

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Thursday 4th July, 2019 at 5.30pm

Membership

Cllr Crosby, Francis (Vice-Chairman), Hunt, Mann, Mc Keith, F. Miller, Rowntree, Samuels, Scanlan, P. Smith (Chairman), Tye and K. Wood

Coopted Members – Mrs. A. Blakey and Ms. J. Graham

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	Part A – Cabinet Referrals and Responses	
	No Items	
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E. WAUGH,
Head of Law and Governance,
Civic Centre,
SUNDERLAND.

26th June, 2019

Item 2

At a meeting of the CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE held in COMMITTEE ROOM 1 of the CIVIC CENTRE, SUNDERLAND on THURSDAY 6th JUNE, 2019 at 5.30 p.m.

Present:-

Councillor P. Smith in the Chair

Councillors Crosby, Francis, Hunt, Mann and Rowntree together with Ms. A. Blakey

Also in attendance:-

Ms. Jill Colbert, Chief Executive of Together for Children and Director of Children's Services, Sunderland City Council

Mr. James Diamond, Scrutiny Officer, Sunderland City Council

Mr. Luke Hall, Sunderland Youth Council

Ms. Joanne Stewart, Principal Governance Services Officer, Sunderland City Council

The Chairman opened the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted on behalf of Councillors McKeith, F. Miller, Samuels, Scullion and Tye and on behalf of Ms. J. Graham

Minutes of the last ordinary meeting of the Children, Education and Skills Scrutiny Committee held on 4th April, 2019

1. RESOLVED that the minutes of the last ordinary meeting of the Children, Education and Skills Scrutiny Committee held on 4th April, 2019 be confirmed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Together for Children's Business Plan

The Chief Executive of Together for Children and Director of Children's Services submitted a report (copy circulated) which attached the Together for Children Business Plan for 2019-2022.

(for copy report – see original minutes)

Ms. Jill Colbert, Chief Executive of Together for Children and Director of Children's Services gave a presentation to Members on the priorities, opportunities and challenges facing children's services in the years ahead. Ms. Colbert advised that the Business Plan set out the way in which Together for Children would improve services for children and young people in the city and covered a number of key themes, including the:-

- Vision and mission statement;
- Priorities for the future;
- Governance structure; performance indicators; and
- Finance.

(for copy presentation – see original minutes)

Councillor Crosby sought advice on a number of acronyms that were included within the report, Ms. Colbert apologised, advising of the meanings of the acronyms within the report and explaining that there should be a glossary attached which she would ensure was included in future.

Councillor Rowntree referred to Together for Children being committed to hearing the 'voice of the child' and asked why they had not been consulted in the development of the business plan. Ms. Colbert advised that an independent consultant had wrote the business plan with, and for, Together for Children but that this had also been worked through with Jane Wheeler's team and that the innovation unit had met twice with the Change Council and held phone interviews with young people so they had that opportunity to feed into the plans.

In relation to a question from Councillor Francis around 'grow your own' social worker staff and in house training models for staff with basic qualifications who may wish to progress through the system, Ms. Colbert advised that there were a number of initiatives and opportunities in place to help in training and retaining social work staff but explained that there would always be roles that would need some form of professional qualification; where staff members would be limited to access without them. She advised of the social worker apprenticeship programme and explained how newly qualified social workers could be supported throughout their first year of employment before working independently. There were also opportunities for undergraduates to gain a social work qualification through an accelerated year of training as well as opportunities available for staff to undertake line management courses should they wish.

In response to a question from Councillor Francis around engaging with youth movements in the city, Ms. Colbert advised that a lot of the youth service providers did meet and work closely together to deliver services in the city but that there was always more that could be done to continue to improve networking with more organisations to deliver services.

Councillor Crosby asked for further information around the numbers of children and young people in the city who required some form of mental health intervention and was informed by Ms. Colbert that there would be those at a low level of intervention who dealt with Washington MIND or through school counselling services that may not be captured within data collected and also children and young people who may be working with a range of other services who were not recorded centrally. She

advised that Ms. Daisy Barnetson from the Sunderland Clinical Commissioning Group had recently brought information to the Scrutiny Committee around mental health of children and young people and commented that the report could be forwarded to new Committee Members for information.

In relation to the mental health of children and young people, Ms. Colbert informed the Committee of an online mental health counselling service, Kooth, which she had seen used in Stockport. The system had been set up recognising that not all young people would want to have face to face interaction to discuss their mental health issues and through this internet based service they could have online conversations with counsellors and/or through moderated chat rooms. The Kooth system would allow Officers to see how many young people look to access mental health services, signposting them to relevant services and help to provide data on those accessing the services.

Councillor Smith asked how services were coping with the dilemma of increasing demand and reducing resources and Ms. Colbert commented that it could be cause of some anxiety as she was aware it may only take a national case of importance, such as that of Baby P, to cause a significant increase in referrals and the demand on services. She informed the Committee that she felt there was a recognition that budget restrictions could not continue if they were expected to continue to meet the demands on children's services.

Councillor Hunt asked how many of the current social work staff were permanent or agency and was informed by Ms. Colbert that the service currently ran with a 12% agency rate. Members were informed that the frontdoor and assessment teams were well staffed but that some posts were more difficult to recruit to than others and therefore there would be a requirement for agency staff to assist in filling those posts. Members were advised that this was a regional issue and it was recognised that there were not enough qualified staff to fill posts in the North East of England region.

Councillor Rowntree referred to the key performance indicators (KPI), and in particular KPI 3 –“ % of all referrals with a decision within 24 hours“ and the target of 95% and Ms. Colbert advised that this was a national KPI which was reported and referred to all safeguarding referrals. The performance indicator was in relation to those referrals which required an urgent safeguarding decision to be made within 24 hours of contact having been made, but Ms. Colbert advised that where staff needed more time to ensure they were making the correct decision then they were encouraged to do so.

Councillor Rowntree asked what constituted an 'up to date Personal Education Plan (PEP)' and was informed that it would have to be up to date for the current academic year that the child was in.

There being no further questions or comments the Chairman thanked Ms. Colbert for the report and presentation, and it was:-

2. RESOLVED that the information contained within the report and presentation be received and noted.

Notice of Key Decisions

The Head of Member Support and Community Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from the 20th May, 2019.

(for copy report – see original minutes)

3. RESOLVED that the Notice of Key Decisions be received and noted.

(Signed) P. SMITH,
Chairman.

REPORT OF THE DIRECTOR OF CHILDREN'S SERVICES

SUNDERLAND SAFEGUARDING CHILDREN LEARNING AND IMPROVEMENT PLAN

1. Purpose of the Report

- 1.1 To receive a report on the Sunderland Safeguarding Children Learning and Improvement Plan.

2. Background

- 2.1 A Learning and Improvement Plan has been developed in response to the areas of improvement highlighted by the recent Ofsted Inspection Report (July 2018). A copy of the Plan is attached as an appendix.
- 2.2 The Learning and Improvement Plan has been developed around 15 key priorities for improvement. The report provides an overview on key areas of progress. Progress against each action will be RAG-rated.
- 2.3 The Learning and Improvement Plan is be overseen by the Quality and Improvement Committee, a sub group to the TfC board. The Committee meets bi-monthly to monitor the delivery of actions and success measures to demonstrate improvement to the Department for Education, the Council and the wider community.

3. Progress on priorities of the Learning and Improvement Plan

- 3.1 Karen Davison (Director of Early Help) and Simon Marshall (Director of Education Services) will be in attendance to introduce and answer questions on the Improvement Plan.

4. Recommendations

- 4.1 The Scrutiny Committee is asked to consider the Improvement Plan.

TOGETHER FOR CHILDREN QUALITY & IMPROVEMENT COMMITTEE	
DATE:	31 st May 2019
REPORT AUTHOR:	Jill Colbert
SUBJECT:	Learning and Improvement Plan
PURPOSE:	To provide Tfc Quality and Improvement Committee with an overview of progress against the Improvement Plan.

1. INTRODUCTION

The Learning and Improvement Plan has been developed in response to the Ofsted inspection report published 25th July 2018. The plan consists of 15 priorities developed around the recommendations identified by the inspection team. This report provides an overview on key areas of progress.

