



Date: Wednesday, 17 November 2021

Time: 10.00 am

Venue: Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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PEOPLE OVERVIEW COMMITTEE

TO FOLLOW REPORT (S)

7 **School Exclusions** (Pages 1 - 64)

To inform the committee of levels of permanent exclusions in Shropshire and how this compares to the national rates of exclusions. To advise the committee about the challenges faced by educators and the local authority and the cost and impact of permanent exclusion on children and the system.

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Committee and Date

People Overview Committee

17 November 2021

Item

Public

School Exclusions

Responsible officer

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1.0 Summary

1.1 This paper provides details of the the levels of permanent exclusions in Shropshire and how this compares to the national rates of exclusions. It informs scrutiny about the challenges faced by educators and the local authority and the cost and impact of permanent exclusion on children and the system.

2.0 Recommendations

2.1 The committee is asked to note the details given in this paper, in particular the causes of and the broader impact of increasing numbers of exclusions and consider what resources may be required to address the increasing numbers of pupils being excluded and how their needs can be effectively met.

REPORT

3.0 Risk assessment and opportunities appraisal

3.1 School exclusions result in poorer outcomes for children who are excluded, particularly because these children are already considerably more likely than their peers to have had adverse childhood experiences, experience deprivation, or to have a special education need or disability. Expulsion not only harms educational outcomes, but also places children at greater risk of criminal or sexual exploitation.

3.2 Any risks or opportunities arising from this report will depend on any recommendations made by the committee which are subsequently agreed by Cabinet or Council.

4.0 Financial implications

4.1 There are no direct financial implications from the recommendations contained in this report, as it is for information only.

5.0 Climate change appraisal

5.1 There are no climate change implications arising directly from this report.

6.0 Background

- 6.1 The rate of school exclusions in Shropshire has increased steadily since 2012, a trend that continued until schools were closed due to the Covid-19 pandemic in March 2020. Most exclusions are applied in secondary schools.
- 6.2 There is an increase in both fixed term and permanent exclusions and, of particular concern, are the numbers of children with special educational needs who are now being excluded at a higher rate than the national average (England). This was identified as a weakness in the SEND Ofsted inspection in January 2020 and is included as Priority 6 in the Written Statement of Action (WSOA) resulting from the inspection. This is attached as Appendix A.
- 6.3 The national lockdown on 23 March 2020 interrupted the upward trajectory of permanent exclusions in the academic year 2019/20. At this point the total number was 44 and it was predicted that the number would top 100 by the end of the academic year.

Shropshire permanent exclusions					
	2015/16	2016/17	2017/18	2018/19	2019/20 (March)
Primary	10	9	16	12	5
Secondary	34	39	56	78	39
Special	0	2	1	0	0
Total	44	50	73	90	44

In 2019/20 **the rate of permanent exclusion was 0.08**, down from 0.16 in 2018/19 (due to lockdowns), but which is still higher than national (see below).

In the academic year 2020/21, despite further periods of lockdown where schools were only open to vulnerable and keyworkers' children, the local authority was notified of **75 permanent exclusions**. 24 of these were averted by the local authority Inclusion team, 7 were rescinded and 1 was overturned on appeal to the pupil disciplinary committee. This left 43 completed permanent exclusions, of which 19 were of pupils in Key Stage 4 (44%).

6.4 National rates of exclusion

The latest release from the DfE is for 2019/20. The number of permanent exclusions has decreased in 2019/20 from 7,900 to 5,100. This is driven by the effect of the national lockdown that started in the Spring term.

The overall rate for permanent exclusions is 0.06 in 2019/20, down from 0.10. This is the equivalent of 6 in every 10,000 pupils. This reduction is also reflected across school types.

