government continue to pose significant challenges for the Council and St Helens Borough. Robust and appropriate performance management arrangements continue to be critical to support effective decision making and enable the delivery of the Council's desired outcomes across the borough and its communities.

7. Legal Implications

- 7.1 Performance data and effective performance management contribute to the Council's governance position.

8. Equality Impact Assessment

8.1 The performance framework supports the community in understanding the progress the Council makes to achieve its priorities. Consideration will be given to presenting this information in a format that is easily understandable and accessible.

9. Social Value

9.1 The indicators include measures relating to the voluntary / community sector, employment, and the local economy.

10. Net Zero and Environment

10.1 The indicators include measures relating to net zero and the environment.

11. Health and Wellbeing

11.1 The indicators include measures relating to the health and wellbeing of the local population.

12. Equality and Human Rights

12.1 None

13. Customers and Residents

13.1 The indicators include measures relating to customers.

14. Asset and Property

14.1 None

15. Staffing and Human Resource

15.1 None

16. Risks

16.1 There is a risk that performance may decline in some areas. Where this occurs action will be taken to address performance issues, these will be outlined in action plans the impact of which will be reported to Cabinet and Overview and Scrutiny.

17. Finance

17.1 The council's performance management framework and processes are critical to ensuring the organisation provides value for money.

18. Policy Framework Implications

18.1 The recommendations within this report are in line with existing council policies. The performance framework links to the priorities and outcomes of the Borough Strategy and related key council strategies.

19. Impact and Opportunities on Localities

7

19.1 There is the opportunity to link aspects of the performance framework to the Localities agenda and report elements of performance at a locality level.

20. Background papers

20.1 N/A

21. Appendices

21.1 **Appendix 1** – Children and Young People Services Performance Outturn Report 2022-23

CHILDREN AND YOUNG PEOPLE SERVICES

PERFORMANCE REPORT OUTTURN 2022/23



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1. Our Borough Strategy 2021-30 Priorities

Performance Management in St Helens Borough Council is focused around achieving the 6 strategic priorities outlined in Our Borough Strategy 2021-30.



Priority 1 - Ensure children and young people have a positive start in life

Priority 2 - Promote good health, independence, and care across our communities

Priority 3 - Create safe and strong communities and neighbourhoods for all

Priority 4 - Support a strong, thriving, inclusive, and well-connected local economy

Priority 5 - Create green and vibrant places that reflect our heritage and culture

Priority 6 - Be a responsible council



2. Borough Strategy Priorities and the UN Sustainable Development Goals

The Sustainable Development Goals (SDGs) are a collection of 17 interlinked global goals designed to be a "blueprint to achieve a better and more sustainable future for all". The SDGs were set up in 2015 by the United Nations General Assembly and are intended to be achieved by the year 2030. Making progress towards the global goals by 2030 depends on local action. SDGs fit with Our Borough Strategy Vision and the Council's approach to Reset and Recovery. All 17 Sustainable Development Goals have been mapped against the 'Our Borough Strategy' priorities and outcomes.

60

 <p>ENSURE CHILDREN AND YOUNG PEOPLE HAVE A POSITIVE START IN LIFE</p>	     	 <p>SUPPORT A STRONG, THRIVING, INCLUSIVE AND WELL-CONNECTED LOCAL ECONOMY</p>	          
 <p>PROMOTE GOOD HEALTH, INDEPENDENCE AND CARE ACROSS OUR COMMUNITIES</p>	   	 <p>CREATE GREEN AND VIBRANT PLACES THAT REFLECT OUR HERITAGE AND CULTURE</p>	      
 <p>CREATE SAFE AND STRONG COMMUNITIES AND NEIGHBOURHOODS FOR ALL</p>	  	 <p>BE A RESPONSIBLE COUNCIL</p>	       

3. Purpose of the Report

The purpose of the report is to inform and update Elected Members on performance against the 6 priorities of the Our Borough Strategy 2021/30 and respective outcomes as set out above. The report covers the period 2022-23 providing the performance position reported over the course of the period. The reporting format splits the report into 2 distinct parts:

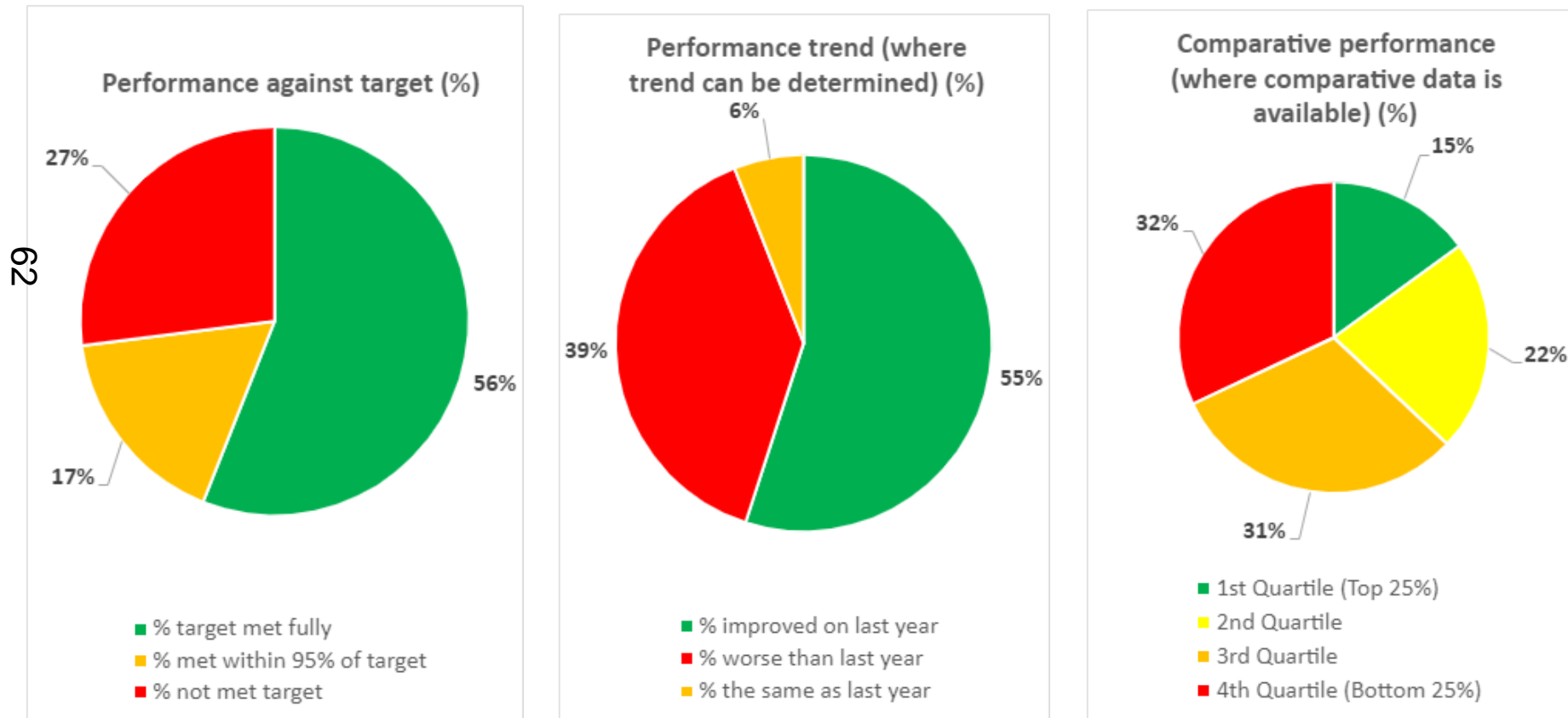
Part 1 of the report is a statistical analysis of the performance position at Outturn 2022-23.

Part 2 of the report is a commentary on performance against delivery of the 6 strategic priorities and their respective outcomes summarising current performance within the quarter and action being taken to improve performance where required.

4. Executive Summary

The charts below provide an overview position of all performance measures across all 6 Borough Strategy priorities as at outturn 2022-23, examining:

- Performance against target.
- Trend - whether performance has improved / worsened since the position 12 months ago.
- Inter Authority performance - how St Helens' performance compares to that of a family group of authorities similar to St Helens.



5. Part 1 - Statistical analysis

To measure performance at Outturn 2022-23, the Council is reporting against a total of **108** performance indicators, where outturn performance against target is available. The indicators reported are split between Tier 1 and Tier 2:

Tier 1 – A set of high-level strategic indicators and targets that constitute the Outcomes Framework of the Borough Strategy 2021-2030.

Tier 2 – A further set of performance indicators and targets to address key priority areas of performance within Directorates / Departments.

In the supporting scorecards for each priority area, this distinction is maintained and both tiers are shown as they are all relevant to an understanding of overall performance.

The Outturn report statistical analysis looks at performance under 3 areas:

1. Performance against targets
2. Trend over 12-months
3. Inter-authority comparison

5.1 Performance Against Target

This measure sets out:

- The percentage of indicators by priority where targets have been fully met or exceeded.
- The percentage of indicators by priority that have not fully met target but are within 95% of target.
- The percentage of indicators by priority that have failed to meet the target by more than 5%.

In the supporting scorecards for each priority area, green, amber, and red colours are used to depict indicators in each of the above three bullet point situations.

Priority	Number of Indicators with data	% target fully met	% target met within 95%	% target not met
1. Ensure children and young people have a positive start	28	50% (14)	29% (8)	21% (6)
2. Health, independence, and care	29	55% (16)	17% (5)	28% (8)
3. Safe and strong communities and neighbourhoods	14	50% (7)	7% (1)	43% (6)
4. Strong, thriving, inclusive and well-connected economy	9	67% (6)	22% (2)	11% (1)
5. Green and vibrant places reflecting our heritage and culture	15	80% (12)	7% (1)	13% (2)
6. Responsible Council	13	46% (6)	8% (1)	46% (6)
Total	108	56% (61)	17% (18)	27% (29)

A listing of indicators, which have met or exceeded target, have met within 95% of target, or have failed to meet target by more than 5% are shown within each of the 6 priority scorecards.

5.2 The Performance Trend

This measure compares performance at Outturn 2022/23 with performance at Outturn 2021/22 by setting out:

- The percentage of indicators where performance compared to last year has improved.
- The percentage of indicators where performance compared to last year has declined.
- The percentage of indicators where performance compared to last year is the same.

In the supporting scorecards for each priority a black arrow pointing up, downwards or sideways is used to depict indicators in each of the above 3 scenarios.

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NB. There are a small number of indicators for 2022-23, where performance data in 2021-22 is not available and therefore it is not possible to show a performance trend. Where this is the case N/A appears.

Priority	Number of Indicators with data	% improved on last year	% worse than last year	% the same as last year
1. Ensure children and young people have a positive start	28	61% (17)	32% (9)	7% (2)
2. Health, independence, and care	28	50% (14)	46% (13)	4% (1)
3. Safe and strong communities and neighbourhoods	14	36% (5)	57% (8)	7% (1)
4. Strong, thriving, inclusive and well-connected economy	9	67% (6)	22% (2)	11% (1)
5. Green and vibrant places reflecting our heritage and culture	14	71% (10)	29% (4)	0% (0)
6. Responsible Council	11	45%* (5)	45%* (5)	9%* (1)
Total	104	55% (57)	39% (41)	6% (6)

NB – *Percentage figures have been rounded to nearest whole number.

5.3 Inter Authority Comparison

This measure shows how performance in St Helens compares to the performance of a family group of authorities similar to St Helens. It does this by ranking each authority's performance by quartile. The top performing 25 % are in the first quartile and the bottom 25% in the fourth quartile. Authorities in between are placed in either the 2nd or 3rd quartiles. Comparative national data is only available to be used for **59** indicators.

In the supporting scorecards for each priority, where this measure is used, green indicates that St Helens is in the top best performing quartile, red that it is in the bottom quartile or yellow/amber that St Helens is in either the 2nd or 3rd quartile). The England average figure (Eng, Av) is also now presented, as is the statistical neighbour group average (LA Av.) to provide additional context to comparative performance.

Priority	Number of Indicators with data	% in 1st quartile	% in 2nd quartile	% in 3rd quartile	% in 4th quartile
1. Ensure children and young people have a positive start	26	16%* (4)	19%* (5)	19%* (5)	46%* (12)
2. Health, independence, and care	23	9% (2)*	30% (7)*	43% (10)*	17% (4)*

Priority	Number of Indicators with data	% in 1st quartile	% in 2nd quartile	% in 3rd quartile	% in 4th quartile
3. Safe and strong communities and neighbourhoods	0	0% (0)	0% (0)	0% (0)	0% (0)
4. Strong, thriving, inclusive and well-connected economy	5	60% (3)	0% (0)	20% (1)	20% (1)
5. Green and vibrant places reflecting our heritage and culture	3	0% (0)	33% (1)	33% (1)	33% (1)
6. Responsible Council	2	0% (0)	0% (0)	50% (1)	50% (1)
Total	59	15%* (9)	22%* (13)	31%* (18)	32%* (19)

NB – Percentage figures have been rounded to nearest whole number.

The latest available picture of inter authority performance largely relates to the 2021-22 financial year. Therefore, St Helens position vis-a-vis its quartile position is based on St Helens performance in that particular year relative to its statistical neighbours. Future reports will be updated to reflect the 2022-23 comparative performance position as and when verified data is published.

5.4 Summary and conclusion of statistical analysis

- **73%** of indicator targets have been either exceeded, met fully, or met within 95% of target. This compares to 64% of indicators at outturn 2021-22.
- **27%** of indicator targets were not met. This compares to 36% of indicators at outturn 2021-22.
- The trend measure indicates over the course of the last 12 months that **55%** of indicators showed improvement, **6%** of indicators maintained the same performance and **39%** of indicators showed a downward trajectory. The position is similar to that at outturn 2021-22, where 51% of indicators showed improvement, 10% maintained the same performance and **39%** of indicators showed a downward trajectory.
- **15%** of all indicators where comparison is possible are in the top quartile, compared to 27% at outturn 2021-22. **22%** of indicators are in the second quartile compared to 16% at outturn 2021-22. **31%** of indicators are in the third quartile and **32%** in the bottom quartile, compared to 18% and 38% respectively at outturn 2021-22.
- Annual targets were set where possible within the context of national, Northwest, and local authority comparator group data. Equally targets aspire to be challenging but achievable within the context of the available resources. The targets also take account of performance during the last 2 years which has been an unprecedented period due to the onset and impact of the Covid-19 pandemic. The impact of the pandemic on performance within St Helens whether direct or indirect was highlighted within the Performance Outturn Reports for 2020-21 and 2021-22.
- Performance should therefore be viewed within the context of what has continued to be a challenging operational period for the Council. The continued effect of the pandemic, rising demand for services and the requirement to deliver significant budget savings has impacted the Council's ability to meet targets and demonstrate improvements in performance trends. Equally in many areas the impact of the pandemic on performance is yet to be fully realised and understood. However, given the effect of the pandemic on St Helens to date there is the strong likelihood that existing inequalities may be widened. This presents risks for future performance, but particularly in areas such as public health, education and schools and children's services where current performance is already challenging.

6. Part 2 - Commentary on performance against priority and outcome

Priority 1 - Ensure children and young people have a positive start in life



Outcomes

- Children and young people are safe from harm and the lives of children in care improve
- Children and young people's aspirations, attainment and opportunities are raised
- Children and young people are healthy, resilient, confident, involved and achieve their potential

Overview of Priority Performance

The tables below provide an overview of performance at outturn 2022-23 for the indicators reported.

Performance Against Target

Number of Indicators with data	% target fully met	% target met within 95%	% target not met
28	50% (14)	29% (8)	21% (6)

The Performance Trend

Number of Indicators with data	% improved on last year	% worse than last year	% the same as last year
28	61% (17)	32% (9)	7% (2)

Inter Authority Comparison

Number of Indicators with data	% in 1st quartile	% in 2nd quartile	% in 3rd quartile	% in 4th quartile
26	15%* (4)	19%* (5)	19%* (5)	46%* (12)

NB - * Percentages rounded to nearest whole number

Priority 1 - Ensure children and young people have a positive start in life

Tier 1

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	21/22 Outturn	22/23 Target	Q1 June	Q2 Sept	Q3 Dec	Outturn 2022/23	% Variance from Target (MAR)	Trend	Comparative Performance
Children and young people are safe from harm and the lives of children in care improve	CYP-001	The number of open Early Help assessments per 10,000 population (aged 0-17 years)	Quarterly	Higher	240	250	222	196.5	189.4	209.5	-16.2%	↓	N/A
	CYP-002	The number of early help episodes that have been closed and have subsequently not gone on to have a social care intervention in the following 12 months as a percentage of total closures	Quarterly	Higher	85%	74%	85.6	86.3	86.5	87	17.57%	↑	N/A
	CYP-003	Number of children in need at 31 March, per 10,000 children aged 0-17 years	Quarterly	Lower	478.4	420	474.5	461.2	458.6	440.7	-4.93%	↑	3rd Quartile Eng Av. 334.0 LA Av. 438.2 (2021/22)
	CYP-004	Rate of children subject to a Child Protection Plan per 10,000 under 18-year-olds	Quarterly	Lower	57.50%	54	66.9	66.7	71.1	76.2	-41.11%	↓	2nd Quartile Eng Av. 42 LA Av. 60.6 (2021/22)
	CYP-005	Percentage of children starting a child protection plan (CPP) who had never had a plan previously	Quarterly	Higher	73.80%	72%	72.9	76.4	77.3	75.4	4.72%	↑	N/A

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Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	21/22 Outturn	22/23 Target	Q1 June	Q2 Sept	Q3 Dec	Outturn 2022/23	% Variance from Target (MAR)	Trend	Comparative Performance
69	CYP-006	Number of looked after children per 10,000 children within the Borough	Quarterly	Lower	128.2	127	126	127.9	129.7	129.3	-1.81%	↑	4th Quartile Eng Av. 70 LA Av. 108.6 (2021/22)
	CYP-008	Percentage of Children Looked After ceased due to Special Guardianship Order (SGO)	Quarterly	Higher	19.00%	15%	20	21	22.6	26.8	78.67%	↑	3rd Quartile Eng Av. 13 LA Av. 20 (2021/22)
	CYP-009	Percentage of former care leavers aged 19-21 years with whom the LA is in touch	Quarterly	Higher	97%	95%	94	96.6	94	95	0%	↔	1st Quartile Eng Av. 92 LA Av. 93.7 (2021/22)
	CYP-010	Percentage of former care leavers aged 19-21 in suitable accommodation	Quarterly	Higher	95.30%	95%	97	96.6	95	93	-2.11%	↓	1st Quartile Eng Av. 88 LA Av. 90 (2021/22)
	CYP-011	Percentage of former care leavers aged 19-21 years in employment, education, or training	Quarterly	Higher	55%	54%	59.4	57	57.7	61	8.93%	↑	2nd Quartile Eng Av. 55 LA Av. 53.5 (2021/22)



Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	21/22 Outturn	22/23 Target	Q1 June	Q2 Sept	Q3 Dec	Outturn 2022/23	% Variance from Target (MAR)	Trend	Comparative Performance
Children and young people's aspirations, attainment and opportunities are raised	CYP-012	Percentage of Education, Health, and Care (EHC) plans completed within a 20-week period	Quarterly	Higher	86%	70%	24.4	26	23.74	19.5	-72.14%	↓	4th Quartile Eng Av. 49.1 LA Av. 63.9 (2021/22)
	E&S-001	The percentage of children attaining at least a 'Good' level of development in the Early Learning Goals.	Annual	Higher	N/A	N/A	N/A	N/A	N/A	60.9	N/A	N/A	4th Quartile Eng Av.65.2 LA Av. 64.5 (2021/22)
	E&S-002	The percentage of pupils at the end of Key Stage 2 achieving the national expected standard or higher in Reading, Writing and Mathematics	Annual	Higher	N/A	N/A	N/A	N/A	N/A	57	N/A	N/A	4th Quartile Eng Av. 59 LA Av. 59.4 (2021/22)
	E&S-003	Average grade attained per pupil in St Helens across 8 subjects at KS4, relative to the national average (Progress 8)	Annual	Higher	N/A	N/A	N/A	N/A	N/A	-0.24	N/A	N/A	3rd Quartile Eng Av. -0.03 LA Av. -0.02 (2021/22)
	E&S-005	Percentage of young people academic age 16-17 not in education, employment or training and not known combined	Quarterly	Lower	4.30%	4.91%	4.6	17.4	5.14	5.1	-4.08	↓	1st Quartile Eng Av. 4.7 LA Av. 5.0 (2022)
	E&S-006	Percentage of state funded schools judged Good or Outstanding by Ofsted	Annual	Higher	83%	84%	85	87	87	89	5.95%	↑	2nd Quartile Eng Av. 88 LA Av. 84 (Dec 2022)