RECOMMENDATION(S)

The Committee is asked to review this summary together with the updates provided within the plan. The Committee is asked to consider the proposed new actions for the Learning and Improvement Plan.

2. SUMMARY OF ACTION RAG RATINGS

All actions in the Learning and Improvement Plan are RAG-rated. A key to the RAG-rating system is below:

RED	The action has not yet started or there is significant delay in implementation.
AMBER	The action has started but there is some delay in implementation.
GREEN	The action is on track to be completed by the agreed date or The action has been completed and is awaiting evidence.
COMPLETED	The action has been completed and evidenced.

The number of actions has increased from 95 to 101 as six new actions have been added since the last meeting. Of those actions, 73 were due by the end of May 2019.

Of the 73 actions due, 33 have been completed and evidenced (rated blue) and 36 are either on track or have been completed but awaiting evidence (rated green). There are currently four actions that have started but with some delay in implementation (rated amber). There are no actions rated red. Below is a summary of changes to RAG ratings since the last meeting (please see Appendix A for changes to RAG ratings).

Priority 1 – four new actions

Priority 2 – two actions rated Amber remain Amber

Priority 3 – two actions rated Amber remain Amber

Priority 4 – one new action

Priority 8 – one action has moved from Green to Blue

Priority 9 – one action has moved from Green to Blue

Priority 11 – one action has moved from Green to Blue

Priority 13 – two actions have moved from Green to Blue, one new action

Priority 15 – one action has moved from Green to Blue

The table below shows the current and previous RAG status for actions assigned to each of the 15 priorities.

Priorities	RAG Ratings									
	Red		Amber		Green		Completed		New Actions	
	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current
Priority 1	0	0	0	0	8	8	8	8	0	4
Priority 2	0	0	2	2	4	4	2	2	0	0
Priority 3	0	0	2	2	4	4	2	2	0	0
Priority 4	0	0	0	0	6	6	0	0	0	1
Priority 5	0	0	0	0	7	7	3	3	0	0
Priority 6	0	0	0	0	1	1	5	5	0	0
Priority 7	0	0	0	0	5	5	1	1	0	0
Priority 8	0	0	0	0	1	0	2	3	0	0
Priority 9	0	0	0	0	8	7	2	3	0	0
Priority 10	0	0	0	0	3	3	0	0	0	0
Priority 11	0	0	0	0	2	1	0	1	0	0
Priority 12	0	0	0	0	2	2	1	1	0	0
Priority 13	0	0	0	0	5	3	1	3	0	1
Priority 14	0	0	0	0	4	4	0	0	0	0
Priority 15	0	0	0	0	2	1	2	3	0	0
Totals	0	0	4	4	62	56	29	35	0	6

3. PROGRESS TO DATE

Priority 1: Urgently review ICRT and take action to ensure that risks to children are identified, that thresholds are applied appropriately to support effective decision making, and that actions are timely and compliant with statutory guidance. (Ref: Ofsted Recommendation one)

Progress of Actions

There are 16 actions against Priority one, of which 15 are due by the end of May 2019. Of these 15 actions, seven are green which are completed and awaiting evidence and eight are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the implementation of a revised ICRT model, reviewing the process for screening contacts, strengthening the process for the management of referrals between social care and early help, the implementation of a new threshold document and formalising the process for planning child protection enquiries.

Performance Indicators

Decision making timeliness for contacts, referrals and S47s is not meeting target but remains within tolerance range. Referrals that were re-referrals within the last 12 months have decreased over the last three months (positive) however performance remains outside of target but within tolerance. Service managers are regularly analysing re-referrals to understand and address themes and emerging issues which is making an impact.

Quality Indicators

The quality assurance report presented to the Quality and Improvement Committee in January 2019 concluded that overall 'partial' assurance had been obtained in relation to the quality measures identified in the Learning and Improvement Plan. The report concluded that revised threshold guidance is in place and examples of the appropriate application of thresholds was evidenced, however audit activity showed it was not always consistent. Where the application of thresholds was inconsistent, risks were not always identified and managed appropriately.

Performance indicators showed that decision making was timely however audits found that decision making was not always effective or based on full information. The application of thresholds and quality of risk identification was also found to be inconsistent. There was evidence that compliance with statutory guidance is improving but work continues to ensure processes are clear.

The audits showed that historic information was not always being considered, meaning that cumulative risk and multiple risk factors are not always sufficiently understood. In addition, the recording of contacts made it difficult to identify the presenting issues.

Summary

Actions under priority one are either complete or progressing at pace. For those that have been completed there is not enough evidence as yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved. The Ofsted monitoring visit of the front door completed in January 2019 concluded that "on the areas inspectors were able to look at, progress in improving services has been limited. Better decision-making systems have been developed and workforce stability is improved, but this has yet to sufficiently impact on the inconsistency in the quality of social work practice".

Priority 2: Ensure that children at risk of child sexual exploitation and those that go missing have an up to date assessment of risks that informs a comprehensive response to keep them safe. (Ref: Ofsted Recommendation 2)

Progress of Actions

There are eight actions against priority two, of which six are due by the end of May 2019. Of these six actions two are amber meaning that there is some delay, two are green which are completed and awaiting evidence and two are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include a review of the risk assessment tool for children at risk of CSE, criminal exploitation and those that go missing and a review of the escalation process. The Assessment Tool was launched in March 2019 alongside the updated SSCB MSET and Pre-MSET Escalation Protocol. Workshops have delivered to embed the tool and the protocols. In addition the Return Home Interview template has been reviewed to improve the quality of information and intelligence which will inform strategic planning for our young people and improve outcomes.

The actions rated amber are as follows:

Action	Timescale	RAG
2.4 Implement Liquid Logic workspace for Missing and CSE.	31/03/19	Amber
2.5 Implement a regular reporting cycle from MSET to SLT which provides assurance as to whether children are receiving an appropriate and timely response to keep them safe.	31/03/19	Amber

With regards to implementing a Liquid Logic Workspace, a development meeting has taken place and a workplan has been developed. In the interim, information regarding 'missing' is recorded in Liquid Logic and a live missing report has been developed which is checked throughout each working day. A regular reporting cycle from MSET to SLT is due to be implemented in July 2019 incorporating a CSE, missing, and trafficking profile.

Performance Indicators

The percentage of completed return home interviews in timescale has been consistently high from September to December 2018 however, there was a reduction in January and February 2019 due to staff absence by the provider. More recently the recording of return home interviews within Liquid Logic is significantly impacting performance indicators. The percentage of children identified at risk of MSET who have a completed Framework continues to perform at 100%.

Quality Indicators

The quality assurance report presented to the Quality and Improvement Committee in March 2019 concluded that overall 'partial' assurance had been obtained in relation to the quality measures identified in the plan. The report found the presence and quality of risk assessments were inconsistent for both children who go missing and for those vulnerable to exploitation. New tools have now been launched which aim to improve the quality and practice around assessments, together with the increased use of skilled practitioners however changes are not yet embedded in practice.

The report found that appropriate strategies to keep children protected are evidenced in part through the pre-MSET and MSET meetings where there is clear evidence of multi-agency collaboration, however given the inconsistencies in the presence and quality of risk assessments from recent audit activity, it was possible to state that plans such as disruption plans are informed by appropriate assessments.

The quality and compliance of record keeping was inconsistent within several children's files. The external review conducted by AFC also found that the genogram and chronology function in liquid logic was not being used consistently and case summaries were not always completed or were of poor quality. Following the findings, the service has introduced a process to ensure that no cases are transferred to the Assessment team without a genogram, chronology and case summary, which is subject to a further check at the transfer meeting.

There were examples of cases where management grip and oversight could have been strengthened but there was also evidence where creative strategies to encourage engagement had been used effectively. Children's case files reflected that supervision meetings and management oversights were of a variable standard, but that management oversight was often evidenced through chairing of risk management meetings and strategy meetings. The new framework (launched on the 01/03/19) incorporates additional management oversight of the risk assessments through its requirement of management sign off which will help to increase management oversight.

In Summary

For those actions that have been completed there is not enough evidence as yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 3: Improve the timeliness of services to children and families, including the early help response, and the access to services to support victims and perpetrators of domestic abuse.
(Ref: Ofsted Recommendation 6)

Progress of Actions

There are eight actions against priority three, of which seven are due by the end of May 2019. Of these seven actions, two are amber meaning that there is some delay, three are green which are completed and awaiting evidence and two are blue meaning that they are completed and evidenced by the Quality Assurance Service.