7.0 The risks and impact of permanent exclusion

- 7.1 Department for Education guidance states that “permanent exclusion should only be used as a last resort, in response to a serious breach or persistent breaches of the school's behaviour policy; and where allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in the school.”
- 7.2 Besides the immediate significant financial cost of permanent exclusion to the local authority in carrying out its duties regarding sixth day provision, the impact on the life chances and future financial burden on the wider welfare system cannot be ignored. Children who have been excluded often do not reach their potential in terms of obtaining good qualifications and securing good employment opportunities.
- ### **7.3 Adverse Childhood Experiences and Exclusion**
- Children who are considered vulnerable are more likely to be excluded and there is clear evidence of links between safeguarding and exclusion. An audit of all 24 children who were permanently excluded in the autumn term 2020 was undertaken with a focus on ‘adverse childhood experiences’ (ACEs) (Attached at Appendix B).
- 7.4 Of the 24 pupils who were permanently excluded during the period covered by the audit, there was clear evidence of multiple adverse childhood experiences present in the lives of 14 children and young people. There was evidence of at least two ACEs for all 14 children. 58% of pupils who were permanently excluded during the scoping period were impacted by ACEs
- 7.5 ACEs refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. It has been evidenced that considerable and prolonged stress in childhood has lifelong consequences for a person's health and wellbeing.
- 7.6 Direct ACEs include all types of abuse by a parent/caregiver. Indirect ACEs include parents addicted to drugs and alcohol, domestic abuse in the household, family member in prison, mental illness, abandonment including through divorce or separation.
- 7.7 ACEs have been causally and proportionately linked to poor physical, emotional and mental health and have a significant impact on social and educational outcomes.
- ### **7.8 Child Exploitation**
- Children who are excluded are also more at risk from all forms of exploitation and abuse from external sources rather from their primary caregivers. An audit of exclusions with the focus on exploitation was undertaken in March 2019 (attached at Appendix C).

7.9 Recommendation 2 in the audit report was *“Schools need to keep children in school by responding to challenging behaviour and additional needs. Action needs to be taken to combat schools who persistently exclude or off roll (Children’s Commissioner 2019); we need to consider the best approach to managing young people who present challenges, we know that exclusion and TMBSS only serves to increase risk and vulnerability, isolation from school will push these young people further into the clutches of perpetrators and increase the opportunities for exploitation”*.

8.0 The direct financial costs of permanent exclusion

8.1 For permanent exclusions, the local authority must arrange suitable full-time education for the pupil to begin no later than the sixth school day of the exclusion.

8.2 In order to fulfil its statutory obligation the local authority commissions sixth day provision from the Nisai online school, Shropshire’s Tuition Medical Behaviour Support Service and Targeted Provision SEND tutors. Other alternative provision may be used to provide a more bespoke package when necessary.

8.3 Dependent upon their circumstances and individual needs, the costs of educating permanently excluded pupils to the local authority have ranged from £2,200 up to £39,200 (per pupil).

8.4 In 2018/19 the costs of providing for the needs of the 90 children who were permanently excluded totalled £302,473; these are costs beyond those which would ordinarily be spent on children’s education.

9.0 The causes of permanent exclusions, and work to address increasing rates

9.1 The causes are varied and complex and work continues to understand the factors contributing to the increase in numbers over a relatively short period of time. The following factors have had an impact on exclusion rates:

- Steady reduction in retained local authority funding over a number of years leading to restructuring of central support services, with a focus on statutory duties and targeted support, away from the previous universal offer.
- Conversion to academy status changing the lines of accountability for schools – all but one of Shropshire’s secondary schools are now academies. Academies report to the Regional Schools’ Commissioner rather than the local authority. Whilst bound by national regulations on pupil exclusions, schools may set their own behaviour policies and approaches to behaviour management.
- Continued cost pressures on Shropshire schools and retained local authority education budgets, despite improved funding settlements in recent years, including the recent Spending Review settlement.

- Emerging contextual safeguarding issues, with criminal exploitation (County Lines) gaining a foothold in parts of Shropshire.
- Increasingly complex needs/issues around mental health and wellbeing (some linked to the pandemic) and long waiting lists for services.
- Use of social media causing issues in schools; this can limit relationship development especially in secondary phase students.
- Changes to curriculum with focus on exams, most schools no longer provide in-house vocational courses.
- Capacity in the Tuition, Medical, Behaviour Support Service (TMBSS).

9.2 A workstream is in place to focus on Inclusion and reducing levels of exclusion. Its purpose is to:

- review approaches, processes, provision and services to ensure that all Shropshire children and young people, including those with special educational needs and/or disabilities have access to a suitable full-time education.
- reduce the level of fixed term and permanent exclusions experienced by children in Shropshire.