St Helens Borough Performance Report - Quarter 4 Outturn, 2022/23

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	21/22 Outturn	22/23 Target	Q1 June	Q2 Sept	Q3 Dec	Outturn 2022/23	% Variance from Target (MAR)	Trend	Comparative Performance
	E&S-007	Overall percentage school attendance of Children Looked After	Annual	Higher	92%	93%	N/A	N/A	N/A	92	-1.08%	↔	N/A
Children and young people are healthy, resilient, confident, involved and achieve their potential	PH-001	Hospital admissions for self-harm aged 10-24 years	Annual	Lower	954.3	900	N/A	N/A	N/A	1015	-12.78%	↓	4th Quartile Eng Av. 421.9 NW Av. 497.5 (2021/22)
	PH-002	Percentage of children in reception year who are overweight or obese	Annual	Lower	28.3% (2019/20)	28.30%	N/A	N/A	N/A	28.7	-1.41%	↓	4th Quartile Eng Av. 22.3 LA Av. 25.0 (2021/22)
	PH-003	Percentage of children in Year 6 who are overweight or obese	Annual	Lower	41% (2019/20)	41%	N/A	N/A	N/A	43.8	-6.83%	↓	4th Quartile Eng Av. 37.8 LA Av. 40.9 (2021/22)
	PH-004	Under-18 conception rate per 1,000 females, 15-17 years (single year rate)	Quarterly	Lower	30.2 (2020)	30.1	30.5	27	26	25.9	13.95%	↑	4th Quartile Eng Av. 12.8 LA Av. 19.1 (June 2021)
	CYP-013	Number of first-time entrants to the youth justice system who receive their first substantive outcome or court disposal per 100,000 population aged 10-17	Quarterly	Lower	155	174	30	67	110	186	-6.9%	↓	1st Quartile Eng Av. 169.2 LA Av. 157.5 (2021)





Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	21/22 Outturn	22/23 Target	Q1 June	Q2 Sept	Q3 Dec	Outturn 2022/23	% Variance from Target (MAR)	Trend	Comparative Performance
	CYP-014	The percentage of children re-offending	Quarterly	Lower	41%	43%	44	40	32.2	31.9	25.81%	↑	4th Quartile Eng Av. 35.6 LA Av. 31.3 (2019)

Tier 2

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	21/22 Outturn	22/23 Target	Q1 June	Q2 Sept	Q3 Dec	Outturn 2022/23	% Variance from Target (MAR)	Trend	Comparative Performance
72 Children and young people are safe from harm and the lives of children in care improve	CYP-007	Percentage of children looked after at 31 March with three or more placements during the year.	Quarterly	Lower	9.10%	9%	10	10.4	10.3	8	11.11%	↑	2nd Quartile Eng Av. 10.0 LA Av. 10 (2021/22)
	CYP-015	Average actual number of cases per children and family social worker	Quarterly	Lower	16.4	18	16	15	16	15	16.67%	↑	N/A

St Helens Borough Performance Report - Quarter 4 Outturn, 2022/23

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	21/22 Outturn	22/23 Target	Q1 June	Q2 Sept	Q3 Dec	Outturn 2022/23	% Variance from Target (MAR)	Trend	Comparative Performance
Children and young people are healthy, resilient, confident, involved and achieve their potential	PH-005	Percentage of infants being breastfed at 6-8 weeks	Quarterly	Higher	31.3% (2021/22)	31.60%	32.2	27	30.3	32.6	3.16%	↑	4th Quartile Eng Av. 49.3 LA Av. 34.5 (2021/22)
	PH-006	Smoking status at the time of delivery	Quarterly	Lower	13.4% (2021/22)	12.70%	11.8	14.6	11.4	12.7	0%	↑	3rd Quartile Eng Av. 9.1 LA Av. 12.2 (2021/22)
	PH-007	Under 18 admissions to hospital for alcohol specific reasons per 100,000 population	Quarterly	Lower	81.4 (2018/19 - 20/21)	81.4	68.2	68.8	68.1	66.1	18.8%	↑	4th Quartile Eng Av. 29.3 LA Av. 40.1 (18/19-20/21)
	PH-008	Percentage of children aged 5 with MMR vaccination (2 doses)	Annual	Higher	87.70%	88.50%	N/A	N/A	N/A	88.1	-0.45%	↑	4th Quartile Eng Av. 85.7 LA Av. 90.1 (2021/22)
	PH-009	Percentage of children who received a 2-2.5-year Healthy Child Programme review by the time they were 2.5	Quarterly	Higher	81% (2021/22)	84.00%	63	64.7	83.4	82.7	-1.55%	↑	3rd Quartile Eng Av. 74.0 LA Av. 86.4 (2021/22)
	PH-010	Percentage of children achieving a good level of development at 2-2 1/2 years	Quarterly	Higher	86.1% (2021/22)	82.90%	88.2	85	82.9	86.2	3.98%	↑	2nd Quartile Eng Av. 80.9 LA Av. 80.3 (2021/22)



Summary of performance against outcome and action for improvement

Outcome – Children and young people are safe from harm and the lives of children in care improve

Current Performance

- Overall performance against the outcome at outturn 2023-24 shows some areas of good performance against target, however, some ongoing challenges, notably in the number of children looked after and numbers of children subject to child protection plans.
- A total of 773 children and young people in St Helens were receiving early help intervention at the end of March 2023 delivered either directly by St Helens Council services or local partners, primarily local schools. Performance in quarter 4 improved, however the number of children at year end receiving an early help intervention (209.5 rate per 10,000) has not met the annual target and has reduced by 14% since March 2022, when 910 children were receiving an early help intervention. The most common reasons for an early help episode being in place for those children related to parenting capacity, SEND, Emotional Wellbeing and Child Mental Health.
- The majority, 87% of early help episodes were closed and stepped down to universal services in the 12-months following closure. These did not subsequently progress to a referral to St Helens Children’s Social Care demonstrating effective prevention on those cases. This is an improvement on the previous year’s outturn of 85% and puts the Department in a strong position to meet future year’s targets.
- 74 • There has been a further reduction in the numbers of children and young people open to St Helens Children's Social Care (CSC) at year end. A total of 1,626 children and young people were open to St Helens CSC at the end of March 2023, equating to a Children in Need (CIN) rate of 440.7 per 10,000 under 18-year-olds. This compares to 1,751 children and young people at June 2022. Most children are open to CSC due to Abuse and Neglect (80%.) The indicator remains marginally below target at year end and St Helens rate of CIN per 10,000 (440.7) continues to be higher than the most recently published (March 2022) comparable rates nationally (334), regional (384), but similar to statistical neighbour averages (449).
- The rate of children supported with a Child Protection Plan remains high and has not met the annual target. At the end of March 2023, a total of 281 children and young people were supported with a Child Protection (CP) Plan, equating to a rate of 76.2 children per 10,000 under 18 years olds in the borough. Rates have increased over the last 12 months, with an additional 63 children and young people supported by a CPP. St Helens current rate stands above the most recently published (March 2022) Child Protection Plan rates reported nationally (42), regionally (49) and for statistical neighbours (61). The percentage of children subject to a child protection plan who had never had a plan previously met the annual target. Over the year 75% of children subject of a Child Protection (CP) Plan in St Helens had never been the subject of a CP Plan previously. This means that 25% of all CP Plans were repeat plans. Performance has improved since the previous year’s outturn. However, performance is slightly above the most recently published statistical neighbour rate (22%), the Northwest average rate (24%) and above the national rate (23%).
- Numbers of children in care remain very high. At the end of March 2023, a total of 469 children and young people were cared for by St Helens Council, however, this is a small reduction on the 473 children in care in March 2022. The rate of 129.3 children looked after (CLA) per 10,000 under 18-year-olds is above the target of 127. The overall CLA population reported for St Helens continues, to be significantly higher than the 2022 comparable

regional (97) and national rates (70), and above statistical neighbour rates (107). 345 of our CLA have been looked after for over 12 months which is 73% of the cohort.

- The percentage of children and young people discharged from care under a Special Guardianship Order (SGO) between April and March 2022-23 was 27% of all children and young people discharged from care. This equates to around 40 children. The indicator has exceeded its annual target and performance is above the most recent 2021/22 national (13%) and regional (16%) averages.
- Placement stability for children in care improved and met annual target. In the 12-month period to the end of March 2023, 36 children and young people experienced three or more placement moves, equating 8% of the total CLA population supported by St Helens, a decrease compared to 9% in March 2022. Current performance is better than the 2021/22 national position (10%) and the regional average for 2021-22 (9%).
- Performance against the three key outcomes for care leavers remains strong; care leavers in suitable accommodation, care leavers the local authority is still in touch with, and care leavers in employment education and training. St Helens performance compares favourably to regional, national and comparator authorities. In Quarter 4 there has been a small reduction in the number of care leavers in suitable accommodation but performance remains good. The percentage of care leavers in employment education and training increased to 61% in 2022-23 compared to 55% in 2021-22, above the most recently published national average of 55% and regional average of 52% in 2021-22.
- The average actual social worker case workloads indicator met target at outturn and has improved on the figure reported in the previous year. There was a reduction of in the social worker average case workloads from 18 in March 2022 to 15 in March 2023. However, the data should continue to be considered cautiously as it is based on the average caseloads across the service and variability across social work teams remains, and in some teams the volume is higher. Generally, caseloads are reducing across all teams, but it remains volatile and is impacted by both volume and workforce challenges.

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Action for Improvement

- The pandemic has led to a reduction in support available to families through Voluntary, Community and Social Enterprise (VCSEs) organisations. The Safeguarding Children Partnership (SCP) has completed a review of Early Help and reported the findings. The Early Help Strategy has been refreshed and partners are being encouraged to be pro-active in supporting families on the understanding that early intervention is everybody's business. Historically there has been too much emphasis placed upon Early Help Assessment (EHAT) completion. New governance and oversight arrangements via an Early Help Board are in progress to strengthen the Early Help partnership offer across St Helens. The Childrens Improvement Board (CIB) has been considering the impact of Early Help and work is being undertaken to better understand earliest help and how we can measure the support / interventions agencies are providing to families without EHATs. This work along with the Supporting Families Programme and the transformation to Family Hubs (with additional funding) will assist in earlier identification of needs and support within communities avoiding more intrusive statutory services.
- Quarter 4 states the number of children receiving Early Help services has slightly improved. However, we recognise that there is much work to do (as described above) to improve our Early Help offer to reduce the demand for specialist services.
- We have seen a reduction in the numbers of children defined as Children in Need (CIN) compared to March 2022. We have identified that our CIN response needs to be more robust, especially recognising and intervening in neglectful parenting. There is a child in need panel and a dedicated co-ordinator. New systems are being put in place to ensure CIN work is being improved to prevent escalation to Child Protection plans and children being

looked after. A thematic review of neglect has recently been undertaken by the Children's Safeguarding Partnership (CSP). Neglect remains the primary focus of the CSP. Our aim is to increase the numbers of families receiving services under Child in Need by more effectively managing risk and decreasing the number of children requiring Child Protection.

- We continue to have high numbers of children on Child Protection plans and performance at end of Quarter 4 shows us above statistical neighbours and England average. It is noted that children and families are becoming increasingly complex, and this is reflected in regional and national trends. The most deprived local authorities are seeing this to a greater extent. Undoubtedly this is linked to causal factors such as poverty, the pandemic, and the greater prevalence of mental health issues for all ages. We will continue to dip sample children entering the Child Protection and care system to better understand the presenting needs and how to support them at the earliest opportunity. We are also undertaking a review of the Duty Service at present. This will thoroughly explore decision making and thresholds and the findings will inform the next steps.
- Our CLA (Children Looked After) population is high, and our numbers remain above our comparators. We have put in place robust monitoring to scrutinise decision making when children enter care and have improved our Edge of Care offer. We have plans to further develop our Edge of Care offer over the next 12-months. We have seen an increase in UASC (Unaccompanied Asylum-Seeking Children) this now forms 3% of our CLA population and is impacting on the number of Care Leavers. We have developed our tracking systems to ensure permanency is achieved and that exits from care are timely. Some protracted court cases have impacted on this figure during 2022-23 and have carried over into 2023-24. More timely court proceedings will see an impact on this figure as we progress through 2023/24. We are predicted to see a number of children exit care to adoption within the next few months. A peer review of our Children We Look After service has recently been undertaken and an action plan will be produced once we receive the findings. This will help identify any further steps that are necessary to reduce our cohort of CLA.

76 Outcome - Children and young people's aspirations, attainment and opportunities are raised

Current Performance

- Performance against the outcome in terms of children and young people's attainment remains challenging in St Helens with performance generally below national and regional averages. It should be noted that no targets were set for attainment indicators in 2022-23 due to the cancellation of nationally published performance tables in the previous 2 years due to the Covid-19 pandemic.
- At the end of the 2021-22 academic year, 61% of pupils educated in a St Helens schools achieved a 'Good Level of Development' at the end of the Early Years Foundation Stage (EYFS - Reception year), marginally lower than the comparable regional (62%) average but below national average (65%) average. The most recent data is not comparable to previous year's data due to EYFS reforms introduced in September 2021.
- At the end of the 2021-2022 academic year 57% of pupils educated in state funded schools in St Helens achieved the expected standard or above in Reading, Writing and Mathematics at the end of Key Stage 2 (KS2). This is the first publication of KS2 attainment statistics since 2019 due to cancellation of 2020 and 2021 assessments during the pandemic. These pupils experienced disruption to their learning during the pandemic, particularly at the end of year 4 and in year 5. The percentage of pupils, both in St Helens and nationally, attaining the expected standard in Reading, Writing and Maths has decreased in 2022 compared to 2019. In St Helens, 57% of pupils met the expected standard in all of reading, writing and maths, down from 66% in 2019. Nationally, 59% of pupils met the expected standard in all three subject areas, down from 65% in 2019.

- The Progress 8 indicator aims to capture the progress that pupils in a school make from the end of primary school to the end of KS4. The final, validated Progress 8 score for pupils educated in the St Helens state funded schools, in the 2021/22 academic year, is -0.24. The aggregate progress score reported for St Helens (-0.24) is below the comparable regional (-0.16) and state funded national (-0.03) average. The progress 8 outcome reported for St Helens shows that pupils educated in St Helens make, on average, less academic progress that other pupils nationally between the end of primary school to the end of KS4.
- At the end of March 2023, a total of 62 state funded schools (Nursery Schools, Primary Schools, Secondary Schools, Special Schools, and Pupils Referral Units) in St Helens are judged by Ofsted to be good or better for overall effectiveness, equating to 89% of all state funded schools in St Helens. There are 16 schools that are currently judged by Ofsted to be outstanding and a further 46 schools that are judged to be good. The position reported for St Helens is an improvement on the 83% of schools judged to be good or better in March 2022. St Helens performance is now marginally better than the March 2023 comparable national average (88%) and the same as the NW regional (89%) average.
- The indicator measuring the overall percentage school attendance of Children Looked After (CLA) was marginally below target at outturn. The performance reported is based on attendance data in the 2021-2022 academic year for children in care on the 31st of March 2022. The school attendance rate for children cared for by St Helens was 91.6%, marginally below the target of 93% and slightly lower than the comparable regional (92.2%) and national (92.2%) average CLA school attendance statistics. The CLA attendance rate reported for St Helens has, positively, improved when compared to that reported in the previous year (89%). However, as is also the case regionally and nationally CLA school attendance rates continue to be lower than those reported in the immediate pre Covid-19 pandemic period.
- Performance for the completion of Education, Health, and Care Plans (EHCPs) to timescale has shown a significant dip over the year and the indicator has not met target by some distance, with just 19.5% of plans issued in the year meeting the 20-week deadline. This is a consequence of increasing demand and significantly reduced capacity within the SEND Assessment Service and Educational Psychology Service.
- The performance against numbers of young people Not in Employment, Education, or Training (NEET) and Not Known for December 2022, January and February 2023 was an average of 5.1%, marginally worse than the target of 4.91%. St Helens performance is better than the provisional England average of 5.2% and the North West average of 5.3%. For the last published nationally verified data for 2022, St Helens performance remains top quartile and better than regional and national averages.

Action for Improvement

- To address the performance challenges in the timeliness of EHCP's, the risk has been added to the corporate risk register and a recovery plan has been produced. Recruitment continues to fill vacancies to the SEND Assessment Team and Educational Psychology Service, and funding for 2 additional posts have been agreed in light of increasing demand. Since November 2022, the SEND Assessment Service has successfully recruited to 9 vacant posts, substantially increasing the capacity of the team. Cases are risk assessed and prioritised to ensure that the most vulnerable pupils needs are assessed. The challenges are regularly communicated to all partners, including parent carers.
- Those schools judged to be not yet good / in decline are being supported and challenged by the School Effectiveness Team through achievement and improvement board meetings, termly on-site reviews, and a bespoke training package.
- An enhanced offer has been made to schools to support school governors, e.g., governor challenge sessions, where feedback is given, and a follow up report provided.

- Website compliance checks have been conducted for primary schools and strengths / areas for development shared with school leaders.
- All schools and settings have been offered the opportunity to engage in funded Continual Professional Development sessions as part of The Festival of Learning. These sessions have included curriculum workshops, emotion coaching and a broad range of learning opportunities linked with the power of connection; all delivered by specialists / national leaders.
- TESSA (Triage for all education support and specialist advice) is now fully operational. This service provides support, advice and guidance utilising a multi-disciplinary approach to support young people and their settings.
- Headteacher briefings allow school leaders the opportunity to receive updates from OFSTED, DfE, and LA. Learning Partnership meetings provide opportunities for LA officers and headteachers to work collaboratively to focus on Education and Learning's three obsessions. Specific focus is being given to attendance and use of Alternative Provision.
- Writing moderation has been co-ordinated by the School Effectiveness Team and is on-going across schools.
- The School Effectiveness Team has provided guidance and training to schools linked to the statutory tests, e.g., SATs and Phonics Screening. Local Authority officers are conducting monitoring visits in conjunction with the DfE guidance and reported findings to the Standards and Testing Agency.
- The Virtual School continues to provide support and challenge to schools in relation to young people's outcomes, attendance, suspensions, and wellbeing.
- The Aspirations workstream via the Corporate Parenting Forum is now active and operational.
- The School Effectiveness Team will analyse all data (Good Level of Development, Phonics, KS1, KS2 and KS4) from this academic year and will use this to guide the support / challenge offered to schools for 2023-24. This support will include a core offer to all schools, a bespoke and intensive package for schools not yet judged to be good / in decline and an opportunity to purchase services through the School Effectiveness Team.
- The following actions are being taken to address the increase in NEET:
 - Analysis and risk assessment of all the 16-year-olds and development of bespoke support plans. Career Connect conducted the analysis of all 16-year-olds and have been able to identify the needs of all the young people in this cohort. The LA have provided all current providers in the borough with an overview of this analysis which has resulted in new provision offers for September. The lack of engagement provision in the borough and additional support does continue to remain a concern.
 - Undertaking Case Conference meetings for young people that continue to find it a challenge to positively engage. This will also identify to providers the gaps that have been left by the reduction in provision. The current at risk of NEET yr. 11 students have been identified and have offered support over the last academic year from the LA NEET Co-ordinator. The young people that have not engaged or accepted the support will be discussed with Career Connect prior to leaving school, and where necessary Case Conferencing will take place over summer to ensure where possible they receive a September Guarantee offer of education or training.
 - Work with partners to review all available means of tracking addresses and telephone numbers for all young people where the last known contact details are out of date. The relationship with DWP disability employment advisers has developed over the last 6 months and a process is in place

for DWP to update on young people that are either classified as NEET or Not Known, this is currently in a pilot phase for those young people with SEND.