The actions complete and evidenced include the implementation of practice standards for Early Help together with the delivery of associated training and the regular monitoring of practice standards.

Quality Indicators

Regular audits of time taken from allocation to first home visit are conducted by the Director of Early Help monthly. Random dip sample of cases allocated in last month is also undertaken. The Director is reporting that timeliness and case note recording to explain any delays has much improved. Audits continue to be undertaken monthly.

The actions rated amber are as follows:

Action	Timescale	RAG
3.6 Undertake a review of resources supporting domestic violence work within TfC.	31/03/19	Amber
3.8 Undertake process mapping of referrals of DV and routes to interventions to further identify any gaps in provision to be addressed.	31/12/18	Amber

With regards to the above two actions, funding to provide therapeutic support to children who have experienced domestic abuse has been agreed with Sunderland Council. A service specification has been drafted and we are now engaging with potential providers with a proposed contract award date of 1 July 2019. Additional funding has also been secured to increase capacity in existing provision, including: the delivery by Wearside Women in Need (WWIN) of refuge provision, outreach, group work and Independent

Domestic Abuse Advisors (IDVAs) to support survivors and their children; and the delivery by the BIG project (Impact Family Services) of group programmes and one-to-one interventions to perpetrators.

The findings from the IMKAAN (women's organisation dedicated to addressing violence against Black and minoritised women and girls) consultation were presented to the Domestic Abuse Strategic Project Group (DASPG) on 18th March and the final report includes key findings and recommendations for further actions to be progressed via the DASPG.

Safe and Together training dates will be co-ordinated with the Signs of Safety roll-out as part of an integrated workforce learning and development approach following the appointment of the new Learning and Development Manager.

In Summary

Actions under priority three are either complete or on track to be completed by the target date other than undertaking a review of resources supporting domestic violence within the company and process mapping of referrals of domestic violence and routes to interventions to further identify any gaps in provision.

Priority 4: Ensure that children's records are kept up to date and contain clear child focussed information so that children's histories and progress can be clearly evaluated to inform decisions.
(Ref: Ofsted Recommendation 7)

Progress of Actions

There are six actions against priority four, of which four are due by the end of May 2019. All four are green which are completed and awaiting evidence.

Actions that are ongoing includes the inclusion of timescales for case summaries within TfC practice standards, clear case recording, the consistent application of record keeping protocols, further developing the format of chronologies in Liquid Logic and utilising data and quality reports more effectively.

Quality Indicators

During the Ofsted monitoring visit in January 2019, Inspectors noted that regarding recording 'the quality of recording does not always enable an understanding of the issues and work undertaken'. The found in the main that recording does not detail what the social worker has done, what information has been acquired or the rationale for why decisions are made.

In Summary

Actions under priority four are on track to be completed by the target date. There is yet not enough evidence as yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 5: Ensure that all assessments are appropriately updated, that they evaluate individual risk, need and the experience of children, and that the resultant plans are outcome-focussed, are meaningful to children and families, and are regularly reviewed. (Ref: Ofsted Recommendation 8)

Progress of Actions

There are ten actions against priority five, of which nine are due by the end of May 2019. Of these nine actions six are green which are completed and awaiting evidence and three are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the introduction of quality assurance checks for the assessment process, the reassessment of disabled children's needs and the introduction of good practice files into each team that include examples of plans and assessments.

Performance Indicators

The percentage of CIN assessments completed and authorised within 45 working days is 91.7% and remains above target. The percentage of children subject to a CIN plan who have received a visit within 20 working days is 81.7% which is also above target.

Quality Indicators

The quality assurance report presented to this Quality and Improvement Committee in June 2019 concluded that overall 'partial' assurance had been obtained in relation to the quality measures identified in the plan. This report took account of findings from our Improvement Partners who also conducted a review of assessments in March 2019. The report found positive timeliness in relation to assessments and sufficient evidence that the referral concerns were either fully or partially explored. Children's voices were evidenced in most of assessments and those assessments which showed no evidence of the child's voice did demonstrate clear reasons for this being absent. Management oversight by means of mid-way checks, case notes and/or supervision case notes were evidenced in cases.

The report summarised the findings of ten audits of which three were judged to be inadequate due to information not being followed up or validated with involved agencies, key concerns not explored sufficiently, significant delay in assessment being complete, management oversight not progressing the assessment, lack of detail regarding parental histories being gathered to inform as to any impact upon parenting capacity and a lack of analysis of the information gathered within the assessment conclusions.

Across the ten audits, the quality of assessments was inconsistent, with over 60% of the judgements falling within the area of 'requires improvement'. The impact of management oversight was not always effective in evidencing assessment progression or improving quality for some children. In 70% of the cases, the chronology either lacked meaningful detail or was not up to date and in 60% of the cases, the case summary was either absent or more than three months old. Our Partner in Practice found in some cases the rationale for decision-making in the assessment was unclear and assessments tendered towards description rather than analysis. Doncaster found it difficult to identify the order of events and decisions in case notes and some case notes were not linked to the assessment.

In Summary

Actions under priority five are either complete or on track to be completed by the target date. Ofsted will report on its findings from visiting the front door and reviewing assessments in May 2019.

Priority 6: Ensure that practice for children who are subject to private fostering arrangements meets statutory requirements. (Ref: Ofsted Recommendation 11)

Progress of Actions

There are six actions against priority six, of which five are due by the end of May 2019. Of these five actions, one is green which has been completed and awaiting evidence and four are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the refining of policies and procedures for private fostering, reviewing the process for annual assessments of private foster carers, introducing separate files for foster carers and children, strengthening management oversight of the reviews and assessments of privately fostered children and exploring regional arrangements and groups.

Performance Indicators

The number of privately fostered children reduced from three to one in November 2018 and has remained at one to date.

Quality Indicators

The quality assurance report presented to the Quality and Improvement Committee in January 2019 concluded that overall 'limited' assurance had been obtained in relation to the quality measures identified under priority six in the Learning and Improvement Plan. The report concluded that children living in private fostering arrangements did not have their needs fully assessed because of poor quality and untimely assessments at the time of notification. Children had been seen alone by social workers to ensure that they were safe; however, this was not being recorded on the correct documentation which is designed to also ensure that the private fostering arrangement remains appropriate. Case files did not evidence that adults who are private foster carers were receiving annual reviews.

In the previous QIC meeting it was requested that a review of the remaining private fostering case is undertaken to determine if the assurance rating has improved following the implementation of recommendations presented in the QA report in January. This review has taken place and a report is on the agenda today. The report concludes that whilst recommendations have not to date been evidenced as fully completed it is recognised that the privately fostered child has been seen, including alone, on a regular basis and that this has been within the timescales set out by the private fostering regulations. Information held in the child's file would support that at this time the child's needs are being met and the local authority does have oversight of her day to day care. In summary TfC are able to demonstrate that the child's care is appropriate and that she is doing well, however are not able to demonstrate that at present this is recorded in the correct manner on their liquid logic recording system.

In Summary

Actions under priority six are on track to be completed by the target date. For those that have been completed there is not enough evidence yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved. The repeat audit of the private fostering case did not increase the assurance rating presented in the QA report in January.

Priority 7: Ensure that applications to court are timely and of good quality, and that no children are left in situations of ongoing risk due to delay. (Ref: Ofsted Recommendation 9)

Progress of Actions

There are six actions against priority seven, of which five are due by the end of May 2019. Of these five actions, four are green which are completed and awaiting evidence and one is blue meaning that it is completed and evidenced by the Quality Assurance Service.

The action that is completed and evidenced is the review of the allocations process for cases within the legal team. Other actions that are currently ongoing include a restructure of the Legal Team, a review of the gatekeeping process between social care and legal teams, a review of the management approach for tracking cases via the legal gateway process, and the implementation of a revised management approach for ensuring assessments and plans for Court are timely and of good quality.

Performance Indicators

The percentage of cases issued within seven working days has been calculated using the date that the commencement pack initially arrived in Legal and stands at 58.3% which is below both target and tolerance. There were no emergency protection orders in April.