9.3 Other work underway includes the following:

- A review of the TMBSS primary model has been completed. A new model of delivery is to be implemented from January 2022.
- A draft community Inclusion policy is currently out for consultation. This document has been produced in collaboration with partners including education, parent and carers' council (PACC) health, early help and social care.
- Since the SSCP pathway was revised in 2019 we have seen a significant increase in the number of children who are identified with risk factors pertaining to exploitation and there is a clear link between children who are excluded from school and increasing risk factors around exploitation. (See Appendix C for an audit of children who were being exploited and excluded from school.) Shropshire children's services introduced a pilot in November 2020 and seconded a full-time social worker into a newly created post dedicated to supporting young people who were being targeted and/or exploited. This pilot has proved very successful in promoting better outcomes for children in Shropshire, and together with our partner agencies including Education Access Service we offer a robust multi-agency response where concerns of exploitation are identified. Following on from the success of the pilot, we are increasing the exploitation hub (which will be known as TREES (Together Reducing and Ending Exploitation in Shropshire)) to 3 full time social workers and 3 full time family support workers and 1 full time substance misuse worker. Through

creation of these additional posts we will be able to strengthen our response to child exploitation even further, which will also have a positive impact on reducing school exclusions, criminality, substance misuse and children entering the looked after children system.

- Operation Encompass is successful in achieving its aim of notifying educational establishments of domestic abuse incidents so that they are able to understand and support children in school. (ACES.) Schools are also notified of any children who have missing episodes.
- The Inclusion team attend Pupil Planning Meetings to support children and advise schools with regard to behaviour management and referral pathways.
- Officers attend Pupil Disciplinary Committee Meetings routinely (although are only allowed to speak if invited to in Academies).
- Promoting and using person centred approaches and one-page profiles
- EAS Team Leader participates in weekly Exploitation and Missing Triage meetings
- Education is fully represented on the Serious, Organised Crime Joint Area Group (SOCJAG) and a number of SSCP Sub-groups
- Well-established Specialist Placement Panel. The Specialist Placement Panel helps the Local Authority to make the best decisions possible about efficient education for children and young people who require access to a specialist provision. This includes pupils who have been permanently excluded.
- Successful development and implementation of Fair Access Panel. All permanent exclusion cases are initially presented at specialist placement panel. If panel members agree that it is appropriate for an excluded pupil to reintegrate into mainstream school, then the case will be presented to Fair Access panel where headteachers, who have no connection to the excluding school or potential receiving school sit to discuss the allocated cases. Fair Access Panel is a safe forum for confidential discussion. It encourages peer on peer challenge for headteachers to discuss those cases where a pupil with additional needs has been excluded and ensures that consideration is given to requirements for further support that is required in their new setting. The process is robust and all schools have signed up to the process.
- School Performance Monitoring cycle measures schools according to their inclusive practices/levels of exclusions.

9.4 Planned work includes the following:

- Develop a Managed Moves process and protocol. Most local authorities have managed moves in place. This will require a new post to facilitate the moves on a 'spend to save' model.
- Further review of the TMBSS model of delivery and sixth day provision in order to increase capacity in the system.
- Continue to work with schools on cultural change so that in Shropshire, children 'belong' to everyone and they are able to access the right provision at the right time.
- Provide appropriate support around behaviour management but also exert appropriate scrutiny and challenge where services are not inclusive.
- Address waiting lists for services and staff capacity.
- Develop training offer to schools.
- LA to ensure school governors receive training on how they can help shape their school's ethos, understand their role in the exclusion process and scrutinise school behaviour policies and practices.
- Consider reinstating behaviour Adviser and behaviour support team.

10.0 Conclusion

10.1 In order to turn the tide of permanent exclusions, partners must build on the work we have started to create a fully inclusive community that understands the factors driving behaviour in schools. Behaviour is always a form of communication which we must hear, act upon and provide the necessary response and resources to adequately/fully meet the needs of our children and young people. This is more important than ever, as we also begin to understand the impact of the Covid-19 pandemic and deal with its aftermath.