Outcome - Children and young people are healthy, resilient, confident, involved and achieve their potential

Current Performance

- At outturn 2022-23, performance within the outcome of improving children's health and resilience remains challenging.
- St Helens has the highest rates of hospital admissions for self-harm for young people aged 10-24 years in England. The most recently published data for 2021-22 shows St Helens rate was 1051.7 per 100,00 which was an increase from the previous year and more than double the regional and national rates (497.5 and 421.9 per 100,000 respectively).
- Reducing St Helens rates of children overweight and obese remains a challenge. The latest St. Helens data for the proportion of Reception children in 2021-22, classed as overweight or obese (28.7%) was similar to the figure seen in previous years (28.2% and 28.3% in 2018-19 and 2019-20 respectively). However, the North West rate decreased to 23.3% and the National rate decreased to 22.3%. St. Helens now has the highest rate in the North West and the 2nd highest rate in England for Reception age overweight and obese children. St Helens' proportion of Year-6 children classed as overweight or obese in 2021-22 (44%) was much higher than the figure seen in previous years. The NW rate increased to 39%, and the National rate increased to 37.8%. St. Helens has the 2nd highest rate of year 6 children classed as overweight or obese in the North West and the 14th highest rate in England.
- St Helens teenage conception rates remain very high at outturn 2023. The most recently published (provisional) data relates to Quarter 4 2021-22 and reveals that there were 22 under-18 conceptions for St. Helens. The annual rolling rate has now decreased to 25.9 per 1,000 which is below the target of 30.1. For the same period, the North West rate increased slightly to 16.4, and the England rate increased slightly to 13.1. For Quarter 4 2021-22 St. Helens had the 7th highest rolling annual rate in England, a reduction from 4th highest in Quarter 2 and the 5th highest in Quarter 3.
- St Helens under-18 admissions to hospital for alcohol specific reasons remains high. The latest provisional local data for Quarter 3 2022-23 (3 year rolling average) gives a rate of 66.1 admissions per 100,000 aged under 18, which is below the target of 81.4. The rate of 66.1 relates to 74 admissions and is a slight reduction to the previous quarter rate of 68.8 per 100,000. However, the latest verified national data for the number of under-18 admissions to hospital for alcohol specific reasons, per 100,000 population for the period 2018/19 - 2020/21 was a rate for St Helens of 81.4 per 100,000 aged under 18, significantly higher than regional (43.6) and national (29.3) rates.
- The latest provisional data for Quarter 4 2022-23 for the percentage of children receiving a 2-2.5-year Healthy Child Programme review is 82.7% which is marginally below the target of 84%. An update to the data means that the previous Quarter 2 and Quarter 3 data has changed to 64.7% and 83.4% respectively. This provisional outturn for 2022-23 is better than St Helens last published verified outturn for 2021-22 of 81% and the national and North West averages of 74% and 79.9% respectively. The latest provisional data for Quarter 4 2022-23 showed 86.2% of children achieving a good level of development at 2-2.5-years, better than the target of 82.9%. St Helens' performance has been consistently above last published national averages.

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- Historically, St Helens has had low rates of breastfeeding. The annual target for 2022-23 has been met but rates remain comparatively low. The most recent data relates to Q4-2022-23 and reveals that 32.6% of infants were being breastfed at 6-8 weeks in St Helens, this is 1% above the target and an increase from the previous quarter. The recently published comparator data for 2021-22 confirms the percentage of infants being breastfed in St. Helens 31.3% remains well below the National and Regional averages (49.3% and 41.1% respectively).
- The proportion of women smoking at the time of delivery is showing improvement. The latest data Quarter 4 – 2022-23 showed 12.7% smoking at the time of delivery. This is equal to the target and lower than St Helens' published 2021-22 figure of 13.4%. Local rates however remain worse than the recently published North West average (10.6%) and the national average (9.1%). In 2021-22 St Helens had the 17th highest rate in England, a small improvement from 8th highest in 2020-21.
- The latest nationally verified data is for the period 2021-22 and shows that 88.1% of children aged 5 in St Helens received their MMR vaccination (2 doses). This compares to 87.1% in the North West and 85.7% nationally. This represents a small increase in the vaccination rate from the previous year.
- Over the course of 2022-23, 31 young people became first-time entrants (FTEs) to the Youth Justice System. This is an increase on the 25 young people who became FTEs in 2021-22. The rate per 100,000 10–17-year-olds is 186, which is above the annual target of 174. Whilst this represents a deterioration in performance, St Helens last published verified data is similar to national and regional averages. The local increase seen here is reflective of the nature of the seriousness of the offences being committed.
- Reoffending over the last few years has been the Youth Justice Service's biggest challenge in St Helens. Reoffending rates are based time-lagged Police National Crime (PNC) data. The latest data covering the period April 2020 to March 2021 has shown a continuing decrease in the rate of offending to 31%, which is below the annual target of 43%. However, the data should possibly be treated with caution as the time period for the data coincides with the period of Covid which impacted the Court sentencing across England.

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Action for Improvement

- Self-harm is when somebody intentionally damages or injures their body. Self-harm may be linked to bad experiences which are happening now, or in the past. But sometimes the reason is unknown. Self-harm has been identified as a key focus area within the new suicide prevention strategy due to be launched in July 2023. A new pathway to respond to people who present at A&E for self-harm has been commissioned from Mersey Care NHS Trust. This is due to go live by the 31st of July and a full evaluation is to be carried out by the University of Liverpool. The pathway includes an intensive 12-week support programme, and access to social prescribers to assess and help meet peoples wider social needs. In addition, a multi-agency response to self-harm is being developed following a partnership workshop on self-harm, held in March. This included an in-depth assessment of the local data on self-harm, views of those with lived experience on approaches that would be effective and a sharing of known good practice.
- To address the high levels of overweight and obese pupils in Reception and Year 6, plans are in progress to refresh the Healthy Weight Declaration, and a stakeholder engagement event is planned to be held on 4th July, with a relaunch planned for autumn. A new CYP healthy eating and physical activity group is being established to review provision and support for early years and school settings, using the National Child Measurement Programme (NCMP) data to target and prioritise resources. Six practitioners have been trained to lead 0-5 HENRY (Health Exercise & Nutrition for the Really Young) 8-week parenting courses, with the first course to be delivered in June. St Helens has also been successful in securing 'Why Weight to Talk' training for frontline health and care professionals. The training will help to build confidence and upskill staff to raise the issue and


have conversations with parents/carers about their child's weight. St Helens completed a nationally funded co-production project which sought feedback and views on the NCMP results letter, and we are thankful to the parents who took part in this.

- Teenage conception rates, although still very high, have reduced (slightly) for the third consecutive quarter, which is better than our target. The spotlight review report on Teenage Pregnancy (TP) was presented and the recommendations adopted at the Children's Scrutiny Committee on 24th April. This will help to inform the local TP plan. The Teenage Action Zone team have delivered a social media awareness campaign in March (young people) and April (professionals and parent/carers), and this is being evaluated. Approval has been granted to offer training to our GP practice staff to improve access to a range of contraceptive services, and new partner agencies continue to be trained up to offer support to young people, as part of the condom distribution scheme. Cheshire & Merseyside's Women's Health and Maternity (WHAM) leads have established a sub-regional TP forum to share support and expertise across the network (15th June); St Helens has been asked to present its approach as good practise.
- Young People's alcohol admissions continue a general downward trend, although still high compared with the latest known figures for England and the North West. The council's Young Peoples Drug and Alcohol team (YPDAAT) have reviewed the data in detail to understand which young people are at risk so that they can better target support. At risk groups include those who have already attended hospital, Children Looked After or a child in need, those in contact with the criminal justice system, those suspended or excluded from school, and young people affected by domestic abuse, mental ill health, or the use of alcohol/drugs by a close family member. The YPDAAT are currently co-located with the Youth Justice Service. They engage with young people via group sessions and on a 1-1 basis across school's colleges and various other locations, as well as delivering awareness sessions and training across settings.
- Quarter 3 (83.4%) and 4 (82.7%) data indicates a significant improvement in the number of 2-2.5-year-old health reviews completed within the required timeframe. Wirral Trust 0-19 Healthy Child Programme (HCP) have undertaken service quality improvement work to improve this outcome. Family Hubs resources and working groups are developing plans and reviewing pathways and assessment tools for an integrated 2-year check with Early Years staff, which includes a joint review of Speech, Language and Communication skills.
- The data on the proportion of children achieving a 'good' level of development at 2-2.5-years is now more reliable as the coverage indicator (PH-09) target has almost been achieved for these quarters. When the coverage rates improve to above 85%, it is expected that the proportion of children receiving a 'good' development at their 2-2.5year old review may reduce.
- To support action to increase breastfeeding, we are funding an Infant Feed Co-ordinator through the Family Hubs Funding. Additional education and support groups throughout pregnancy, on the maternity wards, and during the antenatal period which will help increase breast feeding initiation and continuation rates across the borough. An Infant Feeding strategy group has been re-established to prepare and start our UNICEF Baby Friendly journey towards becoming a Breast-feeding Friendly Borough.
- Smoking at time of delivery Quarter 4 data (Jan-April) shows an improvement compared to the last quarter, however our rate remains higher than both regional and national averages, and above our local target. The hospital (STHK) has formed a Smokefree working group to deliver the NHS England funded 'Treating Tobacco Dependency' programme. It includes employing Stop Smoking Advisers within the hospitals setting to support inpatients to quit during their stay, with continued community support on discharge via aligning care pathways and provision. The Smoking In Pregnancy (SIP) Practitioner (Wellbeing Service) contract previously funded by Cheshire & Merseyside Women's Health & Maternity (WHAM) network has now ceased. Alternative community support is now being explored across agendas to pool resources and with a wider remit that will include a range of public health outcomes.

- There has been an increase in the number of First Time Entrants into the Criminal Justice System at a local, regional, and national level. We believe this can be attributed to the pandemic and the backlog in the processing of Out of Court Outcomes. Therefore, we remain confident that over time the numbers of FTE's will start to reduce.
- The latest Youth Reoffending data represents a small improvement. The impact of court closures and police being unable to process offenders for much of the last 2 years has therefore meant that although we are now returning to a 'business as usual' approach in terms of interventions, the unprecedented nature of the time period experienced means that some anomalies in terms of the data are likely to remain. Indeed, the projected impact was largely unknown and as the data continues to come in over the coming financial year, we should get a clearer picture of the overall impact. That said, despite the fact that we are performing less well than our regional counterparts – our YJS is matched by the YJB to a demographically similar area to enable the service to get a clearer and more balanced view of our current performance. Stockton on Tees is this YJS's match, and we are performing at an equivalent rate to them which is reassuring. The Service has again recently commissioned CELLS to deliver 2 further programmes of intervention designed to target our children most at risk of reoffending. One began in August 2022 for 3 months and another began in January through to the end of the financial year in 2023.

For more information about individual performance indicators that support the achievement of these outcomes please see the scorecard.

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 <p>ST HELENS BOROUGH COUNCIL</p>	<p>Children and Young People Services Scrutiny Committee</p> <p>6 September 2023</p>
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Report Title	Cabinet Response to the Scrutiny Review of Improving School Attendance
Cabinet Portfolio	Children and Young People
Cabinet Member	Councillor Nova Charlton
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Hilary Brooks Director of Children's Services Hilarybrooks@sthelens.gov.uk
Contact Officer	Joanne Davies Assistant Director Education & Learning Joannedavies@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	
	Create safe and strong communities and neighborhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

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1. Summary

- 1.1 The Children and Young People's Task Group held a spotlight review into improving school attendance on the 3 November 2022. The report of the Task Group was formally agreed by CYPS Scrutiny on the 24 April 2023 and was submitted to Cabinet for responses as per the Council's constitution.

2. Recommendation for Decision

Childrens and Young People Services Scrutiny Committee is recommended to:

- i. Note the Action Plan attached at Appendix 1b that sets out the recommendations from the Task Group into improving school attendance in St Helens.

3. Purpose of this report

- 3.1 This report provides Members with the Action Plan response to the recommendations of the Improving School Attendance Task Group, which had been agreed by this Committee.

4. Background / Reason for the recommendations

- 4.1 At the Children and Young People's Scrutiny Committee Workshop held on the 6 July 2022, it was agreed to hold a spotlight review in November 2022 to contribute to the wider work to improve school attendance in the borough.
- 4.2 The focus of the review was in response to overall absence rates in St Helens reported for the Autumn and Spring Term 2022/23 which were higher than regional and national averages.

5. Consideration of Alternatives

- 5.1 N/A

6. Conclusions

- 6.1 The Action Plan attached at Appendix 1b sets out the Cabinet response to the recommendations from the Children and Young People's Scrutiny Committee Task Group into school attendance.

7. Legal Implications

- 7.1 The law entitles every child of compulsory school age to an efficient, full-time education suitable to their age, aptitude, and any special educational needs they may have. It is the legal responsibility of every parent to make sure their child receives that education either by attendance at school or by education otherwise than at school.

8. Equality Impact Assessment

- 8.1 No Equality Impact Assessment was carried out for the purpose of submitting the report to the Committee for approval and submission to Cabinet.

9. Social Value

- 9.1 Good school attendance is linked to improved educational outcomes which in turn provides young people with qualifications and skills to enable them to take advantage of local, regional and national employment opportunities.

10. Sustainability and Environment

- 10.1 N/A

11. Health and Wellbeing

- 11.1 Good school attendance contributes to improved physical health and wellbeing through participation in physical education. In addition, attendance at school enables access to pastoral support and a range of activities that provide social enrichment.

12. Equality and Human Rights

- 12.1 It is the right of every child irrespective of age, gender, race, disability, or social background to have access to a fulfilling high-quality education.

13. Customer and Resident

- 13.1 It is proven that good school attendance raises aspirations and improved educational outcomes and reduces the risk of young people drifting into criminality, substance misuse and becoming victims of exploitation.

14. Asset and Property

- 14.1 N/A

15. Staffing and Human Resources

- 15.1 N/A

16. Risks

- 16.1 Absence from school contributes to low aspirations and poor educational outcomes. Young People who are persistently absent from school are less likely to have their physical and mental health needs met and are more likely to engage in risk taking behaviours.

17. Finance

- 17.1 Each year, the government allocates money for the local authority to distribute to all state funded mainstream schools including academies in the form of the Designated Schools Grant. It is estimated that as a result of non-school attendance a financial loss of approximately £250,000 a year can be attributed to lost school days.

18. Policy Framework Implications

- 18.1 N/A

19. Impact and Opportunities on Localities

19.1 Good educational outcomes are inextricably linked to school attendance and supports young people's access to further education and training and higher education enabling them to take advantage of employment opportunities at a local, regional, and national level.


20. Background Documents

21. Appendices

21.1 Appendix 1 – Cabinet Report

21.2 Appendix 1a – Scrutiny Review

21.3 Appendix 1b- Action Plan

 <p>ST HELENS BOROUGH COUNCIL</p>	<h2>Cabinet</h2> <h3>21 June 2023</h3>
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Report Title	Scrutiny Review of Improving School Attendance and Cabinet Response
Cabinet Portfolio	Children and Young People
Cabinet Member	Councillor Nova Charlton
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Hilary Brooks Director of Children's Services Hilarybrooks@sthelens.gov.uk
Contact Officer	Joanne Davies Assistant Director Education & Learning Joannedavies@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	
	Create safe and strong communities and neighborhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

1. Summary

- 1.1 The Children and Young People's Task Group held a spotlight review into improving school attendance on the 3 November 2022. The report of the Task Group was formally agreed by CYPS Scrutiny on the 24 April 2023 and is to be submitted to Cabinet for responses as per the Council's constitution.

2. Recommendation for Decision

Cabinet is recommended to:

- i. Approve the Action Plan attached at Appendix 2 that sets out the recommendations from the Children and Young People's Scrutiny Task Group into improving school attendance in St Helens; and
- ii. Provide the response to the recommendations at the next meeting of the CYPS Scrutiny Committee on 24 July 2023.

3. Purpose of this report

- 3.1 This report provides Cabinet with the Action Plan response to the recommendations of the Improving School Attendance Task Group, which has been agreed by the Children and Young People's Scrutiny Committee.

4. Background / Reason for the recommendations

- 4.1 At the Children and Young People's Scrutiny Committee Workshop held on the 6 July 2022, it was agreed to hold a spotlight review in November 2022 to contribute to the wider work to improve school attendance in the borough.
- 4.2 The focus of the review was in response to overall absence rates in St Helens reported for the Autumn and Spring Term 2022/23 which were higher than regional and national averages.

5. Consideration of Alternatives

- 5.1 N/A

6. Conclusions

- 6.1 The Action Plan attached at Appendix 2 sets out the Cabinet response to the recommendations from the Children and Young People's Scrutiny Committee Task Group into school attendance. If agreed, the response to the recommendations will be presented to the meeting of the Children and Young People's Scrutiny Committee on the 24 July 2023.

7. Legal Implications

- 7.1 The law entitles every child of compulsory school age to an efficient, full-time education suitable to their age, aptitude, and any special educational needs they may have. It is the legal responsibility of every parent to make sure their child receives that education either by attendance at school or by education otherwise than at school.

8. Community Impact Assessment (CIA) Implications

8.1 No Community Impact Assessment was carried out for the purpose of submitting the report to the Committee for approval and submission to Cabinet.

9. Social Value

9.1 Good school attendance is linked to improved educational outcomes which in turn provides young people with qualifications and skills to enable them to take advantage of local, regional and national employment opportunities.

10. Sustainability and Environment

10.1 N/A

11. Health and Wellbeing

11.1 Good school attendance contributes to improved physical health and wellbeing through participation in physical education. In addition, attendance at school enables access to pastoral support and a range of activities that provide social enrichment.

12. Equality and Human Rights

12.1 It is the right of every child irrespective of age, gender, race, disability, or social background to have access to a fulfilling high-quality education.

13. Customer and Resident

13.1 It is proven that good school attendance raises aspirations and improved educational outcomes and reduces the risk of young people drifting into criminality, substance misuse and becoming victims of exploitation.

14. Asset and Property

14.1 N/A

15. Staffing and Human Resources

15.1 N/A

16. Risks

16.1 Absence from school contributes to low aspirations and poor educational outcomes. Young People who are persistently absent from school are less likely to have their physical and mental health needs met and are more likely to engage in risk taking behaviours.

17. Finance

17.1 Each year, the government allocates money for the local authority to distribute to all state funded mainstream schools including academies in the form of the Designated Schools Grant. It is estimated that as a result of non-school attendance a financial loss of approximately £250,000 a year can be attributed to lost school days.

18. Policy Framework Implications

18.1 N/A

19. Impact and Opportunities on Localities


19.1 Good educational outcomes are inextricably linked to school attendance and supports young people's access to further education and training and higher education enabling them to take advantage of employment opportunities at a local, regional, and national level.

20. Background Documents

21. Appendices

21.1 Appendix 1 – Improving School Attendance Spotlight Review

21.2 Appendix 2 - Action Plan

 <p>ST HELENS BOROUGH COUNCIL</p>	<h2>Children and Young People Services Committee</h2> <p>24 April 2023</p>
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Report Title	Improving School Attendance Spotlight Review
Cabinet Portfolio	Children and Young People
Cabinet Member	Councillor Nova Charlton
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Jan Bakewell Director of Legal & Governance janbakewell@sthelens.gov.uk
Contact Officer	Karl Allender Scrutiny Support Officer karlallender@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	
	Create safe and strong communities and neighbourhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

1. Summary

- 1.1 This report is a summary of the evidence that was submitted to the Children and Young People Services Task Group, Improving school attendance in St Helens. It concludes with five recommendations to ensure that a culture of “**Attendance Matters**” is developed as a *borough* wide obsession linking into the priority contained within the Council Strategy of “**Ensuring Children and Young People Have a Positive Start in Life**”.

2. Recommendations for Decision

The Children and Young People Services Committee is recommended to:

- (i) **Approve the Task Group Report and recommendations as set out in Appendix 1.**
- (ii) **Submit the recommendations to Cabinet for response.**

3. Purpose of this report

- 3.1 This report presents the Children and Young People Services Scrutiny Committee with the findings from the spotlight review ‘Improving School Attendance’.
- 3.2 Based on its findings, the committee’s main objective is to contribute to strategies to improve school attendance rates in St Helens, thereby improving pupil achievement, well-being, life chances and reducing the potential of children and young people’s vulnerability to harm.