In Summary

Actions under priority seven are either complete or on track to be completed by the target date. Performance information suggests there is not enough evidence as yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 8: Ensure that children who present as homeless fully understand their rights to become looked after under Section 20 of the Children Act 1989, and the benefit this brings. (Ref: Ofsted Recommendation 10)

Progress of Actions

There are three actions against priority eight; all three were due by the end of May 2019. Of these three actions, all are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the roll out of a leaflet for children aged 16 and 17 who present as homeless to inform them of their right to be accommodated or helped, the formal recording process for ensuring children have been informed of their rights and the delivery of the youth homelessness action plan developed in conjunction with the Homelessness Advice and Support Team (HAST) (part of Ministry of Housing, Communities and Local Government).

In Summary

Actions under priority eight are completed. Our homeless provision received positive feedback following a review of services undertaken by the Ministry of Housing, Communities and Local Government during.

Priority 9: When children come into care or need an alternative home, ensure that they are provided with a placement that meets their needs and offers stability through more proactive matching. (Ref: Ofsted Recommendation 12)

Progress of Actions

There are ten actions against priority nine, of which six are due by the end of May 2019. Of these six actions, three are green which are completed and awaiting evidence and three are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the improved recording and reporting of plans of permanence in place at 2nd reviews, strengthening the processes for obtaining and recording child views for those coming to MSET, external placement panel and conference and ensuring child views influence care planning.

Performance Indicators

The percentage of looked after children with three or more placements in the last 12 months is currently at 10.4% which is meeting target.

In Summary

Actions under priority nine are either complete or on track to be completed by the target date. It is too early to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 10: Ensure the timely completion of life story work for all children looked after so that they can understand their life history. (Ref: Ofsted Recommendation 13)

Progress of Actions

There are three actions against priority ten, of which none are due by the end of May 2019. The three actions, which are not yet due, are on track to be completed by their due dates. The actions include the development of a process and procedures for direct work to be undertaken as soon as a child becomes looked after and rolling out direct work training.

Priority 11: Improve timely access to appropriate mental health services for children looked after and care leavers and develop a clear transition pathway for those care leavers who do not have an EHCP. (Ref: Ofsted Recommendation 14)

Progress of Actions

There are two actions against Priority 11, of which both are due by the end of May 2019. One is green which is completed and awaiting evidence and one is blue meaning that they are completed and evidenced by the Quality Assurance Service. The completed action relates to having clear transition pathways for care leavers that do not have an EHCP and the action that is ongoing relates to increasing the provision and timeliness of mental health services for children and young people.

Priority 12: Improve access to vocational, training and employment opportunities for care leavers and particularly for those who have been NEET for long periods. (Ref: Ofsted Recommendation 15)

Progress of Actions

There are three actions against Priority 12, all three are due by the end of May 2019. Of these three actions, two are green which are completed and awaiting evidence and one is blue meaning that they are completed

and evidenced by the Quality Assurance Service. The evidenced action relates to a review of the ELLEET Team whose purpose is to target employment and education for the 19-21 group.

A Strategic Management Group, Resources and Funding Group and Director/Pathway group has been formed. Additional partners have been identified and participation in group activities has widened. New links with employers has been a target and all groups will attempt to extend networks to include employers and training providers.

Two FTE coordinators have been appointed to identify creative ways of driving opportunities in training and employment for care leavers, in particular 19-21-year olds. There has been a loss of momentum caused by the delay in appointing staff but every effort is now being made to focus quickly on engaging with each of the work streams.

A project has been established to improve EET for vulnerable young people including those with SEND and who are cared for children. The Virtual Head is monitoring individual PEP/attainment plans to ensure young people ending statutory education are securing optimum support.

Priority 13: Ensure that governance and scrutiny arrangements are rigorous and challenging and that there is an accurate understanding of the quality of practice, to enable the council to hold TfC to account and to ensure that progress is made, that children are protected, and that their experiences improve (Ref: Ofsted Recommendation 3)

Progress of Actions

There are six actions against Priority 13, of which three are due by the end of May 2019. The three actions are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include reviewing performance and quality indicators with the Council to monitor compliance and performance, the implementation of a short life task and finish group to consider existing scrutiny and reporting arrangements and a revised model for the quality assurance framework.

Quality Indicators

During the Ofsted monitoring visit in January 2019, they noted 'quality assurance processes are under developed and are not yet contributing to an effective understanding of all the areas requiring improvement'. Inspectors recognised that the new quality assurance framework is being developed and will be implemented by the next visit. TfC's Improvement Partner, Doncaster Children's Trust undertook a review of Quality Assurance in May 2019 and proposed some considerations for further developing the quality assurance framework and suggested some quick win actions.

In Summary

Actions under priority 13 are either complete or on track to be completed by the target date. For those that have been completed there is not enough evidence yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 14: Improve the training and development offer for social workers and managers to ensure that all staff have the right skills and knowledge for their role. (Ref: Ofsted Recommendation 4)

Progress of Actions

There are four actions against Priority 14, of which two are due by the end of May 2019. Of these two actions, both are green which are completed and awaiting evidence.

Actions that are ongoing include the TFC workforce receiving training in the risks around CSE and the development of a training programme on equality, diversity and identity.

Priority 15: Ensure that managers provide reflective and direct supervision for all workers, with additional challenge from IRO's and conference chairs, to improve the quality of practice and planning for all children. (Ref: Ofsted Recommendation 5)

Progress of Actions

There are four actions against Priority 15, of which three are due by the end of May 2019. Of these three actions, all are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions that are completed and evidenced include the implementation of a programme for Service Managers to review team managers supervision files, ensuring DRPs or IRO concerns are discussed in supervisions and front-line managers utilising performance and quality reports to scrutinise practice.

Performance Indicators

The percentage of social worker open cases that have had a supervision discussion recorded within the last month is 60.3% which is below target.

In Summary

Actions under priority 15 are either complete or on track to be completed by the target date. TFC's Improvement Partner, Doncaster Children's Trust undertook a review of Quality Assurance in May 2019 and concluded that there was evidence of appropriate IRO challenge on case files relating to practice.

Ofsted Monitoring Visits

Following the first Ofsted visit in January 2019, the following six actions have been added to the Learning and Improvement Plan:

- Work with the Police to identify actions that can improve the volume and quality of CCNs
- Monitor and interrogate the volume and quality of contact information and report the Police via the ICRT Operational Group
- Analyse re-referrals to understand and address themes and emerging issues
- Improve the consent rate for parents accepting support from Children's Services
- Brief case audits to be included on children files to demonstrate the effectiveness of management oversight
- All management decisions to be clearly recorded and evidenced on case files

A second monitoring visit was carried out in May 2019 and the letter is to be published by Ofsted on 14th June. Following a review of the letter, further improvement actions may be proposed for inclusion into the Improvement Plan.

4. FINANCIAL IMPLICATIONS

None

5. BACKGROUND PAPERS

Learning and Improvement Plan

6. CONTACT

Name: Jill Colber

Position: Chief Executive, Together for Children

Appendix A: Summary of Changes to RAG Ratings

Priority	Actions	Previous RAG	Current RAG
Priority 2: Ensure that children at risk of child sexual exploitation and those that go missing have an up to date assessment of risks that informs a comprehensive response to keep them safe". (30) (Ref: Ofsted Recommendation 2)	2.4 Implement Liquid Logic workspace for Missing and CSE.	A	A
	2.5 Implement a regular reporting cycle from MSET to SLT which provides assurance as to whether children are receiving an appropriate and timely response to keep them safe.	A	A
Priority 3: Improve the timeliness of services to children and families, including the early help response, and the access to services to support victims and perpetrators of domestic abuse" (17, 18) (Ref: Ofsted Recommendation 6)	3.6 Undertake a review of resources supporting domestic violence work within TfC.	A	A
	3.8 Undertake process mapping of referrals of DV and routes to interventions to further identify any gaps in provision to be addressed.	A	A
Priority 8: Ensure that children who present as homeless fully understand their rights to become looked after under Section 20 of the Children Act 1989, and the benefit this brings.	8.3 Deliver youth homelessness action plan developed in conjunction with the Homelessness Advice and Support Team (HAST) (part of Ministry of Housing, Communities and Local Government).	G	B
Priority 9: When children come into care or need an alternative home, ensure that they are provided with a placement that meets their needs and offers stability through more proactive matching.	9.7 Permanence plans to be in place by the 2nd review and IRO challenge to be evident where this has not been achieved.	G	B
Priority 11: Improve timely access to appropriate mental health services for children looked after and care leavers and develop a clear transition pathway for those care leavers who do not have an EHCP.	11.1 Put in place clear transition pathways for those care leavers that do not have an EHCP.	G	B
Priority 13: Ensure that governance and scrutiny arrangements are rigorous and challenging and that there is an accurate understanding of the quality of practice, to enable the council to hold TfC to account and to ensure that progress is made, that children are protected, and that their experiences improve	13.1 Review and agree performance and quality indicators with the Council to monitor compliance, performance targets and the quality of social care practice	G	B
	13.2 Short life task and finish group to consider existing scrutiny and reporting arrangements, the integration of the quality assurance framework and to devise a revised model to be agreed by the Council, TfC Board and the DfE.	G	B
Priority 15: Ensure that managers provide reflective and direct supervision for all workers, with additional challenge from IRO's and conference chairs, to improve the quality of practice and planning for all children	15.3 Managers to ensure that any challenges raised by IROs are discussed in supervision and resolutions are sought and responded to	G	B