It is also firmly in the interests of Shropshire to invest in our children's futures to ensure the stability and growth of our communities and wider society as we face the challenges to come.

<p>List of background papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p> <p>None</p>
<p>Cabinet member (portfolio holder)</p> <p>Portfolio Holder for Children and Young People</p>
<p>Local member</p> <p>All</p>
<p>Appendices</p> <p>Appendix A Local Area SEND Written Statement of Action (WSOA) Appendix B Autumn 2020 Audit of Permanent Exclusions with focus on Adverse Childhood Experiences</p>

Appendix C March 2019 Audit of Exclusions with focus on Exploitation



Shropshire Local Area Written Statement of Action



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Introduction:

The Shropshire Local Area SEND inspection took place in January 2020. Inspectors identified a number of challenges that must be overcome to secure necessary improvements which will lead to better outcomes for Shropshire children and young people with SEND.

The outcome of the inspection is that the Shropshire local area has been requested to produce a Written Statement of Action (WSOA). We recognise the concerns highlighted through the inspection and, in particular, senior leaders within the Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG) acknowledge that much of the concern during the inspection about a lack of appropriate and timely action by the Shropshire CCG, was reasonable.

The WSoA will focus on the following 6 areas of significant concern identified during the Local Area SEND inspection:

1. Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services
2. The lack of inclusion of health services' input into the area's SEND action plan
3. Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways
4. Significant waiting times for those needing assessment and treatment from the speech and language therapy service
5. Inconsistency in the quality of input from education, health and care into EHC assessment and planning
6. The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Our WSoA identifies those actions that the partnership will take to secure improvements, how we will measure our success and what difference we expect our actions to make to the Shropshire SEND community. However, we recognise that this is not a finished product. We aim to make this a dynamic process that is responsive to the changing needs of the Shropshire SEND Community and we anticipate the need to develop and refine our actions as we progress on our journey to secure improvement. We will therefore produce an annual report to share the success of the actions that we have taken; identify any new challenges and highlight any changes that we believe are necessary to secure the impact that we are aiming to achieve. We will update the WSoA annually to reflect the dynamic nature of the work being undertaken.

Shropshire Council and Shropshire, Telford and Wrekin (STW) CCG are jointly responsible for submitting the WSoA. We will work with our Parent Carer Forum (PACC) and our schools, colleges, health providers and other stakeholders to collegiately own the plan and we will use the principles of joint working and co-production to address all areas of weakness.

Joint working will mean that Shropshire Council and STW CCG commit to a shared vision for the Shropshire SEND community and accept equal responsibility for delivering the agreed outcomes for children and young people with SEND. Embedding co-production means that the voice of the Shropshire SEND Community will be present in all strategic discussions that will impact on this community. Representatives from the Shropshire SEND Community will sit alongside statutory leadership, to inform and shape strategic planning from the earliest point. We will set the agenda together and agree what needs to be talked about, what are the important issues and what we need to achieve. We will put in place the necessary structures so that this ethos of joint working and co-production will be present throughout the Shropshire SEND system and will be reflected in the experience of individual children, young people and families so that they are empowered to be fully involved in planning how their support will be delivered and what outcomes will be achieved.

The inspection also identified many strengths and we recognise there are existing ongoing priorities which require further action so that we can build on, secure and embed the good practice that already exists across Shropshire and which support Shropshire children and young people with SEND to secure exceptional outcomes in some areas. We will therefore continue to develop our action plan based on our SEND Strategy and our self- assessment alongside those actions identified within the WSoA.

Karen Bradshaw DCS (Shropshire Council)

David Evans (CEO Shropshire Telford and Wrekin CCG)

Claire Parker DoP (CCG)

Zara Bowden (PACC)

Councillor Ed Potter

Our Strategic Aim:

Our SEND strategy was refreshed in 2019. Our strategy has grown from the collective voices of our SEND community and supports all partners to work together to achieve our shared priorities for development. We aim to work together so that the aspiration of our children and young people becomes not only a possibility for some but the **expectation for all...**

*“Shropshire children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people. We will achieve this by understanding what children and young people need, working in partnership and with children and young people to meet that need, and measuring our success by whether we achieve a ‘dream life’ for children and young people with SEND”
(Shropshire SEND Strategy 2019)*

Statement of Intent:

As equal partners we are committed to addressing our shortcomings and will work with practitioners and leaders from across education, health and social care, as well as parent carers and young people and the voluntary sector to:

- address all six of the areas identified by the inspectors as being of significant concern
- agree a realistic but ambitious timeframe to secure improvement
- build on, achieve and embed our vision so that children and young people with SEND can have and expect the same opportunities in life as others.