4. Background/Reason for recommendations

- 4.1 At the Children and Young People’s Scrutiny Committee Work Programme Workshop on 6 July 2022, it was agreed to hold a spotlight review on 3 November 2022 to contribute to wider work to improve school attendance in St Helens.
- 4.2 This focus was agreed because overall absences in St Helens for the 21/22 Autumn and Spring Term are higher than regional and national averages.
- 4.3 The primary school absence rate in St Helens is 6.7% compared to the northwest average of 6.0% and 6.2% in England. The secondary school absence rate in St Helens is 10.2% compared to the northwest average of 8.8% and 8.6% in England.
- 4.4 St Helens also has higher rates of persistent absences for this period than regional and national averages. The primary school absence rate in St Helens is 21.3% compared to 17.7% and 18.2% in the northwest and England respectively. St Helens’ secondary school persistent absence rate is 31.6% compared with 27.3% and 26.7% in the northwest and England respectively.
- 4.5 Absenteeism affects learning, attainment, social and emotional well-being, and the life chances of those children and young people. For some, it is also a factor safeguarding concern relating to criminality and various forms of exploitation. It was agreed to scrutinise examples of work being carried out in three St Helens schools and to look at how the Council supports the work on improving attendance across the borough.
- 4.6 Members of the Children’s and Young People Scrutiny Committee were invited to participate in the spotlight review. The members were as follows:
- Councillor Trisha Long (Chair)

- Councillor David Banks
- Councillor Donna Greaves
- Councillor Terry Maguire
- Councillor Anne McCormack
- Councillor Bisi Osundeko
- Councillor Michelle Sweeney

The following officers attended the Task Group meeting held on 3 November 2022

- Joanne Davis - Assistant Director for Education and Learning
- Jason Pickett – Head of Access and sufficiency
- Helen McCabe – Team Manager, Education Welfare Service
- Karl Allender – Scrutiny Support Officer
- Justin McCauley – Deputy Headteacher, St Cuthberts Secondary School
- Andrew Maley – Headteacher, Carr Mill Junior School
- Katie Alexander – Carr Mill Junior School
- Rachael Guyer – Interim Headteacher, Alternative Education Provision

Overview of reports presented to members and discussion.

- 4.7 The Task Group was provided with an overview of the importance of school attendance. School attendance is a legal requirement because children and young people are entitled to an education. Being in school also means that children and young people are safe, are nurtured and are being prepared for their adult life.
- 4.8 It was outlined that the law entitles every child of compulsory school age to a full-time education suitable to their age, aptitude, and any special educational need they may have. It is the legal responsibility of every parent to make sure their child receives that education, either by attendance at a school or by education otherwise than at a school, for example, suitable provision of home education.
- 4.9 It was noted that where parents decide to have their child registered at school, they have an additional legal duty to ensure their child attends that school regularly. This means their child must attend every day that the school is open, except in a small number of allowable circumstances such as being too ill to attend or being given permission for an absence in advance from the school.
- 4.10 However, absence from school is a significant issue in St Helens since the pandemic. In primary school, there is a churn of children with an attendance record of below 90% whereas in secondary school, there is a significant number of entrenched poor attenders. There is also a challenge with “part day” absence as well as whole day absence, and persistence absence. A further recent challenge relates to holidays being taken during term-time.
- 4.11 The committee heard about the significant safeguarding risks linked to school absenteeism which include sexual and criminal exploitation.
- 4.12 It was agreed that high levels of attendance are essential for pupils to get the most out of their school experience, including for their attainment, social and emotional well-being, and wider life chances; and that poor attendance is a significant factor in reducing life chances. The latter is particularly the case for children from areas of deprivation where, according to a DfE report published in 2016, persistent absence is more common: “Nearly half of persistent absentees live in the 30% highest areas of child poverty”.
- 4.13 The link between absenteeism and attainment was discussed in detail.

The committee heard that nationally, pupils with the highest attainment at the end of key stage 2 and key stage 4 have higher rates of attendance over the key stages compared to those with the lowest attainment. At KS2, pupils not meeting the expected standard in reading, writing and maths had an overall absence rate of 4.7%, compared to 3.5% among those meeting the expected standard.

4.14 Moreover, the overall absence rate of pupils not meeting the expected attainment standard was higher than among those meeting the higher attainment standard.

At KS4, pupils not achieving grade 9 to 4 in English and maths had an overall absence rate of 8.8%, compared to 5.2% among those achieving grades 4 and 3.7%. The overall absence rate of pupils not achieving grade 9 to 4 was over twice as high as those achieving grade 9 to 5 (8.8% compared to 3.7%).

4.15 The committee explored reasons for school absence, which are multi-faceted and often complex.

4.16 Discussion points on absence from school included the following:

- Unhappiness in school arising from additional needs not being met for some children
- Home routines being disrupted following the pandemic
- Children struggling to re-engage with school, preferring home learning they have become used to during the pandemic, due to anxiety
- The increase in poor mental health arising from Covid, including an increase in anxiety and, particularly for girls, a rise in eating disorders
- Non-essential appointments being made in school time
- Holidays being taken in term time
- A lack of understanding generally that a 90% attendance is *not* good and means that a child is absent from school lessons for the equivalent of one-half day every week. Over five years, this is the equivalent of about one half of a school year.
- A lack of value ascribed to education and its relation to life chances by some parents, carers and young people
- An increase in the number of parents and carers choosing to provide home learning for their child or children, over which the Council has very little legal power to oversee
- Potential insufficiency of aspirational and motivational careers education with children and young people preventing them, and their parents and carers, from understanding career opportunities, the underpinning personal qualities for progression - such as attendance, the qualifications and pathways needed to progress into those careers, and the difference to their lives that a career can have.

- Linked with the concern about careers education, the committee was concerned that staff working with children and young people may not all have the training or knowledge to provide children and young people with the basic careers research skills to enable them to manage their own learning about current and future careers.

4.17 The Assistant Director for Education and Learning provided an overview of the work carried out by the Local Authority to support attendance including:

- The tracking of pupils whose attendance falls below 90% and who have other associated vulnerabilities. For example, those who have an Education Health and Care Plan or have a social worker
- Multi-agency work to identify appropriate interventions

- Conversations with social workers to emphasise the importance of their role in identifying and resolving barriers that parents, carers and children may face in relation to attending school
- Tracking children who are NIROFTE (not in receipt of full-time education) and challenging schools to return these children to a full-time timetable; and tracking children with a social worker and those with an EHCP (Education and Health Care Plan)
- The introduction of Youth Engagement Officers based within the Education Welfare Service. This resource works with children disengaged from education with their focus being on building relationships with children and families to understand the reasons for poor attendance and to deliver interventions to reduce and remove the barriers to attendance
- Fining and prosecuting parents and carers whose children who do not attend and where issues have escalated.

4.18 However, she also explained that due to staffing challenges, the Authority was struggling to complete EHCPs and that support for children with SEND was under great strain.

4.19 The Committee heard about the ongoing and extensive work that schools are doing in tackling absenteeism through presentations provided by

- Mr Justin McCauley, Deputy Head of St Cuthbert's Secondary School
- Mr Andrew Maley and Mrs Katie Alexander, Head and Deputy Head Teacher respectively of Carr Mill Primary School
- Mrs Rachael Guyer, Head of Alternative Education in St Helens.

4.20 The presentations identified several strategies being deployed to address absenteeism and to support cultural and behaviour change in the borough towards good attendance:

- A clear and consistently implemented School Attendance Policy, regularly promoted to parents and carers
- Strategies to ensure clear and consistent information to parents and carers, and children and young people, about the importance of school to attainment, social and emotional well-being, life chances and safeguarding
- The provision of clear and consistent information to parents and carers about their child or children's attendance rate or rates
- The recruitment of Attendance Officers responsible for building effective relationships with families and children, carrying out home visits and working closely with partners including the police and children's services
- Increased mental health support in schools. At Carr Mill, this includes a dedicated Deputy Head Teacher role dedicated to safeguarding, mental health, and pastoral support alongside support from a dedicated team of staff. In Carr Mill, and other schools, the PATHS programme which teaches children mental health resilience and positive behaviours is delivered. Many schools have mental health support workers in place
- Implementing strategies to encourage children to be excited about going to school so that they are self-motivated to attend
- A consistent response to parents and carers regarding term time holidays.

5. Conclusions

5.1 The committee agreed that improving attendance is "*everyone's business*" and that Attendance Matters.

5.2 It was clear that the barriers to accessing education are wide and complex, both within and beyond the school gates, and are often specific to individual pupils and families. It was also clear that the pandemic

has had a significant impact on some children and young people and their families in St Helens. Improving attendance cannot therefore solely be the preserve of schools and instead, must be a concerted effort by everyone who works with families in St Helens.

- 5.3 The committee therefore agreed that multi-agency working to improve attendance rates in St Helens is key to ensuring all partners who work or engage with children and young people, and their parents and carers, are aware of the impact of school absence on the safeguarding, well-being, attainment and life chances of children and young people and that they take steps to support good attendance. This includes ensuring that everyone is clear that even a 90% attendance is not good and will impact on a child's progress.
- 5.4 The Committee commented that School Governors had a huge role in improving school attendance. A dedicated session on improving attendance has been delivered to the Borough's Governors' Forum. The contribution made by the LA and how Governors are supporting this improvement so that good practice between Governors could be shared, would be an effective action.
- 5.5 The committee agreed that a clear, accessible, and widely shared School Attendance Policy, based on pupil and parent and carer consultation, and which was consistently implemented, was at the heart of positive attendance.
- 5.6 The committee was clear that the foundation of securing good attendance is that school is a calm, orderly, safe, and supportive environment where all pupils want to be, ensuring additional activities to encourage children to want to come to school are very effective in motivating children to improve their attendance and not stay off for insignificant reasons.
- 5.7 The Committee was clear that the development of children and young people's resilience and that good and effective support to help children and young people with their mental health challenges were essential and were glad to learn of the positive impact of PATHS and mental health support workers in school. However, members were concerned about how resourcing coupled with staff recruitment and retention challenges were impacting on the timely completion of EHCPs which would result in delays in the provision of appropriate support for children with additional needs.
- 5.8 The committee felt strongly that aspirational, motivational age-appropriate careers education, starting in primary school, was essential to ensure children and young people were clear about the impact of attendance on their employability and their career options. Members questioned whether children and young people knew about different sectors, the careers within each sector, the qualifications, skills and personal qualities needed for specific careers and the pay and progression. One member reported that in regular discussions she had with children and young people that there was a clear deficit in their knowledge. This included a recent care leaver who expressed sadness that she had not been given this information to inform her choices.
- 5.9 Members discussed the usefulness of <https://nationalcareers.service.gov.uk> which is a government careers information tool. The website provides easy access to information on careers in every sector, the educational qualifications, skills and personal qualities (e.g. good attendance) needed to progress into those careers and pay and progression opportunities.
- 5.10 Members felt that if children and young people were introduced to this website, they would have a wealth of free, accessible, and up to date information to be informed about current and future opportunities. It was felt that this would contribute to enhancing and improving aspirations, may well impact on the motivation of some pupils to attend school and gain qualifications, and give young people the information they need when making choices and decisions which impact on their future lives.

- 5.11 Members discussed the importance of **developing a borough-wide culture and expectation that “Attendance Matters”**. This would entail, for example, everyone who works with families, as well as parents and carers themselves, working to promote and support school attendance e.g., by not organising appointments within school time; using opportunities when speaking to children and young people to discuss the importance of attending school; and, when unaccompanied children are seen outside school in school hours, taking action, if possible and as appropriate.
- 5.12 In promotion, and extension of the above. Members discussed the potential, and delivery **of a “Attendance Matters” campaign** The campaign would focus on clear messaging about the importance of school attendance and the consequences of school absence and emphasising everyone’s role to promote and support good attendance at school. This would be linked to key times when attendance is compromised e.g., parents booking annual holidays, keeping children off before holidays, students not returning after holidays. This would include:
- Council media stories, website material
 - Council supplying to all schools a termly attendance chart for all schools to identify common themes as a means of providing peer support
 - Council working with health partners to secure support for Attendance Matters
 - Continuing collaboration on attendance between the Council’s Education & Learning service and Children and Young People’s social care service.
- 5.13 Members discussed the importance of collaboration and to **Establish a Multi-Agency ‘Behaviour and Attendance Board’ and an annual Governors’ Forum “Attendance Matters” agenda item.**
- The group would:
- Review attendance trends and develop training and support for improving attendance
 - Develop a model Attendance Policy.
 - Develop and promote Governors’ training on improving attendance
 - Support an annual Governors’ Forum item on attendance covering challenges and sharing good practice
- 5.14 Discussion extended to careers education and **raising the profile of Careers Education and its ability to raise young people’s aspirations and motivate them to attend and value school** by:
- Ensuring all staff who work with children and young people know about the national careers service website and use it in conversations with them and their parents or carers, so that all our children, young people and their parents and carers have access to this information.
 - Identifying how careers education is delivered in our schools
 - Sharing and celebrating good practice
- 5.15 Members suggested a **focus on children’s mental and emotional wellbeing** by
- Continue to monitor schools accessing PATHS and share good practice
 - CYPs scrutiny to request a report on the efficacy of the mental health offer for children and young people in St Helens
- 5.16 Members discussed the need to continue to monitor attendance and for Scrutiny to receive reports, including a focus on persistent absenteeism and the work of the Council and partners do to support families who experience this issue.

6. Legal Implications

6.1 This supports the authority's responsibility to promote and ensure school attendance.

7. Community Impact Assessment (CIA) Implication

7.1 Improving school attendance may have a positive impact on anti-social behaviour, improved attainment and safeguarding from harm.

8. Social Value

8.1 The social value of improving school attendance will mean that inequalities are reduced through improved safeguarding, attainment, well-being and life-chances of children and young people in St Helens.

9. Sustainability and Environment

9.1 None

10. Health and Wellbeing

10.1 **Actions** to improve school attendance is intended to have a positive impact on the physical and mental health of children and young people in St Helens.

11. Equality and Human Rights

11.1 To reduce inequalities through improving attainment and well-being

12. Customer and Resident

12.1 Improving attendance will make a significant contribution to safeguarding, attainment, social and mental wellbeing and therefore life chances of the children and young people who do not have optimal school attendance.

13. Asset and Property

13.1 None

14. Staffing and Human Resources

14.1 The recommendations may include further work.

15. Risks

15.1 Failure to improve school attendance would have a detrimental impact on children's lives through lower attainment and may impact on their wellbeing and safety.

16. Finance

16.1 None

17. Policy Framework Implications

17.1 None

18. Impact and Opportunities on Localities

18.1 Priority 1. Ensuring Children have a positive start in life

19. Background Documents

19.1 PowerPoint presentations

20. Appendices


Appendix 1. Improving School Attendance Spotlight Review Recommendations

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Appendix 1- Improving School Attendance Spotlight Review Recommendations

Rec No	Recommendations	Responsible Officer	Agreed Action and Date of Implementation
1	Develop a borough-wide culture and expectation that <i>Attendance Matters</i>	Jason Picket and Jo Davies	Implemented The department has developed 3 obsessions including 'Attendance Matters for Every Student Every Day'. All learners, of all ages have the right to the best quality of education.
2	<i>Each year deliver an Attendance Matters campaign</i>	Jason Picket	A photography project has been completed with a selection of schools to raise awareness of the importance of school attendance. The images and slogans created by the children will be marketed to deliver a publicity campaign promoting the importance of school attendance – August and September 2023.
3 103	Establish a multi-agency Attendance Matters Board <i>and</i> an annual Governors' Forum Attendance item	Jason Picket and Jo Davies	Implemented The multiagency Behaviour & Attendance Board was launched in April 2023. A training session on the importance of school attendance has also been delivered to Governor's Forum.
4	Raise the profile of Careers Education and its ability to raise young people's aspirations and motivate them to attend and value school through the Learning Partnership Board and Achievement and Improvement Board	Sarah Platt / Sharon Fryer	The local authority will present on raising the profile of Careers Education to the Learning Partnership Board and the Achievement and Improvement Board, Termly school reviews and achievement and improvement board meetings arranged with each secondary school during the academic year 2023/24.
5	Continue a focus on children's mental and emotional wellbeing through encouraging PATHS rollout and CYPS scrutiny	Sharon Fryer/ Matt Davies	In addition to encouraging schools to participate in the PATHS programme through information sessions and sharing of good practice at the Learning Partnership Board, the Education and Learning Service will continue to support schools with events such as the Mental Health and Wellbeing Festival and the Therapeutic Schools Award.
6	Continue to monitor attendance through reports to Scrutiny, including a focus on persistent absenteeism and the work of the Council and partners in supporting families who experience this issue	Jason Picket and Jo Davies	Attendance will be closely monitored during the academic year 2023-34 through the Behaviour and Attendance Board, school reviews and Achievement and Improvement meetings. Dates will be arranged with schools at the start of each term.

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 ST HELENS BOROUGH COUNCIL	<h2>Children and Young People Services Scrutiny Committee</h2> <h3>6 September 2023</h3>
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Report Title	Cabinet Response to the Scrutiny Review of Reducing Teenage Pregnancy
Cabinet Portfolio	Children and Young People
Cabinet Member	Councillor Nova Charlton
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Hilary Brooks Director of Children's Services Hilarybrooks@sthelens.gov.uk
Contact Officer	Joanne Davies Assistant Director Education & Learning Joannedavies@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	
	Create safe and strong communities and neighborhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

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1. Summary

- 1.1 The Children and Young People's Scrutiny Committee held a two-part spotlight review on Teenage Pregnancy on December 5, 2022, and January 26, 2023. The report of the Task Group was formally agreed by CYPS Scrutiny on the 24 April 2023 and was submitted to Cabinet for responses as per the Council's constitution.

2. Recommendation for Decision

Childrens and Young People Services Scrutiny Committee is recommended to:

- i. Note the Action Plan attached at Appendix 1b that sets out the recommendations from the Task Group into to reducing teenage pregnancy.

3. Purpose of this report

- 3.1 This report provides Members with the Action Plan response to the recommendations of the Reducing Teenage Pregnancy Task Group, which had been agreed by this Committee.

4. Background / Reason for the recommendations

- 4.1 At the Children and Young People's Scrutiny Committee Workshop held on the 6 July 2022, it was agreed to hold a spotlight review in December 2022 to contribute to the wider work and developing strategy and action plan to reduce the high rates of under 18 conceptions and teenage pregnancy in the borough
- 4.2 The focus of the review was in response to the persistent trend of high under 18 conception and teenage pregnancy rates in St Helens reported for the Autumn and Spring Term 2022/23 which were higher than regional and national averages.

5. Consideration of Alternatives

- 5.1 N/A

6. Conclusions

- 6.1 The Action Plan attached at Appendix 1b sets out the Cabinet response to the recommendations from the Children and Young People's Scrutiny Committee Task Group into educing Teenage Pregnancy.

7. Legal Implications

- 7.1 The Social Work Act (2016) made it mandatory for Relationship and Sexual Health Education (RSHE) to be taught in all schools. All Schools are expected to teach the full RSHE curriculum to secondary age pupils and relationships and health education to primary age pupils. Primary schools may also teach sex education where appropriate. The teaching of RSHE is reviewed by Ofsted at inspection.

7.2 Health & Care Act (2012) states that local authorities are responsible for commissioning open access to most sexual health interventions and services as part of their wider public health responsibilities, with costs met from their ring-fenced public health grant.

7.3 The consistent and correct use of effective contraception is the best way for sexually active women and their male partners to avoid an unplanned pregnancy. There is a correlation between good contraception services and lowering rates of teenage conceptions, which is one of the indicators in the Public Health Outcomes Framework. These regulations require local authorities to arrange for the provision of a broad range of contraception and advice on preventing unintended pregnancy, and all contraception supplied must be free to the patient.

8. Equality Impact Assessment

8.1 No Equality Impact Assessment was carried out for the purpose of submitting the report to the Committee for approval and submission to Cabinet.

9. Social Value

9.1 National estimates suggest 12% of 16–17-year-old females recorded as Not In Education, Employment or Training (NEET) were a teenage parent. Young women and men who cite school as their main source of high-quality Relationships and Sex Education (RSE) are less likely to contract a sexually transmitted infection, and young women are less likely to be pregnant by 18, and to experience an unplanned pregnancy in later life

10. Net Zero and Environment

10.1 N/A

11. Health and Wellbeing

11.1 Supporting young people to develop safe, healthy relationships and prevent unplanned pregnancy is key to enabling them to fulfil their aspirations and potential. At a strategic level, getting prevention right: is integral to safeguarding, emotional health and wellbeing and early help; integrates with Chlamydia screening and STI prevention; maximises cost effectiveness of sexual and reproductive health services; is key to giving every child the best start in life; breaks inequalities; helps address young people's alcohol and substance misuse; reduces future demand on health and social services; and contributes to Public Health and NHS Outcomes.