Item 5

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE 4 JULY 2019

TOGETHER FOR CHILDREN CUSTOMER FEEDBACK ANNUAL REPORT 2018/19

REPORT OF THE DIRECTOR OF QUALITY AND PERFORMANCE

1. PURPOSE OF THE REPORT

- 1.1 To provide the Committee with information relating to compliments and complaints received by Together for Children in the period April 2018 – March 2019.

2. BACKGROUND

- 2.1 Together for Children is committed to listening to those who use its services, and learning from compliments, complaints and feedback in order to improve those services.
- 2.2 This report presents an overview of complaints and feedback received for the period April 2018 – March 2019.

3. CURRENT POSITION

- 3.1 Further, relevant reports, will be presented to Scrutiny Committee on a regular basis. This will ensure Members are provided with the most current information available to allow for the monitoring of themes and trends in a timely manner.

4 RECOMMENDATION

- 4.1 The Scrutiny Committee is recommended to consider and comment on the information provided regarding compliments, complaints and feedback received.

Contact Officer: Stacy Hodgkinson, Service Manager, Quality and Performance
0191 561 7573 Stacy.Hodgkinson@togetherforchildren.org.uk

Together for Children Customer Feedback Annual Report 2018-2019



1. PURPOSE OF THE ANNUAL REPORT

- 1.1. The purpose of this report is to provide information relating to all complaints and compliments received in the period April 2018 – March 2019.

2. COMPLAINTS PROCESS

- 2.1. The Complaints Process for Statutory Children's Services follows the statutory guidance. This is a 3-stage process as follows:
- Stage One – the initial stage of the process is investigated by the appropriate Team Manager. The service must respond within 10 working days, however an extension up to 20 working days can be requested for more complex cases.
 - Stage Two – on receipt of the response to their stage one complaint, complainants have 20 working days to progress their complaint to stage two if they are unhappy with the initial outcome. At this stage, the complaint is dealt with by an investigating officer and can take up to 65 working days to complete.
 - Stage Three – if the complainant remains unhappy with the outcome of the stage two complaint, they have 20 working days to progress their complaint to stage three. At stage three, a review panel will be appointed to review the complaint. This will consist of three independent people who will make recommendations to the Director of Children's Services.
- 2.2. If the Complainant remains unhappy, they can raise their complaint with the Local Government Ombudsman.
- 2.3. Any complaints that do not relate to Statutory Children's Services, are handled under the Non-Statutory Complaints Procedure.

3. COMPLAINTS SUMMARY

Pre-Complaints

- 3.1. Pre-complaints are where issues and/or concerns presented by individuals are dealt with through informal resolution. Whilst customers are provided with information about the complaints process and their rights to complain, we aim to achieve informal resolution where appropriate and when in the best interests of customers. The table below shows the pre-complaint data for each quarter:

	Q1 (Apr – Jun)	Q2 (Jul – Sep)	Q3 (Oct – Dec)	Q4 (Jan – Mar)	Total
Number received of Pre-complaints	24	16	37	21	98
Escalated to Stage 1	1	2	1	0	4

- 3.1. Through responding to issues or concerns at the outset, we have helped our customers to receive satisfactory resolutions informally with just four (4%) pre-complaints escalating to a formal stage one complaint.

Complaints Received

3.2. The table below shows the number of complaints received across each stage of the complaints process:

Complaint Stage	No Received Q1 (Apr – Jun)	No Received Q2 (Jul – Sep)	No Received Q3 (Oct – Dec)	No Received Q4 (Jan-Mar)	YTD
Stage One	71	59	42	54	226
Stage Two	5	2	6	7	20
Stage Three	3	2	0	3	8
Corporate (Non-Statutory)	1	0	2	3	6
Total	80	63	50	67	260

3.3. In 2018-19 there were 226 stage one complaints received compared with 177 in 2017-18. This shows a 27.7% increase from the previous year. Across the first three quarters the number of stage one complaints reduced however in quarter four the numbers increased. 20 stage two complaints were received in 2018-19 compared with 14 in 2017-18. This is an increase of 42.9%. Eight stage three complaints were received which is a decrease compared with ten in the previous year.

3.4. The table below shows the number of stage one complaints received by service area or team.

Service Area / Team	Qtr1	Qtr2	Qtr3	Qtr4	YTD
Assessment Teams	7	7	10	6	30
Children Looked After / Permanence Teams	8	4	4	6	22
Children with Disabilities	4	8	1	4	17
Child Protection Central 4	3	5	4	4	16
Child Protection Washington 2	3	7	3	2	15
Child Protection Central 1	5	1	3	5	14
SEND Team / EHCP	5	0	3	6	14
Child Protection Central 2	5	3	0	3	11
Child Protection Washington 1	4	2	0	4	10
Child Protection Coalfields 2	2	3	3	2	10
Next Steps	2	3	2	3	10
ICRT	3	4	1	1	9
Child Protection Central 3	4	1	2	2	9
Child Protection Coalfields 1	4	2	0	1	7
Child Protection North 1	2	1	0	4	7
Child Protection North 2	5	1	1	0	7
Interim Assessment Teams	0	2	3	1	6
Early Help Team	2	2	0	0	4
Interim Locality Team	0	3	0	0	3
Emergency Duty Team (Out of Hours)	1	0	1	0	2
Youth Offending	1	0	0	0	1
Fostering	1	0	0	0	1
Family Contact Service	1	0	0	0	1
IRO	0	0	1	0	1
Total	71	59	42	54	226

3.5. The highest numbers of complaints received in 2018-19 relate to the child protection teams, which equates to 106. This is to be expected as child protection is the largest service area covering ten teams and due to the

nature of work carried out within this service however there has been an increase in the number of complaints from 80 to 106 when compared with the previous year. The second-highest complaints received in 2018-19 relate to the Assessment Teams (30) which is comparable to the previous year. The number of complaints received in the Children Looked After/Permanence Teams has increased from 10 to 22 when compared with the previous year and SEND/EHCP complaints have also seen an increase from 3 to 14.