To achieve this we will:

- commit to identify and understand the challenges that we face across the local area
- secure the commitment and support of decision makers to overcome these challenges

- embed co-production across all aspects of our work, including the development, implementation and monitoring of the WSoA, so that parent carers and children and young people with SEND are recognised as equal partners in this work and are fully involved in decision making
- challenge preconceived expectations where these may place a ceiling on what can be achieved
- embrace new ways of working to support innovative practice
- work in partnership across all services, promoting transparency and consistency in decision making and delivery of support
- commit to the principles of personalisation and embed these across all aspects of SEND commissioning so that the Shropshire SEND system is informed by accurate data; can effectively respond to local need; provide a diversity of choice, is financially sustainable and makes best use of all resources available.

We recognise that SEND is everybody's business and the priorities within our WSoA will be the responsibility of all partners and stakeholders who make up the Shropshire local area.

Our progress:

Since the local area inspection we have continued to work on our SEND priorities and have made a good start addressing the concerns identified by Ofsted/CQC in January 2020.

However, our progress has been impacted by the challenging situation presented by the current pandemic. The Ofsted/CQC letter was finalised during the 'lockdown' period and this has impacted on how quickly we have been able to respond to the findings of the inspection as well as the nature of that response. Lockdown has meant that we have not been able to hold engagement events, public consultations and workshops in a way that we would have in the past. In addition our resources have been focussed both on the prevention of the spread of the virus and the emerging safeguarding and mental health concerns surrounding children and young people as a result of a prolonged period of the enforced isolation. Despite the difficulties presented by the pandemic we have been able to make accelerated progress in many areas. New ways of working have reduced barriers and improved communication; strengthened partnerships; enabled innovative practice and supported cross service problem solving.

Since the inspection we have reflected on our perceived strengths and areas of concern. We recognise that there was an imbalance in our partnerships and that partners did not share a unified vision for SEND. We have therefore reviewed our strategic direction to ensure that our longer-term priorities are the right priorities as we move forward and that there is shared ownership of the SEND agenda and a mutual understanding of our responsibilities to the Shropshire SEND community. We have strengthened our commitment to co-production and can evidence increased understanding of the principles of co-production across the CCG.

Shropshire CCG has also been undergoing significant change as it prepares to merge with Telford and Wrekin CCG to become a single CCG serving the communities of both Shropshire and Telford and Wrekin by early 2021. In addition, the CCG has acknowledged the weaknesses in its strategic leadership of SEND and action has been taken to redress its shortcomings. A newly appointed Director of Partnerships (DoP) has responsibility for oversight of the SEND agenda and is accountable for the delivery of the WSoA and the SEND strategy in partnership with the Director of Children's Services (DCS), Shropshire Council.

Parent Carer Engagement and Co-production

PACC has established a SEND Inspection Engagement group for parent carers who want to be actively involved in the development and implementation of the WSOA, acting as parent carer representatives. This is supported by information about the WSOA process on the PACC website, monthly daytime and evening online meetings and a closed Facebook group for discussion. Regular comms about the development of the WSOA have been shared with the wider send community via PACC's networks <http://www.paccshropshire.org.uk/shropshire-send-inspection>

PACC has been fully involved in the development of the WSoA, with representation at all meetings. PACC is starting to experience improved engagement in health strategic meetings, now providing parent carer representation on the Learning Disability and Autism Board. Access to senior health decision makers is reported as starting to improve.