12. Equality and Human Rights

12.1 The Human Rights Act has empowered children to protect their right to privacy in receiving confidential advice and treatment about contraception and sexual health.

13. Customer and Resident

13.1 There are a number of risk factors for young women experiencing their first pregnancy before 18, which include: Free school meals eligibility (poverty); Persistent school absence by year 9 (aged 14); Slower than expected academic progress (11-14); First sex before 16; Looked after children and care leavers are approximately three times rate of motherhood; experienced sexual abuse; consumed alcohol; previous underage pregnancy; and have a number of Adverse Childhood Experiences

13.2 For males, there is increased risk of becoming a teenage father if: they have been subjected to violent forms of punishment at home and are twice as likely to have been sexually abused; have pre-existing serious anxiety, depression and conduct disorder; have poor health and nutrition; drink, smoke and misuse other substances, as 1:6 young men under 25 accessing drug and alcohol services are young fathers

14. Asset and Property

14.1 N/A

15. Staffing and Human Resources

15.1 N/A

16. Risks

16.1 Teenage pregnancy can, in some cases contribute to low aspirations and poor educational outcomes.

17. Finance

17.1 Addressing teenage pregnancy saves money. Every £1 spent on prevention saves £4. For every £1 spent on contraception, £9 is saved.

17.2 Every teen mum who gets back into Education, Employment or Training saves agencies £4,500 per year. Every child who is 'school ready' who would not otherwise be saves schools £1000 per year.

17.3 Public Health are responsible for commissioning open access prevention and sexual health services, including ensuring access to a range of contraceptives services. In addition, Public Health commission universal 0-19/25 Healthy Child Programme (led by Health Visitors and school nursing services), funded by the ring-fenced Prevention grant.

18. Policy Framework Implications

18.1 In 2018, Public Health England (now Office for Health Improvement & Disparities) and the Local Government Association published the 'Teenage Pregnancy Prevention Framework – Supporting young people to prevent unplanned pregnancy and develop healthy relationships. The framework translates evidence into a 'whole systems' approach, whereby 10 key factors of effective local strategies are identified for effective place-based strategy.

19. Impact and Opportunities on Localities

19.1 RSE should form an integral part of Personal Social and Health Education (PSHE) and be embedded as a whole school approach. School is cited by young people as the preferred source of RSE, followed by parents and health professionals.

19.2 Improved use of effective contraception has the biggest impact on reducing teenage pregnancy. All young people should have knowledge, awareness and access to the full range of contraceptive methods, including the most effective long-acting reversible contraception options.

20. Background Documents

20.1 N/A

21. Appendices

21.1 Appendix 1 – Cabinet Report

21.2 Appendix 1a – Scrutiny Review

21.3 Appendix 1b- Action Plan

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 ST HELENS BOROUGH COUNCIL	<h2>Cabinet</h2> <h3>19 July 2023</h3>
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Report Title	Scrutiny Review of Teenage Pregnancy and Cabinet Response
Cabinet Portfolio	Public Health
Cabinet Member	Councillor Anthony Burns
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Ruth du Plessis Director of Public Health ruthduplessis@sthelens.gov.uk
Contact Officer	Shirley Goodhew Consultant In Public Health shirleygoodhew@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	X
	Create safe and strong communities and neighborhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

1. Summary

- 1.1 The Children and Young People's Scrutiny Committee held a two-part spotlight review on Teenage Pregnancy on December 5, 2022, and January 26, 2023. The purpose of the review was to receive evidence and contribute to developing a local strategy to reduce underage conceptions and teenage pregnancy rates within the borough. The report was formally agreed by CYPs Scrutiny on the 24 April 2023 and is to be submitted to Cabinet for responses as per the Council's constitution.
- 1.2 Teenage pregnancy is a complex issue and therefore requires a collaborative whole system approach to the development, monitoring and implementation of a local strategy. Teenage pregnancy is more than a health issue. Partnership contributions are essential to achieve whole system approach, and this requires strategic leadership and accountability to coordinate a range of stakeholders. It is therefore important to acknowledge that Teenage Pregnancy is a cross cutting agenda which requires joint action and ownership of recommendations for both Childrens Services and Public Health portfolios.

2. Recommendation for Decision

Cabinet is recommended to:

- i. **Approve the Report and Action Plan attached at Appendix 1 that sets out the recommendations from the Children and Young People's Scrutiny Committee Teenage Pregnancy Spotlight Review Group into reducing teenage pregnancies in St Helens.**
- ii. **Provide the response to the recommendations at the next meeting of the CYPs Scrutiny Committee on 24 July 2023.**

3. Purpose of this report

- 3.1 This report provides Cabinet with the Action Plan response to the recommendations of the Children and Young People's Scrutiny Committee Teenage Pregnancy Spotlight Review Group, which has been agreed by the Children and Young People's Scrutiny Committee.

4. Background / Reason for the recommendations

- 4.1 At the Children and Young People's Scrutiny Committee Workshop held on the 6 July 2022, it was agreed to hold a spotlight review in December 2022 to contribute to the wider work and developing strategy and action plan to reduce the high rates of under 18 conceptions and teenage pregnancy in the borough.
- 4.2 The focus of the review was in response to the persistent trend of high under 18 conception and teenage pregnancy rates in St Helens reported for the Autumn and Spring Term 2022/23 which were higher than regional and national averages.

5. Consideration of Alternatives

- 5.1 N/A

6. Conclusions

- 6.1 The Report and Action Plan attached at Appendix 1 sets out the Cabinet response to the recommendations from the Children and Young People's Scrutiny Committee

Spotlight Review Group into teenage pregnancy. If agreed, the response to the recommendations will be presented to the meeting of the Children and Young People's Scrutiny Committee on the 24 July 2023.

7. Legal Implications

- 7.1 The Social Work Act (2016) made it mandatory for Relationship and Sexual Health Education (RSHE) to be taught in all schools. All Schools are expected to teach the full RSHE curriculum to secondary age pupils and relationships and health education to primary age pupils. Primary schools may also teach sex education where appropriate. The teaching of RSHE is reviewed by Ofsted at inspection.
- 7.2 Health & Care Act (2012) states that local authorities are responsible for commissioning open access to most sexual health interventions and services as part of their wider public health responsibilities, with costs met from their ring-fenced public health grant.
- 7.3 The consistent and correct use of effective contraception is the best way for sexually active women and their male partners to avoid an unplanned pregnancy. There is a correlation between good contraception services and lowering rates of teenage conceptions, which is one of the indicators in the Public Health Outcomes Framework. These regulations require local authorities to arrange for the provision of a broad range of contraception and advice on preventing unintended pregnancy, and all contraception supplied must be free to the patient.

8. Community Impact Assessment (CIA) Implications

- 8.1 No Community Impact Assessment was carried out for the purpose of submitting the report to the Committee for approval and submission to Cabinet.

9. Social Value

- 9.1 National estimates suggest 12% of 16–17 year-old females recorded as Not In Education, Employment or Training (NEET) were a teenage parent. Young women and men who cite school as their main source of high quality Relationships and Sex Education (RSE) are less likely to contract a sexually transmitted infection, and young women are less likely to be pregnant by 18, and to experience an unplanned pregnancy in later life.

10. Sustainability and Environment

- 10.1 N/A

11. Health and Wellbeing

- 11.1 Supporting young people to develop safe, healthy relationships and prevent unplanned pregnancy is key to enabling them to fulfil their aspirations and potential. At a strategic level, getting prevention right: is integral to safeguarding, emotional health and wellbeing and early help; integrates with Chlamydia screening and STI prevention; maximises cost effectiveness of sexual and reproductive health services; is key to giving every child the best start in life; breaks inequalities; helps address young people's alcohol and substance misuse; reduces future demand on health and social services; and contributes to Public Health and NHS Outcomes.

12. Equality and Human Rights

- 12.1 It is the right of every child irrespective of age, gender, race, disability, or social background to have access to a fulfilling high-quality education.
- 12.2 The Human Rights Act has empowered children to protect their right to privacy in receiving confidential advice and treatment about contraception and sexual health.

13. Customer and Resident

- 13.1 It is proven that good school attendance raises aspirations and improved educational outcomes and reduces the risk of young people drifting into criminality, substance misuse, under 18 conceptions, teenage parents and becoming victims of exploitation.
- 13.2 There are a number of risk factors for young women experiencing their first pregnancy before 18, which include: Free school meals eligibility (poverty); Persistent school absence by year 9 (aged 14); Slower than expected academic progress (11-14); First sex before 16; Looked after children and care leavers are approximately three times rate of motherhood; experienced sexual abuse; consumed alcohol; previous underage pregnancy; and have a number of Adverse Childhood Experiences.
- 13.3 For males, there is increased risk of becoming a teenage father if: they have been subjected to violent forms of punishment at home and are twice as likely to have been sexually abused; have pre-existing serious anxiety, depression and conduct disorder; have poor health and nutrition; drink, smoke and misuse other substances, as 1:6 young men under 25 accessing drug and alcohol services are young fathers.

14. Asset and Property

- 14.1 N/A

15. Staffing and Human Resources

- 15.1 N/A

16. Risks

- 16.1 Absence from school contributes to low aspirations and poor educational outcomes. Young People who are persistently absent from school are less likely to have their physical and mental health needs met and are more likely to engage in risk taking behaviours.

17. Finance

- 17.1 Addressing teenage pregnancy saves money. Every £1 spent on prevention saves £4. For every £1 spent on contraception, £9 is saved.
- 17.2 Every teen mum who gets back into Education, Employment or Training saves agencies £4,500 per year. Every child who is 'school ready' who would not otherwise be saves schools £1000 per year.
- 17.3 Public Health are responsible for commissioning open access prevention and sexual health services, including ensuring access to a range of contraceptives services. In addition, Public Health commission universal 0-19/25 Healthy Child Programme (led by Health Visitors and school nursing services), funded by the ring-fenced Prevention grant.

18. Policy Framework Implications

- 18.1 In 2018, Public Health England (now Office for Health Improvement & Disparities) and the Local Government Association published the 'Teenage Pregnancy Prevention Framework – Supporting young people to prevent unplanned pregnancy and develop healthy relationships'. The framework translates evidence into a 'whole systems' approach, whereby 10 key factors of effective local strategies are identified for effective place based strategy.

19. Impact and Opportunities on Localities

- 19.1 Good health, wellbeing and educational outcomes are inextricably linked to school attendance and supports young people's access to further education and training and higher education enabling them to take advantage of employment opportunities at a local, regional, and national level.
- 19.2 RSE should form an integral part of Personal Social and Health Education (PSHE) and be embedded as a whole school approach. School is cited by young people as the preferred source of RSE, followed by parents and health professionals.
- 19.3 Improved use of effective contraception has the biggest impact on reducing teenage pregnancy. All young people should have knowledge, awareness and access to the full range of contraceptive methods, including the most effective long acting reversible contraception options.


20. Background Documents

- 20.1 Reducing Teenage Pregnancy Spotlight Review Report.

21. Appendices

- 21.1 Appendix 1 - Reducing Teenage Pregnancy Spotlight Review Report and Action Plan.

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 ST HELENS BOROUGH COUNCIL	Children and Young People Services Committee 24 April 2023
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Report Title	Reducing Teenage Pregnancy in St Helens Spotlight Review	
Cabinet Portfolio	Children and Young People	
Cabinet Member	Councillor Nova Charlton	
Exempt Report	No	
Reason for Exemption	N/A	
Key Decision	No	
Public Notice issued	N/A	
Wards Affected	All	
Report of	Jan Bakewell Director of Legal & Governance janbakewell@sthelens.gov.uk	
Contact Officer	Karl Allender Scrutiny Support Officer karlallender@sthelens.gov.uk	
Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities.	
	Create safe and strong communities and neighborhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

1. Summary

- 1.1 This report is a summary of the evidence that was submitted to the Children and Young People Services' Spotlight Review: "Reducing Teenage Pregnancy in St Helens".
- 1.2 It concludes with twelve recommendations which link to and support the first of the six borough priorities "Ensure children and young people have a positive start in life."

2. Recommendation for Decision

The Children and Young People's Services Committee is recommended to:

- (i) **Approve the Task Group Report & Recommendations as set out in Appendix 1**
- (ii) **Submit the Recommendations to Cabinet for Response**

3. Purpose of this report

- 3.1 This report presents the evidence submitted to and findings of the Children and Young People's Services Scrutiny Committee Spotlight Review 'Reducing Teenage Pregnancy Rates in St Helens', held on December 5, 2022, and January 26, 2023.
- 3.2 Based on the committee's findings, the main purpose of this report is to contribute to strategies to reduce teenage pregnancy rates in St Helens, thereby reducing inequalities; improving the well-being, life chances, and aspirations of children and young people; and reducing their potential of vulnerability to harm.

4. Background to the recommendations

- 4.1 At the Children and Young People's Scrutiny Committee Work Programme Workshop on 6 July 2022, members noted that the Under 18 conception rate in St Helens was the 4th Highest in England at 27 per 1000.
- 4.2 Members also noted that the under 18 teenage (15–17-year-olds) live births' rate in the borough of St Helens was the second highest out of twenty-three north west local authorities, and the sixth highest in England out of 152 local authorities, at 8.2 per 1000.
- 4.3 Although all young mothers want to do their best for their children, and some do very well, teenage pregnancy overall continues to have a significant impact on inequalities including on education, well-being, and life chances, and is a factor in the cyclical prevalence of disadvantaged families.
- 4.4 Members therefore felt that a spotlight review of strategies to reduce teenage pregnancy in the borough would be useful.
- 4.5 Members of the Children's and Young People Scrutiny Committee were invited to participate in the spotlight review. Participating members were as follows:
 - Councillor Trisha Long (Chair)
 - Councillor Donna Greaves

- Councillor Terry Maguire
- Councillor Anne McCormack
- Councillor Bisi Osundeko
- Councillor Michelle Sweeney

4.6 The following officers attended the Spotlight review meeting held on 5 December 2022.

- Shirley Goodhew – Public Health Consultant
- Hayley Hamlett – Health Improvement and TAZ Outreach Manager (St Helens Sexual Health Service, St Helens & Knowsley Teaching Hospitals Trust)
- Jeanette Reddin, Lead Nurse/Service Manager, St Helens Sexual Health Services, St Helens & Knowsley Teaching Hospitals Trust
- Karl Allender – Scrutiny Support Officer

4.7 The following officers and staff from Education attended the meeting held on 26 January 2023

- Shirley Goodhew – Public Health Consultant
- Heather Addison (Interim Head Teacher of Virtual Schools)
- Jason Pickett (Head of Access and Sufficiency)
- Olubunmi Sokale (Public Health Student on placement)
- Karl Allender – Scrutiny Support Officer

Overview of reports presented to Members and discussion.

4.8 Members were provided with an overview of teenage pregnancy in the borough; data in relation to regional and national figures; and the local impact on high rates of teenage births in St Helens.

4.9 It was highlighted that teenage pregnancy had previously been high on the public agenda. The ten-year strategy to reduce teenage pregnancy, implemented by the Labour Government between 1999 and 2010 and the work of councils and their partners, had resulted nationally in the reduction of teenage pregnancy by 60 percent and the doubling of the proportion of teenage mothers in education and training.

4.10 However, the teenage birth rate in England is still higher than many other western European countries and, as the 2018 LGA and Public Health Report, “Good progress but more to do” Report indicates: “The teenage birth rate still remains higher than a number of western European countries and progress has been uneven across England.” There is an eight-fold difference in the rate between local authorities and 60% of councils have at least one high-rate ward.

4.11 Inequalities in England include:

- Children born to women under twenty are 63% at higher risk of living in poverty
- Women by the age of 30 and who were teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over
- Young fathers are twice as likely to be unemployed compared to older fathers.
- Infant mortality rate is 75% higher for babies born to women under 20.

4.12 St Helens is in the lowest quartile of our statistical neighbour borough group. This matters because teenage pregnancy is a cause and a consequence of health, education and life chances inequalities for children, young people and their families in

St Helens. Unfortunately, localities' data was not available for the Review Group, but work in is progress to obtain this for service planning purposes.

- 4.13 The ten point 'Teenage Prevention Pregnancy Framework', published in January 2018 by Public Health England, was highlighted as best practise to inform the development of a local strategy and action plan.
- 4.14 Groups of young people at risk of teenage pregnancy were highlighted. As detailed in the Teenage Pregnancy Prevention Framework 2018, these are:
- Free school meals eligibility: a poverty indicator
 - Persistent school absence by year 9 (aged 14)
 - Slower than expected academic progress: between ages 11-14
 - First sex before 16: associated with higher levels of regret and no contraceptive use.
 - Looked after children and care leavers: approximately 3 times rate of motherhood.
- 4.15 Young fathers are more likely than older fathers and other young men:
- To have been subjected to violent forms of punishment at home.
 - To have been sexually abused (twice more likely)
 - To have pre-existing serious anxiety, depression and conduct disorder, have poor health and nutrition.
 - To drink, smoke and misuse other substances
 - And young men under 25 accessing drug and alcohol services are more likely to be young fathers.

At a strategic level, getting prevention right:

- is key to giving every child the best start in life, ensuring better life chances and breaking inequalities.
 - is integral to safeguarding, emotional health and wellbeing and early help.
 - helps address young people's alcohol and substance misuse.
 - reduces future demand on health and social services.
 - contributes to Public Health and NHS Outcomes.
 - maximises cost effectiveness of sexual and reproductive health services.
 - integrates with Chlamydia screening and STI prevention.
- 4.16 It was noted that over recent years, the focus on teenage pregnancy has lost a degree of emphasis, in large part due to the reductions in funding provided by central Government which impacted on specialist staff. It was agreed, however, that in St Helens, a focus was needed to reduce teenage pregnancy and its impact.
- 4.17 The Review Group was informed, that the international evidence for reducing teenage pregnancy is clear. Building the knowledge, skills, resilience, and aspirations of young people, and providing easy access to welcoming services, helps young people to delay sexual relationships until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy. An open culture and ease of

parental communication around sexual issues are also associated with lower teenage pregnancy rates.