Themes

3.6. The main themes of the complaints received at Stage one in 2018-19 are shown in the table below:

Quarter One	Quarter Two	Quarter Three	Quarter Four
Top Three Themes: <ul style="list-style-type: none"> • Communication issues i.e. not being able to contact worker and/or worker not keeping appropriately informed (15) • Social worker attitude (15) • Contact issues i.e. missed contacts, too few contacts, etc (13) Other Themes: <ul style="list-style-type: none"> ▪ Case management and decisions (8) ▪ Inappropriate actions of social worker (7) ▪ Inaccuracies or missing information in reports (7) ▪ Alleged lies or accusations by social worker (6) ▪ Lack of appropriate or timely action against referrals (4) ▪ Financial issues (4) ▪ Lack of social worker support (4) ▪ Lack of progression or appropriate action (4) ▪ EHCP issues (4) ▪ Delay in or problems with assessment (4) ▪ Alleged data breach (3) 	Top Three Themes: <ul style="list-style-type: none"> • Communication issues i.e. not being able to contact worker and/or worker not keeping appropriately informed (20) • Lack of or delays in taking required action (including against referrals) (18) • Contact issues i.e. missed contacts, too few contacts, etc (9) Other Themes: <ul style="list-style-type: none"> ▪ Alleged social work lies, false allegations or assumptions (6) ▪ Alleged information / data breaches (5) ▪ Social worker attitude (4) ▪ Alleged parental bias (4) ▪ Disagreement with plan or actions (4) ▪ Inaccuracies in records and / or reports (4) ▪ Cancelled provision (3) ▪ Lack of support (3) 	Top Three Themes: <ul style="list-style-type: none"> • Communication issues i.e. not being able to contact worker and/or worker not keeping appropriately informed (10) • Contact issues i.e. missed contacts, too few contacts, etc (10) • Social worker attitude (9) Other Themes: <ul style="list-style-type: none"> ▪ Alleged social work lies, false allegations or assumptions (7) ▪ Lack of or delayed case progression (7) ▪ Social worker actions / lack of action (6) ▪ Alleged parental bias (3) ▪ Inaccuracies in records and / or reports / assessments (4) ▪ Lack of support (3) ▪ Disagreement with plan or actions (3) 	Top Three Themes: <ul style="list-style-type: none"> • Communication issues i.e. not being able to contact worker and/or worker not keeping appropriately informed (10) • Lack of action / Inappropriate action / delays (16) • Contact issues i.e. missed contacts, too few contacts, etc (11) Other Themes: <ul style="list-style-type: none"> ▪ Social worker attitude / behaviour (9) ▪ EHCP issues (6) ▪ Lack of support (5) ▪ Social worker turnover (5) ▪ Inaccuracies in records and / or reports / assessments (4) ▪ Placement issues (4) ▪ Lack of appropriate or timely action against referrals (4) ▪ Parental bias (3) ▪ Exclusion from meetings (3)

3.7. From April 2018 – March 2019 most complaints related to communication issues i.e. not being able to contact worker and/or worker not keeping families appropriately informed. This is consistent across all four quarters and in line with the top themes identified in the 2017-18 report. Complaints regarding contact issues have increased, becoming one of top three themes in each quarter during 2018-19 compared with two quarters in the previous year.

3.8. Although the overall themes are similar to previous years, some additional themes have emerged compared with the previous year. These are as follows:

- Case management and decisions
- Alleged lies or accusations by social worker
- Lack of appropriate or timely action against referrals

- Financial issues
- EHCP issues
- Alleged data breach
- Alleged parental bias
- Cancelled provision

- 3.9. There will always be an element of dissatisfaction from the families that Children's Social Care are working with due to the nature of the work and families not always seeing at first that working with social care is in the child's best interest. To counteract the above, Children's Social Care are creating a more open culture where families can raise concerns and managers will spend time looking at their concerns in the first instance reducing the number that escalate to a formal complaint.
- 3.10. The top three themes are reviewed regularly by Children's Social Care Senior Management Team to identify if there are areas for improvement or if complaints relate to the same teams monthly. Senior Managers within Children's Social Care have also spoken first hand to complaints listening and responding to their concerns where appropriate.
- 3.11. Although it is accepted that complaints are inevitable, Children's Social Care also understand that by having a more stable workforce across all teams in social care this will increase the likelihood of strong and trusting relationships to develop between families and their worker hopefully reducing the number of complaints regarding communication and lack of action. TfC are striving towards this currently and have a strong recruitment campaign in process.

Number of Complaints by Young People

- 3.12. The table below shows the number of complaints from young people received across 2018-19 each stage of the complaints process. There has been a 46% decrease in complaints made by young people compared to the period 2017-18 (26).

Complaint Stage	Q1	Q2	Q3	Q4	YTD
Stage One	1	3	2	7	13
Stage Two	0	0	0	0	0
Stage Three	1	0	0	0	1
Total	2	3	2	7	14

Timeliness of Response

- 3.13. The response time to stage one complaints has increased in 2018-19 from 56.6% in 2017-2018 to 69.9%. With the highest increase of timeliness completed in timescale in Q4. This shows that the response time to complaints is improving.

Complaint Stage	% of stage 1 complaints responded to in timescale					Direction of Travel
	Q1	Q2	Q3	Q4	YTD	
Stage 1 Complaints (Timescale 10-20 working days)	59.4%	73.9%	66.7%	88.2%	69.9%	↑

- 3.14. A quality assurance process was introduced in October 2018 which incorporates all stage one letters completed by team manager across the service being approved by their Service Managers before being sent to the complainant. This purpose is to ensure the quality of stage one response letters are of a high standard and answer all elements appropriately. However, we are yet to see if this process has been effective in reducing the escalation of stage 2 complaints.

Complaint Outcomes

- 3.15. The outcomes of complaint elements for the year are shown below. The numbers completed do not equate to the numbers received, as there were complaints open at the start of the year from 2017/18 and complaints that remain open moving into 2019-20. Stage 3 elements are based on the panel dates.

Complaint Stage	Upheld	Partially Upheld	Not Upheld	Unsubstantiated /Withdrawn
Quarter One				
Stage One	Not collected	Not collected	Not collected	Not collected
Stage Two	7	3	17	6
Stage Three	3	2	7	0
Quarter Two				
Stage One	Not collected	Not collected	Not collected	Not collected
Stage Two	2	0	2	0
Stage Three	4	0	3	1
Quarter Three				
Stage One	24	25	104	23
Stage Two	10	8	22	4
Stage Three	7	1	17	6
Totals	41	34	143	33
%	16%	14%	57%	13%
Quarter Four				
Stage One	20	25	52	8
Stage Two	11	10	16	3
Stage Three	12	2	10	6
Totals	43	37	78	17
%	25%	21%	45%	10%

- 3.16. In October 2018, the Customer Feedback Team started to record the outcome of individual elements at stage one in addition to the overall outcome (this was previously recorded in stage one response letters). Since October 281 elements were identified in Stage one complaints, of which 44 of the 281 elements were upheld equating to 15.6% of the overall elements.
- 3.17. Since April 2018, 13 stage two investigations have concluded which incorporated 121 elements. 30 of the 121 elements were upheld equating 24.8% of the overall elements. Since April 2018, of the 69 elements that went to Stage 3 panels the following outcomes changed; Elements not upheld reduced by 3, elements partially upheld reduced by 10 and elements upheld increased by 12.
- 3.18. The main subject areas of elements upheld at stage two and three in the period of October 2018 – March 2019 are as follows:
- Lack of regular updates and disruption to regular updates (2)
 - Failure to investigate stage 1 appropriately (2)
 - Failure to adequately assess family support and provide copies of assessment (2)
 - Lack of communication (2)
 - Failure to facilitate indirect contact as per court order (1)
 - Lack of statutory multi-agency CIN meeting (1)
 - Failure to follow child protection procedures (1)
 - Lack of management oversight (1)
 - Failure to consider the wishes and needs of young person (1)
 - Errors in assessment record (1)sat
 - Cancellation of meeting without notice (1)
 - Social Workers not familiar with the case (1)

- Parenting assessment not discussed with parents (1)
- Failure to support family through court process (referrals and advocates) (1)
- Incorrect recording of information (1)
- Failure to provide suitable support (1)
- Failure to follow procedures in relation to preparing and sharing ICPC report (1)
- Missed indirect contacts (1)
- No receipt of minutes (1)
- Lack of child's views in placement (1)

3.19. Comparing upheld elements with the previous year, there are a small number of themes that are reoccurring such as communication, lack of updates from workers, limited offer/use of advocacy services and adequacy of assessment. However due to the individualised nature of complaints it is difficult to say if the reasons for reoccurring themes are due to limited impact of recommendations or if it is due to other reasons. To assist with the analysis of themes, the upheld elements identified in both stage two investigations and stage three panels are reviewed quarterly by Children's Social Care Senior Management Team. The Customer Feedback Team identifies any reoccurring complaint elements and feeds this back at the quarterly meetings.

Ombudsman Referrals

3.20. Eight complaints were highlighted to the Customer Feedback Team in 2018-2019 by the Local Government Ombudsman. The Local Government Ombudsman (LGO) is still making enquiries on two of the complaints. With regards to remaining six, the LGO concluded for three of the cases there was no further action required by TfC. The LGO did recommend for one case that a change in procedure was required and for the remaining two recommended that a stage 2 investigations should be carried out.