Progress against our priorities:

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
<p>Reviewed and revised the governance of SEND to provide increased scrutiny, challenge and accountability. Director of Partnership role created within the CCG to deliver the WSoA and the SEND Strategy. Joint oversight is more robust with the creation of a more strategic partnership board that is jointly chaired with the LA and CCG.</p> <p>PACC has increased access to senior health decision makers which is developing a consistent understanding of co-production across all work areas Joint additional funding to increase the capacity of PACC has been agreed.</p> <p>Joint funding for a project Manager role to co-ordinated WSOA activity has been agreed and a job description developed</p>	<p>Health providers have started to review their action plans to identify SEND priorities to inform the development of the SEND Action Plan and SEF.</p> <p>Cross sector working has increased between the CCG and Shropshire Council enabling a more comprehensive understanding of activity and services that have the potential to improve outcomes for the local SEND community'</p>	<p>A recovery plan has been put in place and is on track to reduce waiting times. At the time of the inspection there were over 1000 children waiting to be seen by SALT and nearly 900 had been waiting over 18 weeks. The implementation of effective triage and virtual consultation has successfully reduced waiting times for SALT. As at mid-September the number awaiting assessment had been reduced to 210 with only 32 waiting over 18 weeks. It is planned that no child will be waiting over 18 weeks from November 2020.</p>	<p>NDP identified as a priority. Funding is being sought to support the development of NDP. The provider is in the process of appointing to key posts to support future development of the NDP A recovery plan for the diagnosis element of the pathway is under development which will identify a timeframe for reducing waiting times to within nationally accepted levels.</p>	<p>Annual review process has been reviewed to ensure compliance with statutory timescales Improved AR document to ensure improved input form professionals. 2 x new AR officer posts created within the SEN Team to enable the AR to inform the EHCP effectively so that the EHCP is up to date.</p>	<p>Inclusion workstream established. Review of AP initiated, and revised model identified. Increased challenge to school through PDC Improved reporting and recording of incidents of exclusion to the LA Process developed to support children with an EHCP identified at risk of exclusion Improved engagement with the SEND agenda by Education Improvement Service Principles of restorative approaches agreed and scoping exercise undertaken. Strategic multi-agency Exclusion and Exploitation Focus group established.</p>

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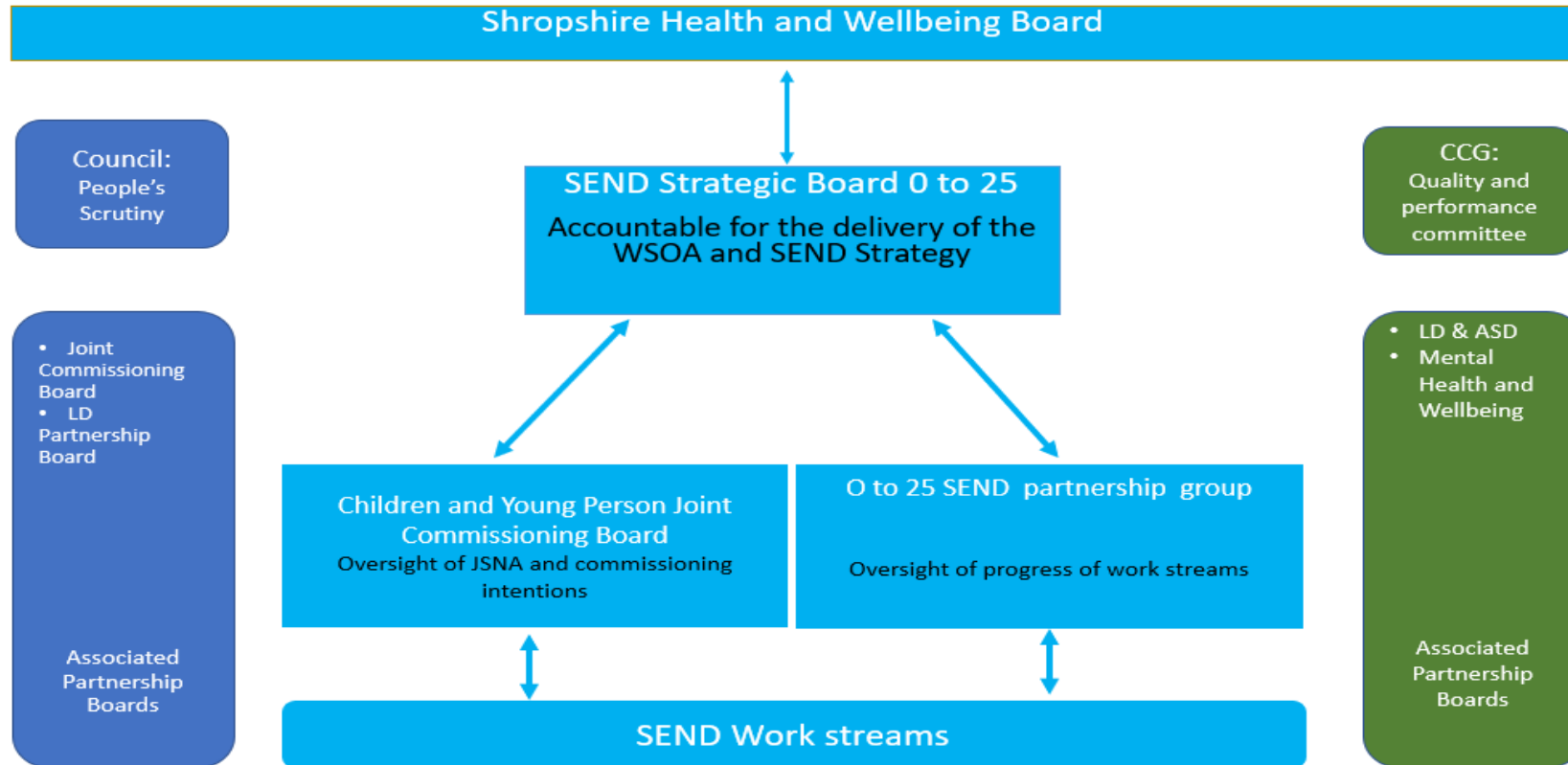
SEND Governance:

Since the inspection we have revised our SEND Governance structure so that our partnership is strengthened; lines of accountability are clearer; and there is increased opportunity for scrutiny and challenge both within Shropshire Council and the CCG. We have identified those strategic partnership boards whose priorities enhance and support the SEND agenda and have committed to developing SEND champions within each of these areas. We aim to promote increased awareness of SEND priorities and ensure the wider recognition of SEND as *'everybody's business'* from members, directors and key decision makers to those who work with and support children and families across a range of contexts.

Oversight and accountability of progress of the SEND action plan and WSoA sits with the SEND Strategic Board. Responsibility for checking and evaluating the effectiveness of the actions will sit with the 0 to 25 SEND Partnership Group and through this group to the SEND Strategic Board 0 to 25.

STW CCG Governance has been amended in line with the creation of a single management structure. The recently appointed Director of Partnerships holds the accountability for SEND in relation to individual commissioning and the Executive Director of Transformation holds the accountability for the commissioning of appropriate pathways. The quality of commissioning for individuals, the monitoring of the quality and contract delivery of providers will be monitored by the CCG's Governing Bodies Committee for Quality and Performance. The assurance, i.e. the accountability of the delivery of the CCGs statutory responsibilities in relation to SEND will be reported to the CCGs Governing Bodies. The CCGs are commissioning members of the Strategic Transformation Partnership (STP), as are all providers and the local authorities. The CCGs Governing Bodies report directly into the STP Board (now the shadow Integrated Care System Board).

Shropshire Local Area SEND Governance



Our priorities:

Priorities will be assigned to improvement workstreams. A lead role has been identified for each priority and it is the responsibility of the person undertaking this role to ensure that all work is co-produced; that progress toward securing improvement is timely and that information is provided to the SEND strategic board so that appropriate challenge and scrutiny can enable the local area to meet its statutory responsibility and address the significant concerns identified by Ofsted/CQC following the local area SEND inspection Jan 2020. To ensure ongoing consistency and so that each priority area continues to be assigned to a lead regardless of changes in personnel over time we have decided to name roles rather than individuals within this high-level strategic action plan. Where appropriate, delivery partners have also been identified. Individual names against roles are noted within the glossary on page 33 this will be updated biannually.