- 4.18 It was also discussed that learning from the last eighteen years has shown that a whole system approach, involving effective partnership working, is vital to the success of reducing teenage pregnancy. This means that Health, Education, Social Care, and Safeguarding agencies are clear about the relevance of healthy relationships and teenage pregnancy to their own priorities, understand how they can contribute to the solution in partnership with each other, and take appropriate and joined up action.
- 4.19 The Review Group felt that it was clear that building young people's resilience needs a family, community, and service response, so that there is no 'wrong door' for a young person seeking advice.
- 4.20 Members commented that supporting young people to develop safe, healthy relationships and prevent unplanned pregnancy is key to enabling them to fulfil their aspirations and potential, and laying the foundations of prevention at an early age was important.
- 4.21 The Review Group commented that fewer young people progressed to tertiary education in St Helens compared to other boroughs. Raising aspirations was felt to be critically important in ensuring all children and young people were clear about realistic and achievable pathways for their adult lives. This entails ensuring good careers education from an early age and the promotion of successful local people as role models.
- 4.22 The Review Group also felt that some young people may feel that early pregnancy and having a baby would fill an emotional gap in their lives. Members agreed on the importance of young people understanding the impact of teenage pregnancy so that they could make informed choices.
- 4.23 The Health Improvement and Teenage Advice Zone (TAZ) Outreach Manager gave the Review Group an overview of the TAZ service in St Helens. The sexual health service has two features: genito-urinary medicine (GUM) clinics and sexual health improvement.
- 4.24 The TAZ GUM clinic is a young people's clinic, specifically aimed at those under 19 years of age. Services on offer include.
- Advice and provision on all aspects of contraception
 - Pregnancy testing
 - Counselling
 - Referral for termination of pregnancy
 - Chlamydia testing
 - General advice on sexual health.
- 4.25 The TAZ health improvement provision focuses on:
- Health Improvement – via its website, non-clinical support, LGBTQ+ support, and the provision of contraceptives
 - Outreach activity - school drop in and hubs, referrals, training, education, and social media

- 4.26 TAZ informed members of the work they did in schools which includes with at risk individual young people; group sessions on healthy relationships; and increasing awareness and choice of different forms of contraception.
- 4.27 Increasing awareness and use of more reliable forms of contraception such as LARC (Long-Acting Reversible Contraception) in comparison to oral contraceptives and reliance on Emergency Contraception from community pharmacies.
- 4.28 It was agreed that healthy relationships advice and guidance was key to the topic of teenage pregnancy so that young people could make informed choices. It was noted that TAZ are commissioned to work with children from 13 years old. It was considered that this was too late, and that engagement work on healthy relationships should start from Primary school.
- 4.29 The Review Group asked what school uptake of the TAZ offer was. It was fed-back that uptake has reduced. It was also noted that there may well be inconsistencies in the delivery of Healthy Relationship education. Members expressed concern especially because teenage pregnancy and healthy sexual relationships are an essential component of safeguarding education.
- 4.30 Members agreed that closer links with all schools would be helpful and that the issue of teenage pregnancy and the contribution of TAZ in reducing teenage pregnancy should be promoted to all schools and uptake monitored.
- 4.31 In extension of this, the TAZ Outreach manager highlighted the importance of multi-agency work and a collaborative approach with other partners and that multi-agency and joined up working underpins the team's holistic approach, and that relationships forged with key agencies allows the team to target those hard-to-reach groups, explore engagement techniques, and signpost to appropriate agencies allowing young people to receive the most appropriate care based on individual need.
- 4.32 Members suggested that awareness raising of the issue via presentations to Head Teachers, School Governors and Children's Services staff would be helpful to sharpen the focus on teenage pregnancy.
- 4.33 The TAZ online training focusing on conversations about sex with young people was discussed and it was agreed that this would be beneficial for all staff who work with children and young people, and count towards their CPD.
- 4.34 It was discussed that an open culture of communication between parents and carers and their children was critical, and the importance of all parents and carers engaging in conversations with children and young people about healthy relationships.
- 4.35 Members agreed that some parents and carers may not find it easy to talk to their children about sexual relationships. It was agreed that TAZ resources may be helpful and to that end, members felt that it would be useful if all school websites contained a TAZ area that parents and carers could access for advice.
- 4.36 Members felt that parent/carer leaflets explaining and promoting TAZ information and its website should be available e.g. at Parent and Carer Evenings.

- 4.37 Members felt that TAZ should also be widely promoted to young people throughout the borough via a media campaign.
- 4.38 Access to contraceptives by young people was discussed including condom schemes and LARC. It was agreed that these were important. However, condom schemes needed to be reviewed and refreshed and LARC needed to be promoted to ensure understanding.
- 4.39 A recommendation was made that a second meeting should be held, focusing on Children and Young People Services' contributions to reducing teenage pregnancy in the borough, given the fact that 'Looked after children'(LAC) and care leavers two key at risk groups for this issue. Input from schools and colleges was also requested.
- 4.40 At its second meeting on 26 January the following officers attended:
- Shirley Goodhew (Public Health Consultant)
 - Jason Pickett (Head of Access and Sufficiency)
 - Heather Addison (Interim Head Teacher of Virtual Schools)
 - Olubunmi Sokale (Public Health Student on placement)
- 4.41 It was noted that teenage pregnancy is a cross cutting agenda requiring Public Health leadership, a whole system approach is required, whereby the Children and Young People Services, Education, schools, and colleges have a key role in contributing to tackling this complex issue in partnership. Children & Young Peoples Services are they a key partner in best practice of multi-agency working, but also children who are looked after and care leavers, along with other vulnerable children, are at increased risk of Under 18 conceptions and becoming teenage parents.
- 4.42 From this, it was realised that cross cutting work was required across various forums and was essential, including the Corporate Parenting Forum.
- 4.43 It was also recommended that a key aspect to reducing under 18 conceptions and teenage pregnancy rates, and as suggested by Public Health guidance, was that a Local Authority strategic lead was identified to "own" this issue, and that a strategy was developed, so that work to was progressed and monitored, and data was robust, to ensure best outcomes.
- 4.44 There was a consensus with members and officers that training for social workers on teenage pregnancy would be beneficial as part of their annual continuous professional development (CPD) training requirements. Furthermore, training for foster carers, along with social workers should also be considered to ensure that those who engage with our most vulnerable children and young people are able to make an enhanced contribution to this issue.

5. Conclusions

- 5.1 Teenage pregnancy in most cases has a negative impact on the life chances of young people across our borough with the potential for serious health, social and economic inequalities. In most cases, but not all, teenage pregnancy often affects vulnerable children and young people whereby health and economic social inequalities are already a factor.

- 5.2 It is important that children and young people have all the necessary age-appropriate information to make informed decisions and choices about healthy relationships and have a full understanding of what pregnancy and parenting entails.
- 5.3 The impact of high teenage pregnancy rates on council and local NHS services can be extensive and expensive (both emotionally for the young people involved and financially), particularly when support and intervention is needed.
- 5.4 Having a whole system approach is key to ensure a downward trend in teenage pregnancy rates in the borough. This approach should be concentrated around key themes such as:
- The appointment of a strategic teenage pregnancy reduction lead, the development of a multi-agency teenage pregnancy reduction strategy, and a bi-annual multi-agency meeting to monitor progress.
 - Collaboration with commissioned and non-commissioned services to ensure effective data recording, monitoring, and reporting to inform planning and quality assurance.
 - Stronger use of data for commissioning and progress monitoring.
 - The inclusion of teenage pregnancy prevention on agendas of all relevant forums and working groups e.g., Corporate Parents and the Children's Improvement Board.
 - Information sessions for those with influence, such as Head Teachers, Governors, and Children's Services managers, to ensure action is taken forward appropriately in their settings.
 - The delivery of enhanced training on relationships and sexual education (RSE), advice and guidance for all frontline professionals, including Social Workers and Foster Carers, who work directly with children and young people and, where relevant, to develop the knowledge, skills and confidence to speak about this issue.
 - The delivery of consistent high-quality relationship and sex education and support in schools' and colleges with high quality PSHE sessions and targeted prevention support for young people at risk.
 - Advice, signposting, and access to contraceptive services in non-health, education, and youth settings e.g. schools, colleges, libraries, leisure centres and sports clubs.
 - Support for parents and carers to help them to discuss relationships and sexual health with their children e.g. the inclusion of TAZ information and links in school and College websites that can be accessed by parents and carers, and the development of parent and carer leaflets about TAZ displayed at Parent and Carer Event.
 - Ensure borough wide, youth friendly, contraceptive and sexual health services. This would include a review of the condom scheme and the promotion of LARC.

- Consistent messages and service publicity to young people, parents and carers, and practitioners about sexual health advice and support.
- Enhanced support for pregnant teenagers and their parents and carers, including to prevent subsequent pregnancies.
- Enhanced focus on raising aspiration work in meetings with head teachers, governors and social workers, including the promotion of local female role models and quality careers education.

6 Legal Implications

6.1 None

7. Community Impact Assessment (CIA) Implications

7.1 None

8. Social Value

8.1 Preventing teenage pregnancy can improve the social and economic well-being of those at risk.

9. Sustainability and Environment

10 None

11. Health and Wellbeing

11.1 Prevention of Teenage pregnancy contributes to Public Health and NHS Outcomes.

12. Equality and Human Rights

12.1 None

13. Customer and Resident

13.1. Teenage pregnancy can pose a health risk to mother and child and result in consequences such as poverty and deprivation, early school dropout, lower levels of school achievement and potentially limited opportunities.

13.2 This report is a focus on Reducing Teenage Pregnancy Rates in St Helens and, in turn, improving aspiration and reducing deprivation and health inequalities in the Borough.

14. Asset and Property

14.1 None

15. Staffing and Human Resources

15.1 None

16. Risks

16.1 None

17. Finance

17.1 None

18. Policy Framework Implications

18.1 None

19. Impact and Opportunities on Localities

19.1 The impact on a reduction in teenage pregnancy rates in St Helens, may contribute to reducing inequalities and improving the well-being, life chances, and aspirations of children and young people.

20. Background Documents

20.1 Teenage Pregnancy Prevention Framework (Supporting young people to prevent unplanned pregnancy and develop healthy relationships)


21 Appendices

1b Cabinet's response to Actions

Appendix 1b- Reducing Teenage Pregnancy Rates Spotlight Review Recommendations

Rec No	Recommendations	Responsible Officer	Agreed Action and Date of Implication
1	Appoint a Teenage Pregnancy Reduction Lead Officer to lead on the creation of a whole system approach and to ensure a biannual multi-agency meeting to monitor progress.	Shirley Goodhew	Revised TOR and membership to be agreed, and new group to meet before the end of December 2023
2	Commissioned and non-commissioned services collaborate to ensure stronger and more effective data recording, monitoring and reporting to inform planning and quality assurance.	Shirley Goodhew	Work with Children's Integrated Commissioning & Intelligence team to agree data reports by December 2023
3	Strengthen the use of data for commissioning and progress monitoring.	Rachel Brown	As above
4	The inclusion of teenage pregnancy prevention on agendas of all relevant forums and working groups e.g. Corporate Parents and the Governors Forum	Cllr Charlton Lisa Bundock	June 2024
5	Deliver information sessions for those with influence, such as Head Teachers, Governors and Children's Services managers to ensure that appropriate action is taken forward.	As above and Sarah Platt / Rachel Brown	June 2024
6	Explore the potential for enhanced training on relationships and sexual health advice and guidance for all professionals who work directly with children and young people.	Hilary Brooks/Ruth Du Plessis	Training to start September 23
7	Encourage advice, signposting and access to contraception in non-health, education, and youth settings e.g. schools, colleges, children's centres, leisure centres, libraries, community centres	Shirley Goodhew / Sexual Health	September 23 – July 2024
8	Request TAZ information and links to be included in school and college websites so that information can be accessed by parents and carers. Also, develop a generic parent and carer leaflet about TAZ which schools and colleges can display at Parent and Carer Events.	Shirley Goodhew / Jo Davies	September 23 – July 2024
9	Support a review of the condom scheme and the promotion of LARC to enhance	Shirley Goodhew / Sexual Health	Complete by September 2024

	borough wide, youth friendly, contraceptive and sexual health services.		
10	Support consistent messages and service publicity to young people, parents, carers and practitioners about sexual health, advice and support through the Family Hubs	Shirley Goodhew / Vicky Velesco	Complete by December 2024
11	Enhance the support for pregnant teenagers and their parents and carers, including to prevent subsequent pregnancies.	Maternity Services / Sexual Health / 0-19 service	Complete by December 2024
12	Strengthen the focus on raising aspiration work via the Health Inequalities Commission and engaging with young people to help inform future service provision and approach	Ruth du Plessis/ Jo Davies	Complete by December 2024

 ST HELENS BOROUGH COUNCIL	<h2>Children and Young People Services Scrutiny Committee</h2> <h3>6 September 2023</h3>
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Report Title	Alcohol and Drug Use in Pregnancy - Collective Action to Reduce Risk and Harm to Children Spotlight Review
Cabinet Portfolio	Children and Young People
Cabinet Member	Councillor Nova Charlton
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Michelle Loughlin Public Health Consultant michelleloughlin@sthelens.gov.uk
Contact Officer	Karl Allender Scrutiny Support Officer karlallender@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	X
	Create safe and strong communities and neighbourhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	X

1. Summary

- 1.1 This report is a summary of the evidence that was submitted to the Children and Young People Services' Spotlight Review: "Alcohol and Drugs use in Pregnancy - Collective Action to Reduce Risk and Harm to Children".
- 1.2 It concludes with a set of recommendations which link to and support the first and Second of the six borough priorities "Ensure children and young people have a positive start in life."

2. Recommendations for Decision

The Scrutiny Committee is recommended to:

- i) **Approve the recommendations as set out in Appendix 1**
- ii) **Submit the recommendations to Cabinet for response.**

3. Purpose of this report

- 3.1 This report presents the evidence submitted to and findings of the Children and Young People's Services Scrutiny Committee Spotlight Review 'Alcohol and Drug use in Pregnancy - Collective Action to Reduce Risk and Harm to Children', held on April 28, 2023.
- 3.2 Based on the Review's findings, the principal purposes of this report are:
 - to contribute to raising awareness of this issue to result in more healthy pregnancies so that more children have the best start in life and life chances.
 - to highlight the serious harm done *in utero* arising from parental alcohol and substance misuse and the consequent impact on child development and life chances, families, and Council and other services; and
 - to scrutinise the work currently undertaken by the Council and partner agencies to address this issue.

4. Background / Reason for the recommendations

- 4.1 At the Children and Young People's Scrutiny Committee Work Programme Workshop on 6 July 2022, Members suggested a study group to establish further understanding on the issue of alcohol and substance misuse in pregnancy and the subsequent problems this may cause.
- 4.2 The topic is highly relevant to the Borough because St Helens has:
 - Higher rates of teenage pregnancy than the national average
 - Significantly high levels of under-18 admissions to hospital for alcohol-specific reasons per 100,000 population, and
 - Widespread issues with substance misuse, including the highest rate of hospital admissions linked to drug poisoning in England and the highest rate for women.
- 4.3 Members therefore felt that a spotlight review to gain a better understanding of the wider issue, and how the committee can support reducing the impact through collective action.

4.4 Members of the Children and Young People's Scrutiny Committee were invited to participate in the spotlight review. Participating members were as follows:

- Councillor Trisha Long (Chair)
- Councillor Jeanette Banks
- Councillor Donna Greaves
- Councillor Terry Maguire
- Councillor Anne McCormack
- Councillor Bisi Osundeko
- Councillor Michelle Sweeney

4.5 The following officers attended the Spotlight Review:

- Karl Allender – Scrutiny Support officer St Helens Council
- Karen Brooks - Specialist Nurse Enhancing Families Team NHS
- Alison Brown - Education Psychologist St Helens Council
- Joanne Davies – Assistant Director for Education & Learning St Helens Council
- Alison Edwards – Deputy Service Manager Change, Grow, Live
- Claire Glover – St Helens Wellbeing Service, City Health Care Partnership
- Carys Hammond - Community Midwifery Manager NHS
- Helen Jones - Young Peoples Team Manager St Helens Council
- Michelle Loughlin – Consultant in Public Health, St Helens Council
- James Mawhinney - Senior Social Worker Change, Grow, Live
- Donna Pimblett - Enhancing Families Team NHS
- Janette Simms - Child Health Promotion Advisor NHS
- Charlie Tansey - Enhanced Families Team NHS
- Kayah Woods – Social Worker & Pregnancy Lead (Change Grow, Live)

Evidence session from Consultant in Public Health, St Helens Council

4.6 The Council's Consultant in Public Health, Michelle Loughlin, gave Members an overview of the impact of alcohol and drug use in pregnancy on children, their physical and emotional development, and their life chances.

4.7 The use of alcohol and/or drugs by women while pregnant can have severe health consequences for children. Substances can pass easily through the placenta and reach the developing fetus.

4.8 The risks of alcohol and drug use in pregnancy can be profound. (See box).

The risks of drug or alcohol use or misuse for mothers include:

- 1. a 300% increase in the risk of stillbirth**
- 2. a 12-fold increased risk of Sudden Infant Death Syndrome for children of women who drink during the first trimester**
- 3. 1 in 13 babies born to women who drink in pregnancy are affected by Foetal Alcohol Spectrum Disorder (FASD)**
- 4. a danger of Neonatal Abstinence Syndrome (NAS) as children withdraw from exposure to alcohol, opioids, benzodiazepines, and even Caffeine**

- 4.9 Identifying the prevalence of affected fetuses and children is difficult. However, national studies have provided prevalence estimates which suggest that the potential level within the Borough may be significant.

Prevalence rates reported include:

- **The Infant Feeding Survey (2010) suggested 40% of pregnant women drank alcohol during pregnancy in the UK**
 - **FASD could affect as many as 1 in 7 (14%) of UK children***
 - **This was almost twice as high at 27% (one in four) in Children Looked After**
 - **A danger of Neonatal Abstinence Syndrome (NAS) as babies withdraw from exposure to alcohol, opioids, benzodiazepines, and even caffeine**
- *Rate is 3.2% cited by Schölin L, Mukherjee RA, Aiton N, Blackburn C, Brown S, Flemming KM, et al. Fetal alcohol spectrum disorders: an overview of current evidence and activities in the UK. Archives of disease in childhood. 2021;106(7):636–40. doi: 10.1136/archdischild-2020-320435*

- 4.10 Fetal Alcohol Spectrum Disorder comprises a range of lifelong conditions caused by alcohol exposure to the developing fetus. It can have a significant impact on early-years development and life chances. Children with FASD can experience problems with:
- learning, concentration, and behaviour
 - joints, bones, muscles, facial features, and some organs
 - movement and balance
 - managing emotions and developing social skills
 - hyperactivity and impulse control
 - communication, such as problems with speech.
- 4.11 Clinical evidence suggests that even low levels of alcohol exposure can lead to developmental abnormalities, at all stages of embryonic development. The risk increases the more a person drinks.
- 4.12 The Task Group was informed that the current guidance from the NHS and Chief Medical Officer was to avoid drinking alcohol altogether when pregnant or planning on becoming

pregnant. Some examples were shared regarding prevention and management approaches to reduce the number of women consuming alcohol during pregnancy:

- **Primary prevention** – General raising awareness about the risks of alcohol (or drugs)-exposed pregnancies in settings such as schools, healthcare, and community.
- **Secondary prevention** – Targeted screening, counselling, contraceptive advice, and behavioral interventions with women seen as being in, or at risk of, alcohol-exposed pregnancies.
- **Tertiary prevention** – Highly targeted work with the aim of reducing the likelihood of another pregnancy resulting in FASD.
- **Management** – Diagnose and provide appropriate care and support services for those with FASD and their parents/carers; Professional awareness and training; Parental awareness

- 4.13 Members asked how FASD was diagnosed and distinguished from similar disorders, such as ADHD and Autism. It was highlighted that FASD is difficult to diagnose, and it is often later in life that FASD is confirmed as being the underpinning cause to certain issues. This is mainly due to often complex circumstances of other issues such as learning difficulties, parental challenges, trauma, and neglect.
- 4.14 One of the barriers agencies are experiencing is access to historical data and current data on drinking and drug use in pregnancy. This is thought in part because the stigma around this may prohibit parents from wanting their information shared and also sometimes the information held by one agency may not be shared because of difficulties with a data sharing agreements.
- 4.15 Access to this information is vital for diagnosis and for early intervention. It was agreed that obtaining this information from parents can be difficult given the potential stigma and significance to ongoing relationships between the parent and child. It was further discussed that this can be particularly difficult with Children Looked After particularly those in Foster Care or children who are on the edge of being taken into care. Parents may well not disclose detail of alcohol or drugs use in fear of it adding to any case against them.
- 4.16 Questions were raised about the data available. Agencies rely almost exclusively on knowing family history and asking the right questions. It was further highlighted that there is a disconnect between the sharing of information between key agencies preventing early intervention. This is particularly a challenge for looked after children. Also, many women may not be aware they are pregnant for many weeks and continue to use alcohol and substances during the first trimester. This information is vital for agencies to understand and establish a potential diagnosis.
- 4.17 The Task Group agreed the key steps so far should include enhanced public awareness of this subject; making sure appropriate support is in place for women during pregnancy; and ensuring information is shared between agencies to provide support in pregnancy and enable any early diagnosis of any in utero alcohol and drug related impacts on children.