Lessons Learned

- 3.21. An action plan is maintained by the Customer Feedback Team which includes actions and recommendations from stage two investigations and stage three panels. The action plan is closely monitored by the team. Reminders are sent to managers with responsibility for the recommendations each month and reported into Senior Management Team meetings to ensure that the learning is shared across the whole service.
- 3.22. Below are some key actions that Together for Children is delivering, taking account of lessons learned.
- Together for Children are currently reviewing their training offer to staff which will include mental capacity training.
 - Together for Children's legal team are in the process of implementing a process whereby duty solicitors will be asked to confirm legal advice given verbally with a follow up email, this can be added to the child's file which can assist when queries are received.
 - Although it is not a requirement to inform parents/carers on the outcome of a strategy meeting, Together for Children feel it should be a practice requirement and included in Together for Children's Practice Standards. This will be included in the next update and will extended to include a written outcome.
 - When a new referral is received, and an assessment has been requested, if the child has lived in a different area, workers are to ensure that all background information is requested including archived information.
 - Together for Children have recognised the need to develop more robust commissioning processes for disabled children's short break provision and have reflected this in our Sufficiency Strategy 2017-2020. To ensure six monthly reviews for short breaks are in place where it has been assessed that short breaks are necessary to meet the needs of a disabled child and their family.
 - To provide further training for Team Managers in authorising assessments, and in implementing a robust checking system to ensure accuracy of reports and discrepancies are rectified accordingly and that parents receive a copy of completed assessments.

- Together for Children are in the process of developing a leaflet for families, to include guidance around the process of Section 20 ensuring families have a clearer understanding of processes and the need for them to seek their own legal advice and representation.
- Together for Children are introducing a new way of working with children and families called Signs of Safety, forging and maintaining strong working relationships with families is fundamental to this approach. All managers and practice leaders will have completed mandatory training by 12th April 2019.

3.23. Some of the key actions achieved over the last year include:

- Together for Children provide timely training to staff in relation to foster carer roles, and how to address any concerns in respect of their professionalism through the correct channels.
- Social Workers have been reminded of the availability of advocacy services for young people to ensure their voices are properly heard in circumstances such as those reflected within this complaint.
- During Stage two complaint investigations, where there is a change to the signed statement, these changes are to be formalised in writing and signatures obtained to signify approval.
- Managers of the Children with Disabilities Team provide appropriate support and resources to ensure that all practitioners are fully aware of and understand the process for use of direct payments and short breaks.
- Management liaise with procurement services regarding agency social workers and their accountability in the event of complaint investigations, as per the HCPC Standards of conduct, performance and ethics
- Contact with children's other family members is considered, promoted and supported.
- Staff have been reminded of good record keeping and the importance of timely information to parents and carers.
- Together for Children Practice Standards have been reviewed and strengthened in relation to gaining consent and ensuring parental involvement and understanding. The revised standards will be relaunched in May 2019.
- The full inclusion and involvement of fathers in assessments and care planning has been recognised as an area of practice which requires further development and is included as a priority in our most recent draft Improvement Action Plan.
- Together for children are ensuring that families with disabled children have a choice of quality short break provision which meets their child's identified needs and supports them to remain together within the family home.

Cost of Complaints

3.24. The total cost of investigating claims in all four quarters is £57,886.76 compared with £147,909.80 for the same period in 2017/18. However, the decrease is largely due to the recruitment of two full time Investigating Officers within the Customer Feedback Team which provides greater flexibility and allows the team to deal with peaks in demand. The table below shows the compensation costs paid in relation to upheld complaints. Overall £5,200 compensation costs were issued compared with £16,231 in the previous year.

	Q1 (Apr – Jun)	Q2 (Jul – Sep)	Q3 (Oct – Dec)	Q4 (Jan – Mar)	YTD
Compensation costs	£900.00	£1,600	£2,300	£400.00	£5,200

Compliments

3.25. It is important to recognise positive feedback to inform service developments and best practice. 279 compliments were received in 2018-19 compared with 144 in 2017-2018 which is a 94% increase in recognition of good practice.

Team	Qtr1	Qtr2	Qtr3	Qtr4	YTD
Assessment Team	2	9	10	11	32
Children's Homes	4	8	3	5	20
CP Central 3	1	7	6	6	20
IRO	4	6	8	2	20
Early Help	3	0	6	8	17
LAC and Permanence	4	4	6	3	17
CP Washington 2	5	4	5	2	16
Fostering Team	2	4	5	5	16
Youth Offending Team	4	5	5	0	14
Next Steps	9	1	1	1	12
CP Washington 1	2	3	2	2	9
CP Coalfields 2	1	2	3	2	8
CP North 2	0	4	3	1	8
Children with Disabilities	2	0	1	4	7
CP Central 1	2	2	1	2	7
CP Central 2	0	1	1	5	7
Adoption	0	0	6	0	6
CP Central 4	0	3	2	1	6
Customer Feedback Team	1	2	0	1	4
CP North 1	1	2	0	0	3
Performance Team	0	2	0	1	3
Business Support	0	0	2	0	2
Commissioning	0	0	0	2	2
CP West 2	2	0	0	0	2
Director of Education	0	1	1	0	2
Early Intervention Team	1	0	1	0	2
Family Contact Service	0	1	1	0	2
HR	0	0	0	2	2
YDAP	0	0	2	0	2
Attendance Team	1	0	0	0	1
Contact Team	0	0	0	1	1
CP Coalfields 1	0	1	0	0	1
Emergency Duty Team	0	1	0	0	1
Family Group Conference	0	0	1	0	1
Finance	0	0	1	0	1
ICRT	1	0	0	0	1
Participation Team	0	0	1	0	1
Quality Assurance	0	0	1	0	1
Quest	0	0	1	0	1
SEN	1	0	0	0	1
CP East 1	0	0	0	0	0
CP East 2	0	0	0	0	0
CP West 1	0	0	0	0	0
TOTAL	55	73	86	67	279

- 3.26. The highest number of compliments were received in relation to the Assessment teams with children's homes, Child Protection Team 3, the IRO Service, Early Help and the LAC and Permanence Team receiving high numbers. Below are some examples of compliments received in 2018-2019:

Assessment Team

- "X was amazing while working with our family, such a lovely lady she had a brilliant connection with XXX even though he was going through a really hard time. We as a family will always be grateful for the help and support and amazing work she did. Referrals, support, advice and overall being so fantastic at the work she did"

Next Steps

- "Ya probs won't get this til ya wake up haha but a just wanna say how amaze you've been and how much of an amazing you are! Sounds cringe but like it's just madness how much you've actually done for me over the past like 2-3 month and you've also got like 15 other kids. I really really really really do hope that that ya actually stay as me social worker coz a canny be dealing with new ones slinging the wait about all owa Easington lane like to be honest av always hated social workers and I'll tell ya now not many people actually do like them but your totally different am actually hoping to god ya can be me social worker until am not in care so tell Frankenstein if ya not I'll be having words and they won't be good words either hahah"

Early Help

- "X recently worked with our family through Early Help. She was a pleasure to work with, very easy to talk to and instantly made a connection with our son XXX. She always maintained the highest degree of professionalism while working with us, and was extremely helpful when it came to making suggestions about ways we could improve our relationship with our son, and supplying us with charts etc. to carry out the plans we agreed to put in place. Because of the excellent experience we had with X as our worker, I would recommend Early Help to any parent who is experiencing difficulties with their child. We would like to thank X for all the help she has given us in the past few months, and for helping us discover better ways to cope with our son's difficult behaviour."

IRO Service

- "Please can I take the opportunity to highlight some positive feedback/practice in respect of IRO X. X moved her diary around to attend the meeting and despite only being IRO for the young person for the last 18 months, was a linch pin, in providing up to date context and advocating in the best interest of the young person in what was otherwise a very difficult meeting. X had insight in respect of patterns of behaviour, historical case knowledge and information relevant to previous behaviours demonstrated and interventions attempted historically. both IRO and care taking Social Worker demonstrated unwavering commitment to the best interest of this YP. It was evident X had her finger on the pulse in respect of the circumstances leading up to the meeting being called. Thank you for both flexibility and co-ordinated joint working/risk management in respect of the case".