Evidence session from Children and Young People's Services, Futures Team

- 4.18 The Task Group welcomed a presentation from St Helens Council's Children and Young People Services, Futures Team in respect to Care leavers. The discussion highlighted the prevalence of some potential key signs and symptoms of FASD where it has not been diagnosed. Where there *has* been a diagnosis, the outcome of FASD has been linked to issues in adults such as:
- Immaturity
 - Mental health problems
 - Addictions
 - Difficulties in securing and sustaining work
 - Difficulty living independently
 - Challenges with living independently
 - Issues with sexually identity/functioning/ relationships
- 4.19 The presentation further highlighted that many of the vulnerabilities, care experienced young people face are heavily influenced by past experiences and trauma, with the added issues of potential exposure to alcohol and substances during pregnancy. Considerations of life and developmental stages, relationship patterns, needs and practicalities are required to ensure bespoke support is available.
- 4.20 The Care Leavers' local offer was discussed. This highlighted the process and positive opportunities for engagement through the collaboration work with CGL, Enhanced Families and 'The Care Leavers Hub' supports pathway planning and conversations on safe sex, contraception etc. Some services have in the past found it can be sometimes difficult engage young people leaving care. This has led to consideration of additional provision such as online, face time etc.
- 4.21 The data below highlights the need for quality engagement, education, and awareness with young care leavers.
- In 2021, St Helens Local Authority had the second highest rate of teenage pregnancy in the UK
 - Nearly a quarter of young women in care become teenage mothers (National Audit Office 2015)
 - Looked-after children and care leavers are three times more likely to become teenage mothers than peers who have not experienced state care (Haydon, 2003)
 - 25% of young women leaving care are pregnant, and 50% become pregnant within 18-24 months (Public Health England, 2016)
 - The Centre for Social Justice (CSJ) claims that at least one in 10 care leavers Aged 16-21 years who are parents will have had a child taken into care in the last year (CSJ, 2015).
 - Broadhurst and Mason argue that people 'on the edge of care' should be seen as being at a high risk for rapid repeat pregnancy, as well as young people resident in the care system (Broadhurst and Mason, 2014)
 - Women who are care experienced have the highest risk of early pregnancy and recurrent child removals.
 - Women leaving residential care, and those who entered the system late are at increased risk (Broadhurst et al, 2017)
- 4.22 The effects of such issues are indicative in the corresponding data from Pause, an organisation that works with women who have experienced, or are at risk of, repeat

removals of children from their care. A Pause survey of over 2,300 women who had 7,100 children removed from their care, found that 46% reported alcohol misuse and 62% reported drug misuse.

- 4.23 The Task Group noted that the risk of pregnancy is high when young women are leaving care. Educating the relevant services around trauma and its impact on an individual's ability to engage and access support could help them to improve the way they engage with and support young women leaving care. This would enable trusted relationships between services and young women, supporting them to understand the risks caused by alcohol and substance misuse in pregnancy and potentially helping them to break generational cycles of harm.
- 4.24 The importance of tailored engagement and messages for care-experienced young people was acknowledged, as some are more likely to have complex emotional and relationship needs. Additionally, it was felt we needed to ensure young women develop self-confidence, self-esteem, and personal aspirations which is essential for the development of healthy relationships; the ability to make healthy choices and to seek help when needed. The Task Group discussed the importance of sex education and the potential delivery of specific information around the impact of alcohol and drug use in pregnancy and ensuring an understanding of the biological issues created.
- 4.25 The promotion of FASD awareness and training opportunities should be explored for colleagues and partners with direct responsibility for children, including those in care.
- 4.26 Further discussion highlighted that there may be a lack of markers on *social care recording systems* relating to potential FASD and exposure to substance misuse in pregnancy. The Task Group overwhelmingly agreed this should be explored to ensure this information is available to all partners so that effective and collective action can be taken.

Evidence from the Principal Education Psychologist at St Helens Council

- 4.27 The Task Group received a presentation from the Principal Education Psychologist from the Council who outlined the wider scope of alcohol and substance misuse during pregnancy. Extending the previous discussion, the detail of the potential biological and social impacts was highlighted. For the child, in utero harms, such as impaired brain structure development and subsequent impaired cognitive development (learning and memory function) are consistent with exposure. In turn, pupils' educational performance as well as socio-cultural development and life chances can all be negatively affected. Furthermore, parental/child interactions in light of extra demands arising from substance exposure can be a significant cause of adverse outcomes for children.
- 4.28 Meeting the needs of the child was discussed and the process explained. Assessing, planning, doing, and reviewing for improved outcomes was the principal process. However, the relevant information in terms of alcohol and substances used in pregnancy may not be readily available. New systems such as TESSA will support early invention to support detail and information gathering when complex behavior may be manifested. The collection of data is vital for correct diagnosis so that intervention can be early, personalised, and therefore more effective.
- 4.29 The potential to flag a child's in-utero exposure to alcohol and drugs on relevant health and social services systems would be a helpful facility.

- 4.30 It was reported that there is a general belief that the impacts of drug and alcohol use in pregnancy are primarily related only to the baby experiencing withdrawal symptoms at birth, as opposed to the range of subsequent impacts outlined earlier in this report. Therefore, training and awareness raising of the issues in schools and Colleges for both staff and pupils and students would be helpful, as well as promoting messages in the wider community. It was agreed that age-appropriate awareness raising in primary school would be effective in setting a clear foundation of understanding of this issue.
- 4.31 The Task Group discussed vaping both in relation to the change from smoking to vaping and starting vaping in the first instance. Concerns were raised over the advertising and promotion of vaping in terms of the 'health benefits', and the use of flavourings that can be attractive to young people. Although there is currently limited data around the health impact as a consequence of vaping, e-cigarettes contain nicotine which is highly addictive. The number of young people using electric cigarettes appears to be increasing. There were concerns raised around the use of Cannabidiol (CBD oil) vaping and further concerns around the use of the illegal Tetrahydrocannabinol (THC) vaping. THC, which is the substance in marijuana that induces a feeling of being high with many known side effects.
- 4.32 In 2019 a national outbreak of severe lung disease was largely blamed on the ingredient 'Vitamin E acetate'. The disease was named EVALI, which stands for *e-cigarette or vaping use-associated lung injury*. In the first few months, more than 2,500 people were hospitalized or killed by EVALI. Among those people:
- 82% had vaped products that contained THC, often along with other vape products.
 - 33% exclusively vaped THC-containing products
- 4.33 Health professional have highlighted that it is not only 'vitamin E acetate' that is causing health problems but presence of oils, particularly in the *illegal* THC products.
- 4.34 Vaping is a new phenomenon whose health consequences are unclear. The impact of vaping in pregnancy is also unclear, but it is known that substances within e-cigarettes may be able to travel across the placenta to the unborn child. Understanding the issues so that parents can make informed consent should be a priority for the NHS and the Vaping Industry (who perhaps could jointly fund collaborative research).
- 4.35 The Task Group unanimously agreed that awareness around vaping is paramount to ensure people have the right information to make informed choices, particularly if planning to conceive, are pregnant or are breastfeeding. Although the direct consequences on the fetus are not yet fully understood, the recent health issues for adults and the high levels of toxins in vape products represent a concern for unborn children. Understanding the issues so that parents can make informed choices should be a priority for the NHS and the Vaping Industry, who perhaps could jointly fund collaborative research.

Evidence session from Care Grow Live (CGL)

- 4.36 The Task group welcomed a detailed presentation from Change Grow Live (CGL) St Helens. CGL are the adult drug and alcohol treatment organisation in St Helens working with service users aged 19 and over covering all substances. CGL offer a multi-disciplinary approach to substance use including therapeutic one to one and group interventions including clinical, psychological and specialist family intervention project, *Building Bridges*.

- 4.37 The discussion highlighted a number of perceived gaps in support and potential areas for improvement. The gaps discussed were:
- Pre-Pregnancy work across the partnership
 - Support for those young women not engaged in treatment.
 - Connection between agencies and sharing information to support the journey and development of a child
 - Referral process for children identified at risk.
 - Lack of knowledge of the impact of particular substances
 - Support for parents
- 4.38 It was evident from the discussion that there was a lack of understanding in terms of the father's contribution to a healthy pregnancy. The need for pre pregnancy work with both parents, where possible would be beneficial.
- 4.39 The discussion continued to highlight the need for joined up multi agency working and data sharing in areas such as pre-birth assessments and pre-discharge meetings as well as providing consistency and quality guidance shared across all partnerships.

Evidence from the Young People's Drug and Alcohol Team

- 4.40 The Young People's Drug and Alcohol Team presented an overview of their service provision.
- 4.41 It was important to recognise issues such as fear, shame, and stigma that may well provide a barrier, and a challenge in approaching and dealing with this issue and the importance of a non-judgmental approach. It was agreed that diagnosis of FASD is difficult and that other conditions can show similar traits particularly in younger children.
- 4.42 The Task Group agreed that there can be mixed beliefs around what are safe levels of alcohol consumption in pregnancy. It was agreed that the messages should be consistent with those of the Chief Medical Officer and the NHS and that an awareness campaign about the impact of alcohol use on pregnancy would be helpful. Although there is a lack of research on overall impact of other substances, including caffeine, in pregnancy, public messaging should make clear that substances taken during pregnancy will have a direct impact on the fetus and its health and development both in utero and afterwards.
- 4.43 It was highlighted that in many instances, generational beliefs can underestimate the impact of alcohol consumption during pregnancy. It was felt that stringent measures in educating children and parents as well as continued and regular public awareness programmes were essential to ensure that this issue is fully understood.
- 4.44 As previously noted, children looked after, and care leavers are a particularly vulnerable group. Research indicates that this group is four times more likely than young people who are not looked after to smoke, drink and take drugs. Those who experienced parental drug and alcohol misuse may view excessive use as normal. It was therefore agreed that enhanced training for Foster Carers on this issue would be particularly helpful, alongside the training already in place.
- 4.45 The committee appreciated the use of a life story from a young person who at 17, received a diagnosis of FASD. In this instance, it seemed to have helped the young person to understand himself better, and his identity in relation to his past lived experience. The young person highlighted that to understand what's it like, 'You would have to live my life'.

- 4.46 This example highlights the importance of early diagnosis, intervention and having respective pathways to support what could be significant numbers of children and adults living with FASD. It also reinforced the need for support for parents and carers of young people affected by FASD. It was felt that the support streams should be well connected and work collaboratively.

Evidence from the Well-Being Service

- 4.47 The Wellbeing Service, commissioned by the Council, outlined the challenges of engaging with those who may be most at risk. However, the service does provide outreach and this resource is more often used to get key, universal messages across the wider population. It was noted that there are still mixed messages around alcohol consumption in pregnancy and many people still believe that a small amount of alcohol during pregnancy is ok. This, it was noted, needs to be addressed.
- 4.48 The Community Midwifery Lead discussed the impact of maternal substance misuse on the service. The level of screening in terms of substance misuse in pregnant women is significant. Midwives strive to build quality relationships with women who may not wish to engage. It was noted that the level of service demand is significant due to the extra scans, additional appointments, poor mental health, and other issues such as domestic violence management.
- 4.49 Women who use alcohol or drugs in pregnancy often can present late due to fears of stigma, and/or fear of having their baby removed. It is this cohort of women that are least likely to attend appointments. The Amethyst birth team takes the role of supporting these women and works collaboratively with the CGL team who give robust planning and support.
- 4.50 Drug and Alcohol use as well as smoking in pregnancy are associated with poor fetal outcomes including still births and lifelong problems many of which require the intervention of many other services for prolonged periods. Amethyst and CGL are exploring the potential for a joint clinic with those parents who need such support. Preconception care and having the conversation preconception is key and this may be also done through respective social media platforms as well as in formal discussion and learning streams.

Evidence from the 0 – 19 Enhancing Families Service

- 4.51 The 0-19 Enhancing Families Service gave the Task Group a presentation. The service offers an early intervention, home visiting program for expectant families.

The criteria for the programme includes:

- Isolated and or unsupported teenagers
- Current mental health concerns
- Current drug and alcohol misuse
- Current concerns of domestic abuse in relationships
- Looked after child or care leaver.

- 4.52 It was highlighted that if substance misuse is a known concern, this would usually be identified on a maternity information sharing form as well as signposting and encouraging access to local services. The wider team focuses on drug and alcohol use in children and young people to highlight the risks and potentially break the cycle.

- 4.53 Opportunities for improvement were highlighted. It was suggested that joint working group meetings with agencies to share relevant casework information and learning networks would be helpful.
- 4.54 As well as this, the team indicated that they will be looking at information gathering systems to ensure that details of the father and any alcohol or substance misuse history is included.

Evidence from the Interim Virtual Head

- 4.55 The Interim Virtual Head outlined how the issue presents itself in schools. Exclusions and suspensions are often related to specific behaviors which may be linked to FASD. She emphasised that isolation from education increased the potential for further vulnerability to harm and potential criminality.
- 4.56 The role of education was felt to be a significant one. It was agreed that education on this topic should start with age specific information in primary school. The Task Group was assured that a quality assurance review of school's work on the safeguarding curriculum was being undertaken and that the issue of alcohol and substance misuse in pregnancy would be a consideration.
- 4.57 The new Schools operate the TESSA (Triage for Educational Support and Specialist Advice) system was described. This is a comparatively new multi-agency service which offers a range of support to help children and young people get tailored support for behavioral and social communication difficulties.

5. Consideration of Alternatives

- 5.1 N/A

6. Conclusions

- 6.1 Members and colleagues from all services agreed that there were similar threads running through each presentation. Common themes included different public perceptions about alcohol and drugs consumption in pregnancy and what is and is not safe. There appears to be some degree of misunderstanding about the potential severity of the impact of alcohol and substance misuse in pregnancy on a child's physical and mental well-being and ability to thrive and prosper.
- 6.2 There are significant challenges to obtaining a formal diagnosis of FASD, which include stigma of using drugs and alcohol in pregnancy and a lack of data sharing between services from pre-pregnancy and beyond. There also needs to be the right support in place for those children and young people who receive a diagnosis of FASD. An effective response to these issues clearly requires a strong partnership approach involving education, the wellbeing service, drugs and alcohol services, midwifery, 0-19 service and children's social care.
- 6.3 The potential harms of substance and alcohol use in pregnancy can result in pregnancy problems such as increased miscarriage, still birth and premature birth; and, for those born, of learning difficulties, behaviour issues, physical disability, and emotional and psychiatric problems. These issues can last a lifetime and have a severe negative impact on life chances in terms of inequalities.

- 6.4 It is important that adults, children, and young people have all the necessary age-appropriate information about the impact of alcohol and drug use in pregnancy. This will support their understanding and choices to inform both planned and unplanned pregnancies. Accurate, consistent and regular messaging in line with NHS guidance and guidance from the Chief Medical Officer through schools and colleges, partner agencies and Council campaigns is key to this. It would also be useful to understand the views of young people to both inform the messaging content and format, to ensure its effectiveness and to ensure that it reaches as many young people as possible. It would also be helpful to engage young people in care and care leavers.
- 6.3 Schools and colleges play a particularly important role in providing all types of age-appropriate safeguarding information. The Council's quality audit of schools and colleges safeguarding education and information delivery will be useful to raise the profile of this topic, fill any gaps, and to share good practice.
- 6.4 Having a whole system approach across the Council and partner agencies is key to ensure a downward trend in alcohol and drugs use in pregnancy as well as a reduction of FASD rates in the borough. This would be enhanced having clear leadership of a programme of work in this area carried out by the Council, commissioned services and partner organisations. The St Helens Combatting Drugs and Alcohol Partnership Delivery Group would be an appropriate forum to have oversight of the delivery of the recommendations of this review.
- 6.5 Information sharing and shared systems with appropriate flags relating to alcohol and drugs use in pregnancy, especially on Social Care systems, would help improve interventions for a healthier pregnancy, enable better FASD risk assessment or diagnosis in children, and enable access to more appropriate treatment and support in early life. It would be useful for services such as midwifery, drugs and alcohol services, social care and the 0-19 service, to explore the feasibility of shared data systems to enable this.
- 6.6 The right support for pregnant women is vital. Consistent advice and messages for pregnant women need to be in place regarding a healthy pregnancy, including use of alcohol, drugs, vaping, smoking, diet, breastfeeding intentions etc.
- 6.7 Opportunities for joint working and learning such as multi-agency working groups to share relevant casework, learning networks and joint clinics are important. The St Helens Combatting Drugs and Alcohol Delivery Partnership provides a forum for partners to discuss and delivery a multi-agency programme of work to reduce the harms and risks from drugs and alcohol. Specifically, services such as CGL, Midwifery, Amethyst birth team could build upon their existing work together to provide better support for drugs and alcohol service users who are pregnant and facilitate any future diagnosis and after care for their child.
- 6.8 Young people in care and care leavers are a vulnerable group as they are known to experience a higher risk of earlier pregnancy and alcohol and substance misuse. Effective engagement with this group, and their carers, is essential, including ensuring support is delivered in a way that is most effective for them, along with the promotion of self-confidence, self-esteem and engagement in community activities and leisure.
- 6.9 The review highlighted increasing concerns about the numbers of young people taking up vaping. More work and research is required to understand trends and attitudes of children and young people towards vaping.

6.10 A set of recommendations for action are presented in Appendix 1.

7. Legal Implications

7.1 There are no legal implications in this report.

8. Equality Impact Assessment

8.1 No Equality Impact Assessment is required for the purposes of this report.

9. Social Value

9.1 As this report is not able commissioning a new service or significantly changing provision, there are limited social value impacts. However, the recommendations of this report support social value by skilling up and enabling staff across the partnership to better support local residents as appropriate to prevent and reduce the impacts of substance misuse during pregnancy.

10. Net Zero and Environment

10.1 There are no net zero and environment implications in this report.

11. Health and Wellbeing

11.1 Actions to reduce alcohol and substance misuse in pregnancy are intended to have a positive impact on the physical, emotional, and mental health of children and young people in St Helens.

12. Equality and Human Rights

12.1 There are no direct human rights implications contained within this report, though a key focus of the recommendation is on providing support to pregnant women and their families to reduce the impact of substance misuse on the unborn child.

13. Customer and Resident

13.1 Actions to reduce alcohol and substance misuse in pregnancy are intended to have a positive impact on the physical, emotional, and mental health of children and young people in St Helens. This will make a significant contribution to safeguarding, aspirations, attainment, social and mental wellbeing and therefore life chances of the children and young people.

14. Asset and Property

14.1 There are no asset or property implications in this report.

15. Staffing and Human Resources

15.1 The agreed actions in this report will be carried out by existing staff from the council and its provider and partner organisations

16. Risks

16.1 There are no risks identified in this report.

17. Finance

17.1 There are no financial implications in this report as any changes are being delivered within current capacity.

18. Policy Framework Implications

18.1 There are no policy framework implications in this report.

19 Impact and Opportunities on Localities

19.1 Although this is a borough wide issue, we will monitor at a locality level and ensure service provision is targeted where the need is greatest.

20. Background Documents

20.1 Presentation Slides

20.2 References made by presenters.

21. Appendices

21.1 Appendix 1 – Alcohol and Drug Use in Pregnancy Collective Action to Reduce Risk and Harm to Children Recommendations.

Appendix 1


Alcohol and Drug Use in Pregnancy - Collective Action to Reduce Risk and Harm to Children

Spotlight Review Recommendations

NB. Subject to engagement with Scrutiny Link officers and lead officers for the Spotlight review.

Rec No	Recommendations	Responsible Officer	Agreed Action and Date of Implementation
1	The Chair of the St Helens Combatting Drugs and Alcohol Partnership Delivery Group to be requested to include this work as one of the priorities within the Combatting Drugs and Alcohol Partnership's delivery plan.	Public Health Michelle Loughlin	
2	Deliver an awareness raising campaign of consistent age-appropriate messages on a healthy pregnancy and the risks and harm to children of alcohol and substance misuse in pregnancy. To be delivered in schools, colleges, through other partner agencies, and in public spaces. Best practice would be to ensure messaging is informed by the views and opinions of children and young people, including children looked after to improve engagement.	YPDAAT Helen Jones & Lisa Jenkinson	
3	Ensure that the Council's audit of schools' and colleges' safeguarding information delivery highlights gaps and shares good practice in relation to education about the risks and harms to children arising from drugs and alcohol use in pregnancy; and ensure this topic is flagged with Head Teachers' and Governors' Meetings.	Education Joanne Davis	
4	Explore the use of shared information systems which include flags for the recording of information relating to alcohol and substance misuse in pregnancy. This will help further interventions to identify, diagnose and put in place timely support and treatment for children experiencing FASD. Data sharing between drugs and alcohol services, midwifery, 0-19 Service, and Social Care systems also would be also beneficial.	IT – Mark Roberts Maternity-0-19- Toni Shepard Social Care Paula Swindlehurst Drugs and Alcohol Services Rachel Fance/ James Mawhinny	

5	Work with Care Leavers to improve their understanding of the potential harms of drugs and alcohol especially in pregnancy. This should be via appropriate advice, guidance and support, provided in a manner which ensures high levels of engagement, and promotes self-esteem, aspiration and connectedness.	Children's Social Care Paula Swindlehurst	
6	Explore the opportunities to carry out research with young people on attitudes to and use of vaping.	Public Health Michelle Loughlin Trading Standards Darrell Wilson	
7	Ensure delivery of consistent advice, messages, and support for pregnant women regarding a healthy pregnancy, including use of alcohol, drugs, vaping, smoking, diet, breastfeeding intentions etc.	Midwifery Sue Orchard Family Hubs Ruth Du Plessis	

 ST HELENS BOROUGH COUNCIL	<h2 style="margin: 0;">Children and Young People Services Scrutiny Committee</h2> <h3 style="margin: 0;">6 September 2023</h3>
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Report Title	Children and Young People Services Work Programme 2023/24
Cabinet Portfolio	Corporate Services
Cabinet Member	Councillor Martin Bond
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Jan Bakewell Director of Legal & Governance janbakewell@sthelens.gov.uk
Contact Officer	Karl Allender Scrutiny Support Officer karlallender@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	
	Create safe and strong communities and neighborhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	

	Be a responsible Council	X

1. Summary

1.1 This report sets out the process followed by members of the Overview and Scrutiny Commission and its thematic committees in determining their work programmes for municipal year 2023/24. Given resource constraints, new approaches have been introduced to further strengthen the process. The outcome of each committee's work programme conclusions are attached for confirmation.

2. Recommendation for Decision

Children and Young People Scrutiny Committee is recommended to:

- (i) **Endorse the outcomes of the work programming process undertaken by members and officers for the 2023/24 municipal year based on the prioritisation process and topic selection criteria set out in this report.**

3. Purpose of this report

3.1 The purpose of this report is to set out the process followed in drawing up work programmes for 2023/24.

4. Background / Reason for the recommendations

4.1 Overview and scrutiny activities play a key role in a successful democratic process, holding decision makers to account for future (overview) and past (scrutiny) decisions and in turn, contributing to the delivery of positive outcomes for residents and the Council's workforce and resources.

4.2 A comprehensive work programme is fundamental to the effectiveness of the Commission and its thematic scrutiny committees. It enables them to plan and manage their workloads to make best use of the available time and resources, ensure a focus on the Borough's priorities and add the most value to the performance of the Council and outcomes for residents.

4.3 Each committee agreed an allocation of up to two scrutiny reviews for the year.

Delivering an enhanced scrutiny programme for 2023/24

4.4 The Children and Young People scrutiny committee met on 9 June 2023 to agree a framework for conducting overview and scrutiny in the coming year. The committees and Link Officers then met to agree their approaches. On 13 June, Commission then drew together the outcomes and confirmed the overall approach which has been compiled into the work programmes attached to the report.

4.5 Three new approaches to working were agreed as follows:

- 1) a 'golden thread' for the year was agreed. In short, this is described as the 'Cost of Living Crisis'. This summarises the complex interplay of economic and social impacts on residents and the Council of the sudden rise

in inflation and interest rates, food and input shortages, and changing demands. As part of their usual scrutinising work, members will be able to explore:

- How is the 'Cost of Living Crisis affecting residents and our services?
 - How have the Council and its partners adjusted?
 - What needs to change to cope with the Shock?
- 2) the Commission and thematic committees agreed to two linked reviews whereby all committees would examine a topic from their own perspectives and the product would be a multi-faceted report drawn together to provide a more holistic scrutiny. The two topics agreed are SEND and Alcohol.
- 3) improve the timeliness of Performance Indicator consideration. Quarterly Performance Report briefings with members could be taken in the same cycle, following the Cabinet's consideration

The work programmes

- 4.6 Commission and Scrutiny Committees are required to review and agree their work programme at every committee meeting. When reviewing the work programme, new items can be added and items that no longer require scrutiny or are not considered to be a priority for action or monitoring can be removed.
- 4.7 When considering whether to add, remove and prioritise items for consideration Members should be mindful of the following:
- Would the Committee be able to add value through its work on the issue?
 - Is the issue linked to a Borough Priority?
 - Is the issue a priority/concern for partners, stakeholders, and the public?
 - Is the issue related to poorly performing services?
 - Is there a pattern of budgetary overspends?
 - Are there significant levels of public/service user dissatisfaction with the service?
 - Has there been media coverage of the issue?
 - Is the issue related to new Government guidance?
 - Would consideration of the issue be timely?
 - Are there sufficient resources (e.g., officer capacity to support a review or provide a report) to effectively consider the issue at this time?
 - Would Scrutiny be duplicating work being undertaken elsewhere?
 - Is the matter subject to judicial review (sub judice)?

- 4.8 The Work Programme Prioritisation Aid attached to this report is designed to assist members in considering whether a suggested addition to the work programme is suitable and meets the necessary criteria. If members consider that a suggestion would not be suitable for scrutiny, the Scrutiny Committee could choose to refer the matter elsewhere. If an item is considered important issue but not a priority at this time an item may be added to the end of the work programme to be monitored for further consideration in the future.
5. **Consideration of Alternatives**
- 5.1 None
6. **Conclusions**
- 6.1 Having agreed the initial work programme, the Committee is in position to discuss its next steps on how to deliver it.
7. **Legal Implications**
- 7.1 N/A
8. **Equality Impact Assessment**
- 8.1 N/A
9. **Social Value**
- 9.1 N/A
10. **Net Zero and Environment**
- 10.1 N/A
11. **Health and Wellbeing**
- 11.1 N/A
12. **Equality and Human Rights**
- 12.1 N/A
13. **Customer and Resident**
- 13.1 N/A
14. **Asset and Property**
- 14.1 N/A
15. **Staffing and Human Resources**
- 15.1 N/A

16. Risks

- 16.1 Failure to effectively manage the work programme could lead to inefficient use of the Committee's time and resources, negatively affecting the Committee's ability to add value and help the Council achieve its priorities. By examining the work programme regularly and following the prioritisation aid as recommended, the Committee should minimize the risk of using time and resources on ineffective items.

17. Finance

- 17.1 N/A

18. Policy Framework Implications

- 18.1 N/A

19. Impact and Opportunities on Localities

- 19.1 N/A

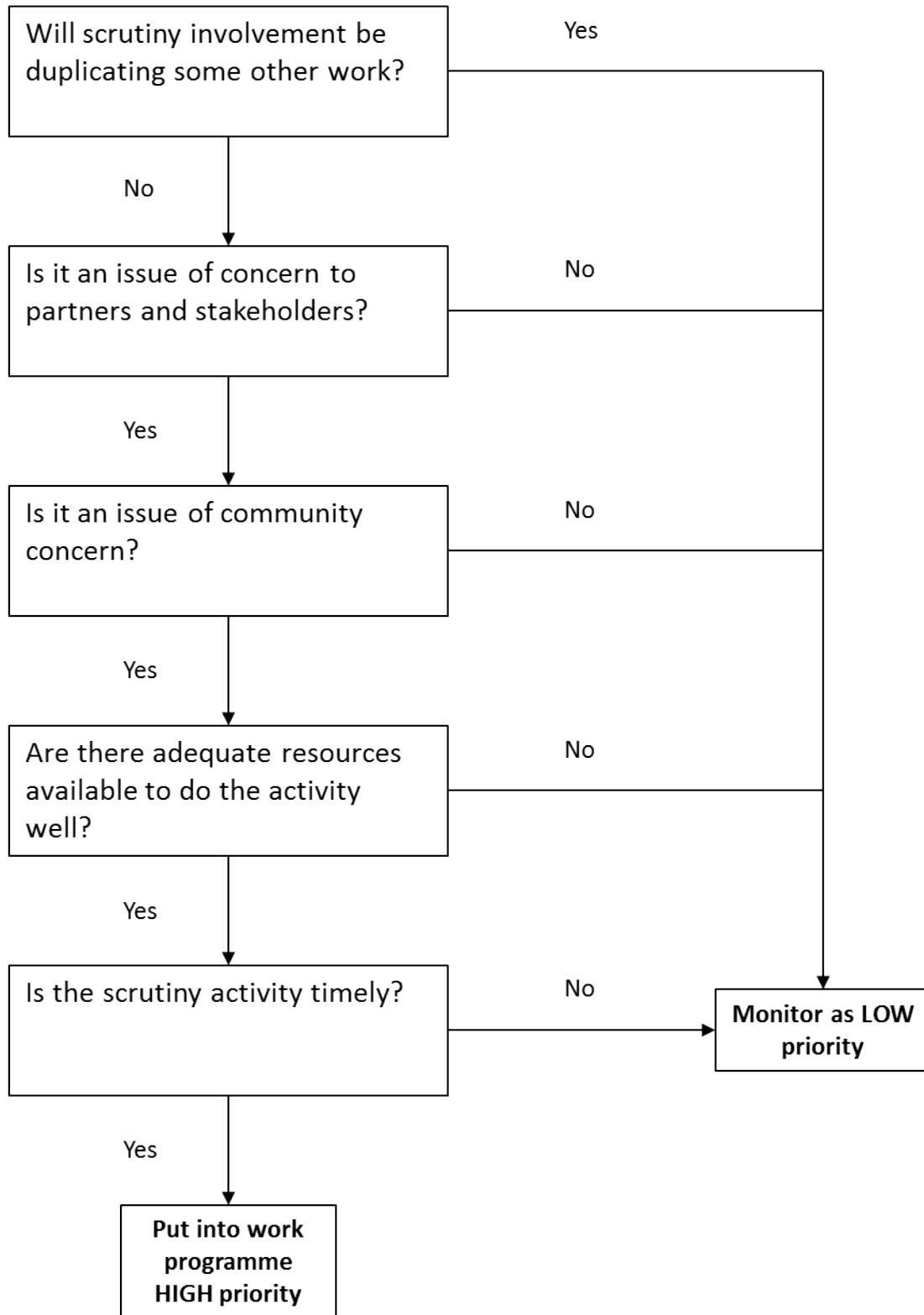
20. Background Documents

- 20.1 None

21. Appendices

1. Children and Young People Services Work Programme 2023/24

Overview and Scrutiny Work Programme Prioritisation Aid



Appendix 1

Children and Young People’s Services Scrutiny Committee Work Programme July 2023 -March 2024

Corporate Priority
Ensure children and young people have a positive start in life

Next Meetings			
6 September 2023	16 October 2023	8 January 2024	25 March 2024

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Title	Description	Purpose	Portfolio	Lead Officer	Corporate Priority	Method	Date
Director’s Report/ Children’s Services Improvement Plan	Ofsted ILAC Inspection took place 23 rd Sept - 4 th Oct 2019. Ofsted gave an inadequate rating requiring Council to produce Action Plan for improvement. The committee will monitor the improvement process on an ongoing basis, including the outcomes and action arising from Ofsted monitoring visits.	To monitor the Council’s progress in improving Children’s Services including Ofsted monitoring visit feedback.	Children and Young People Cllr Nova Charlton	Director Children’s Services Hilary Brooks	Ensure children and young people have a positive start in life	Report to committee Standing Committee Agenda Item	6 Sept 2023 16 October 2023 8 January 2024 25 March 2024

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Quarterly Performance Reports	Scrutiny Committees are responsible for reviewing the performance reports for priorities relevant to their remit.	To monitor the performance of services within portfolios and to hold Cabinet Members to account.	<p>Children and Young People Cllr Charlton</p> <p>Economy, Business and Skills Cllr Groucutt</p> <p>Wellbeing, Culture and Heritage Cllr Anthony Burns</p>	<p>Director Children's Services Hilary Brooks</p> <p>Director Public Health Ruth du Plessis</p> <p>Public Health Consultant Shirley Goodhew</p>	Ensure children and young people have a positive start in life	<p>Report to committee</p> <p>Standing Committee Agenda Item</p>	<p>6 Sept 2023</p> <p>16 October 2023</p> <p>8 January 2024</p> <p>25 March 2024</p>
Update on Progress towards the SEND inspection	Provision of effective services for children and young people with SEND is critical in ensuring that those children and young people are included, can thrive, have high aspirations and can progress. This means that need is identified accurately and early and the right interventions are put in place early so that children and young	The purpose of the report is to ensure that Scrutiny members are clear about the strengths, the areas for development and associated actions, and impact of services for children and young people with SEND in St Helens; they understand the new inspection	Children and Young People Cllr Nova Charlton	<p>Assistant Director, Education and Learning, Jo Davies</p> <p>Head of SEND and Inclusion Tom Howard</p>	Ensure children and young people have a positive start in life	Report to Committee	6 Sept 2023

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	people have they have the best possible chance to succeed in their learning; their well-being is supported; they have the best possible chances in life; and that their families are confident in the support provided.	framework; and are updated on preparation for inspection.					
Alcohol and Drug Use in Pregnancy - Collective Action to Reduce Risk and Harm to Children Spotlight Review	This Spotlight Review was held on 28/4/23, attended by members of the committee, officers and partners, to scrutinise work to reduce risk and harm to children arising from alcohol and substance use in pregnancy.	To present the draft report and findings to the CYPS Scrutiny Committee to seek approval to submit to Cabinet.	Wellbeing, Culture and Heritage Cllr Anthony Burns	Director Public Health Ruth Du Plessis Public Health Consultant Michelle Loughlin	Ensure children and young people have a positive start in life	Report to Committee	6 September 2023
Improving School Attendance Rates in St Helens Spotlight Review –	This Spotlight Review was held on 3/11/23, attended by members, officers and staff from local schools, to scrutinise action to improve the borough's school attendance	To present Cabinet's response to the report and recommendations.	Children and Young People Cllr Nova Charlton	Assistant Director, Education and Learning, Jo Davies	Ensure children and young people have a positive start in life	Verbal report to Committee.	6 September 2023

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Cabinet Response	rates, which for the 21/22 Autumn and Spring Terms were lower than national and regional averages.						
Reducing Teenage Pregnancy Rates in St Helens' Spotlight Review	This Spotlight Review was held on 5/12/22 and 1/26/23, attended by members of the committee, officers and partners, to scrutinise work to reduce teenage pregnancy rates in St Helens.	To present Cabinet's response to the report and recommendations.	Wellbeing, Culture and Heritage Cllr Anthony Burns	Director Public Health Ruth Du Plessis Public Health Consultant Shirley Goodhew	Ensure children and young people have a positive start in life	Verbal report to Committee.	6 September 2023
Update on the Education, Health and Care Plan Process and Its Impact in St Helens.	Education, Health and Care Plans (EHCPs) are legally binding documents intended to ensure that the needs of children, young people and adults up to 25, who require support beyond that which an educational setting can provide at SEN level, are clearly identified in a timely	To understand and scrutinise the EHCP process, its strengths, the areas for development, the actions to address these areas, and impact on children and young people in St Helens.	Children and Young People Cllr Nova Charlton	Assistant Director, Education and Learning Joanne Davies Head of SEND and Inclusion Tom Howard	Ensure children and young people have a positive start in life	Presentation to Committee	16 October 2023

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	manner; with input from all partners including the child or young person and their family; that plans are in place to ensure needs are met; and reviews take place to ensure all appropriate action is taken.						
Alcohol and Drug Use in Pregnancy - Collective Action to Reduce Risk and Harm to Children Spotlight Review – Cabinet Response	This Spotlight Review was held to scrutinise work to reduce risk and harm to children from alcohol and substance use in pregnancy.	To present the Cabinet’s response to this Spotlight Review report and recommendations	Wellbeing, Culture and Heritage Cllr Anthony Burns	Director Public Health Ruth Du Plessis Public Health Consultant Michelle Loughlin	Ensure children and young people have a positive start in life	Verbal report to Committee.	16 October
Spotlight Review to scrutinise the TESSA process and contribution to its evaluation	TESSA was introduced to provide schools with a streamlined system to use to request support for children and young people with SEND.	To consider the impact of the TESSA process, contribute to its evaluation and make appropriate recommendations	Children and Young People Cllr Nova Charlton	Assistant Director, Education and Learning Joanne Davies	Ensure children and young people have a positive start in life	Spotlight Review	January tbc

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Reducing Harm Caused By Under-age Alcohol Consumption in St Helens	<p>The rate of under 18 hospital admissions for alcohol specific reasons in St Helens is significantly higher than regional and national averages and will impact negatively on the health, well-being and life chances of too many of our children and young people. Underage drinking prevents children from having the best start in life because it can impact on the development of the body's organs and functions and is associated with wider health risks.</p> <p>Beginning to drink in early teenage years is associated with violent behaviour, mental health issues, suicidal thoughts and attempts, employment problems and risky</p>	The purpose of this report is to give an understanding of the extent of underage drinking in St Helens; its impact on young people; the collective action, together with its effectiveness, to address the issue; and to make appropriate recommendations.	<p>Wellbeing, Culture and Heritage</p> <p>Cllr Anthony Burns</p>	<p>Director Public Health Ruth Du Plessis</p> <p>Public Health Consultant Shirley Goodhew</p>	Ensure children and young people have a positive start in life	Presentation to Committee	8 January 2023

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	behaviour in later life such as drink driving and other forms of criminal behaviour.						
Listening to the Voices of Children and Young People in St Helens	Listening to children and young people and ensuring their views are valued and acted upon in terms of shaping services for them, and the decisions and actions that affect their lives, is central to creating meaningful engagement and trust, enabling positive change, keeping them safe and providing the best possible services for them.	The purpose of this report is to understand and enable scrutiny of the feedback from and actions arising from the Bright Spots Survey of children we look after and care leavers in St Helens, carried out between December 2022 and February 2023. This will allow Members to assess the degree to which services listen to children and young people and whether they use those views effectively to shape services, in decisions and actions about children and young	Children and Young People / Economy, Business and Skills / Wellbeing, Culture and Heritage Cllr Charlton Cllr Groucutt Cllr Burns	Director of Children's Services Hilary Brooks	Ensure children and young people have a positive start in life	Report to committee	8 January 2024

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		people's lives and to keep them safe.					
A review of the strategy and collective action to address child neglect in St Helens.	Child neglect is a form of abuse which can impact on a child's physical and mental health and can lead to long term adverse consequences. It arises from many complex issues including parental mental health, drug and alcohol abuse and poverty.	The purpose of this Spotlight Review will be to scrutinise the strategy and collective action to reduce child neglect in St Helens.	Children and Young People Wellbeing, Culture and Heritage Cllr Nova Charlton Cllr Anthony Burns	Director of Children's Services Hilary Brooks SCP Business Manager Andrew Patty	Ensure children and young people have a positive start in life	Spotlight Review	February tbc
Review of the provision of mental health services for young people in St Helens.	Research, such as the DfE State of the Nation Report (published 2023) and recent anecdotal reports to Council from local Head Teachers, indicate that significant numbers of children and young people continue to experience challenges with their mental	In the light of continuing mental health challenges experienced by children and young people, it is essential that the accessibility and effectiveness of mental health services for them, including those with SEND, are scrutinised to	Children and Young People and Wellbeing, Culture and Heritage Cllr Charlton Cllr Groucutt Cllr Burns	Head of Children's Health and Maternity Commissioning Matt Davies Public Health Consultant Shirley Goodhew	Ensure children and young people have a positive start in life	Report to committee	25 March 2024

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	<p>health. Half of all life-time mental health illnesses start in teenage years although treatment is often received only many years later. Mental health is also an equalities issue with the poorest fifth of the population being twice as likely to develop mental health problems in adulthood.</p>	<p>understand the support available, its strengths and the challenges within the provision.</p>					
<p>Reviewing progress of action plans arising from the previous municipal year's Spotlight Review recommendations.</p>	<p>To date, Cabinet has accepted the recommendations of two of the following three spotlight reviews carried out in the municipal year 2022 to 2023:</p> <ul style="list-style-type: none"> • Improving Attendance Rates in St Helens • Reducing Teenage Pregnancy Rates in St Helens 	<p>The purpose of the review is to enable scrutiny to understand how services have improved following critical friend recommendations arising from the spotlight reviews carried out in 2022 – 2023.</p>	<p>Children and Young People / Economy, Business and Skills / Wellbeing, Culture and Heritage Cllr Charlton Cllr Groucutt Cllr Burns</p>	<p>Jo Davies Shirley Goodhew</p>	<p>Ensure children and young people have a positive start in life</p>	<p>Report to committee</p>	<p>25 March 2024</p>

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	<ul style="list-style-type: none">Reducing risk of harm to children arising from alcohol and substance use in pregnancy.						