Child Protection Team

- I know that Together for Children has been through difficult times of its own, and that when things don't go well people are very ready to criticise and to complain. So, I think it's important that when things go right, people also take the time to say so too. It's been a very distressing period for us, and we welcomed the involvement and support of your services, which helped us get through it when at times we thought that as a family, we might not. While we have found the wider agency involvement very supportive, I'd like to pay tribute to their social worker, we literally could not have hoped for more from her. At a time when she would not talk to anyone, she would talk to, and listen to, X. She was empathetic and supportive to her, but at the same time set clear boundaries and was firm when needed. But we also felt supported as a wider family, and at times when we were at our lowest she was there to help us get through it, and keep the family together. I do want to share with you that one of the teachers from F school observed that over the years he had dealt with many social workers, but none that had come close to X for competence, empathy and professionalism. I know she'll have a busy case load: those families are lucky to have her.

- 3.36 Moving forward compliments will be shared more widely with the Senior Management Team and via the Communications Manager to all staff to recognise the dedication staff within TfC are showing.

4. RECOMMENDATIONS

- 4.1 Together for Children are committed to getting it right for the families in Sunderland. To do this we will continue to drive improvement from learning from the complaints and compliments raised. To develop a robust system in 2019- 2020 we will;
- Arrange individual workshops to discuss the following emerging themes arising from the Annual Report and develop relevant action plans from the workshops:
 - Contact issues i.e. missed contacts, too few contacts etc
 - EHCP issues
 - Communication and worker actions
 - Alleged data breach's
 - Increased numbers of complaints in Children looked After/Permanence Teams and Child Protection Teams.
 - Customer Feedback Team to undertake a review of complaint elements that have changed at stage 3 panels to understand the reasons for this and if any action is to be taken.
 - Undertake a focussed piece of work around communication to increase the coverage of compliments within TfC HR newsletters and via other communication channels.

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

NOTICE OF KEY DECISIONS

REPORT OF THE DIRECTOR OF PEOPLE, COMMUNICATIONS AND PARTNERSHIPS

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions is attached marked **Appendix 1**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee or relevant Scrutiny Panel could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda
-

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions (including key decisions) intended to be considered in a private meeting:-

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
181024/312	To approve the Final Business Case in relation to the development of a Regional Adoption Agency and agree next steps leading up to the establishment of the Regional Adoption Agency.	Cabinet	Y	During the period from 16 July to 30 September 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190304/344	To consider investment partner proposals for the funding of office and other developments on the Vaux site.	Cabinet	Y	During the period from 16 July to 30 September 2019.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190114/325	To procure a contractor to undertake works at Jacky Whites Market.	Cabinet	Y	During the period from 16 July to 30 September 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190513/351	To approve the First Capital Review 2019-2020 (including Treasury Management).	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190513/353	To approve the First Revenue Review 2019-2020.	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190521/358	To approve and make a capital contribution to Phase 4 of the Bridges comprising the redevelopment of the former Crowtree Ice Rink building to provide a new leisure use.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190522/359	To authorise the acquisition of the land and property interests required to facilitate the Ryhope Doxford Link Road.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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190522/360	To consider a proposal to recommend Council to agree an amendment to the Budget and Policy Framework to enter into a potential financial arrangement with a local organisation.	Cabinet	Y	During the period from 16 July to 30 September 2019.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190530/361	To approve a scheme for Structural Maintenance of A1231 Bridges.	Cabinet	Y	16 July 2019	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190530/362	To approve a scheme for Structural Maintenance of A182 Bridges	Cabinet	Y	16 July 2019	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190530/363	To approve the acquisition of an interest at the North Hylton Road College site.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190603/364	To authorise the Executive Director of City Development to commence the delivery of the Coastal Communities Round 5 Project.	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190610/365	To approve the addition of varenicline scheme to the current range of Public Health services commissioned from pharmacies	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190610/366	To approve the adoption of a Healthy Weight Declaration for Sunderland	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190610/367	To procure a Substance Misuse Treatment and Harm Reduction Service to commence from 01 July 2020 following the end of the current contract	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190610/368	To establish a Public Health Grant scheme to help build public health capacity in Sunderland	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190611/369	To approve the principles and the delegations necessary to facilitate the execution of the changes to the funding arrangements in respect of the South Tyne and Wear Waste Management Partnership PFI Contract.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190612/371	To approve the acquisition of property on High Street West, Sunderland.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190611/370	Following conclusion of the statutory representation period, to consider the proposal to discontinue Millfield Community Nursery School.	School Organisation Committee of Cabinet (SOCOC)	Y	17 July 2019	N	Not applicable.	SOCOC Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190614/372	To approve the disposal of land at the former Houghton Colliery, Newbottle Street, Houghton le Spring.	Cabinet	Y	16 July 2019	Y		Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	During the period 1 September to 30 November 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to committees@sunderland.gov.uk

Who will decide;

Cabinet; Councillor Graeme Miller – Leader; Councillor Michael Mordey – Deputy Leader; Councillor Paul Stewart – Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor Geoffrey Walker – Health and Social Care; Councillor John Kelly – Communities and Culture; Councillor Amy Wilson – Environment and Transport; Councillor Rebecca Atkinson – Housing and Regeneration.

This is the membership of Cabinet as at the date of this notice. Any changes will be specified on a supplementary notice.

Elaine Waugh,
Assistant Director of Law and Governance

17 June 2019

Item 7

CHILDREN, EDUCATION AND SKILLS SCRUTINY 4JULY 2019 COMMITTEE

ANNUAL WORK PROGRAMME 2019/20

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of the Report

- 1.1 The purpose of the report is to consider issues for inclusion in the work programme of the Committee for the municipal year 2019/20.

2. Background

- 2.1 The work programme is designed to set out the key issues to be addressed by the Committee during the year and provide it with a timetable of work. The Committee itself is responsible for setting its own work programme, subject to the coordinating role of the Scrutiny Coordinating Committee.
- 2.2 To be most effective, the work programme should provide a basis and framework for the work of the Committee, while retaining sufficient flexibility to respond to any important issues that emerge during the course of the year. The work programme is therefore intended to be a working document that the Committee can develop and refer to throughout the year.
- 2.3 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.4 The remit of the Children, Education and Skills Scrutiny Committee covers the following:-

To review and scrutinise any matter relating to the service performance and commissioning for children, young people and their families including Safeguarding and Child Protection, Family Support and Children's Social Care, Corporate Parenting, Educational Attainment and Skills, Relationship with Schools and Youth Services.

- 2.5 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary). The work programme should also reflect and be aligned to the key priorities of the Council as set out in documents such as the Sunderland Strategy and Corporate Plan

3. Draft Work Programme 2019/20

- 3.1 On 25 July 2019, The Committee held a work programme development session to discuss the issues and approach it wishes to take for the year ahead. Ian Parry from the Centre of Public Scrutiny was also in attendance to

provide input and advice and advice. Jill Colbert, Karen Davison and Simon Marshall were also in attendance.

3.2 A issues were raised during the session including:-

- It is important that the Committee focuses on those issues of most importance. Children services covers a wide range of areas and it is important not to spread the work of the Committee too thinly. This will help the Committee to achieve more positive outcomes. This could also be facilitated by avoiding unnecessary repetition in the work programme and the use of excessive data.
- It is important to think about the structure of the work programme. This can help the Committee to be more productive, for example by the use of themed meetings and focusing on a particular topic.
- It is important to involve partners to help break down the barriers that are currently blocking service improvement including data sharing and the way partners work together.
- The importance of engaging with service users and parents in order to make a significant and lasting improvement in service delivery. Also focusing on preventative measures that can be taken.
- The Committee may wish to consider the use of Task and Finish Group or evidence gathering sessions in order to examine priority topics in more detail and hear the views of partners and clients. It could also be an opportunity to commission expert advice and information gathering. This should help the Committee to have a better understand the service being provided and highlight areas of improvement e.g. the contribution that Children's Centres make to Early Help, the prevalence of certain issues in Sunderland and the level of referrals to the front door.

3.3 Members agreed to discuss potential themes, which centre around improvement planning, and ways of working including partner involvement at the next meeting of the Committee and based on this discussion agree a more detailed work programme.

4. Recommendations

That the Scrutiny Committee consider the feedback from the work programme session and consider the issues for inclusion in the work programme for the coming year.

5. Background Papers

None

Contact

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