Whilst some specific key performance indicators (KPIs) have been identified within the priorities below, additional KPIs will be identified for each priority/workstream to measure the extent of progress across all priorities. KPIs will be evident within all action plans for each area of work. The identification and collation of comprehensive baseline data that will enable progress to be accurately evaluated and reported on will be an immediate priority of the local area and will be reviewed by the SEND Strategic Board quarterly. A comprehensive and co-produced survey to capture baseline data will be undertaken. This will be completed by the end of January 2021. In addition a workstream will be allocated to each of the priority areas and each workstream lead will be responsible for ensuring that appropriate impact data is identified and collected and that progress against impact as well as progress against outcomes is collated and presented to the SEND Partnership Board every six weeks. The SEND strategic board will review progress against impact quarterly. Completion dates identified alongside each action may indicate a timeframe for completion rather than a specific completion dated. This is to ensure that work is initiated at the earliest opportunity whilst also acknowledging that an action may have multiple elements to it that require a longer time period in order to ensure that an action is embedded so that impact can be measured effectively. Some actions will be ongoing, where this is the case, this is indicated within the table below.

Alongside these priorities we will continue to develop the work that we had identified as ongoing and incomplete, this will enable us to continue to work on those areas that our parent carers, children and young people had identified are important to them.

As well as drawing on existing resources from a range of initiatives and funding streams to focus on the priorities within this plan, significant additional financial resources have been secured and directed towards supporting the implementation of the actions in this plan. This will ensure that the Local Area makes a real impact on the lives of children and young people with SEND and their families. Importantly, the CCG and Shropshire Council have committed additional resources to co fund a project officer to support the SEND Strategic Board in driving the improvements forward, and to co fund PACC to work alongside local area leaders to establish and embed the principles of co-production. Shropshire Council is also investing in additional capacity to focus on the work around exclusions; the CCG is adding additional financial resource to support the work on the ASD pathway. Details are included in the plan.

Priority 1

Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services

Outcomes:	
1.1	The local area SEND governance structure secures equal partnerships across the LA, CCG and PACC that embrace change; support innovative practice and drive improvement through appropriate and effective challenge based on a thorough understanding of the needs of the SEND community (0 to 25).
1.2	Co-production is embedded within the SEND governance structure
1.3	The local area SEND specific JSNA provides accurate data to enable leaders to understand the needs and resources of the SEND community and informs effective commissioning for SEND across all agencies.
Impact measures:	
	<ul style="list-style-type: none"> Feedback from annual survey will demonstrate an average of 15% year on year increase in the proportion of the SEND community that agree that they are included in decisions regarding the provision that is available across the local area, this will include provision to meet their specific needs as well as those decisions that influence the strategic direction of SEND across the CCG and LA. The SEND community representatives will report that they have been fully involved in the co-production of their local area priorities. Targeted feedback will demonstrate that the JSNA provides an accurate understanding of the needs of the SEND population, 0 to 25, across the local area; this will enable the local area to use data effectively to accurately plan and commission services and therefore achieve the local area strategic vision identified within the SEND Strategy. This will be evidenced through: <ul style="list-style-type: none"> at least 70% of children and young people with SEND will report that they are able to access the services and support that they need in a timely and joined up way. 70% of young people agree, that housing, employment and leisure opportunities to support the preparation for adulthood (PFA) outcomes, are accessible across the local area.

- There will be a 30% increase in the use of personal budgets over a two year period to secure personalised provision across health, care and education.
- Annual feedback report from SEND community representatives will confirm that co-production is understood and embedded across the local area and will identify any areas of concern.

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
1.1	<u>Governance structure</u>						
1.1.1	Current draft SEND strategy reviewed, further priorities/actions identified and added following consultation process.	Dec 20	NO	SEND Strat Board members SEND Partnership Board	Officer time (existing resource)	The strategic vision for SEND reflects the aspirations of the SEND community.	Co-produced strategy refreshed following engagement. KPIs developed to quantify impact against agreed outcomes
1.1.2	Publish the SEND Strategy articulating a joined-up response to meeting the needs of the Shropshire SEND community.	Jan 21	DCS	SEND Strat Board members	No cost	Published SEND strategic priorities are evidenced across all SEND workstreams within terms of reference and action plans All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	<i>SEND strategy drafted and due to be presented to H&W Board Jan 21</i>
1.1.3	SEND Communication plan will be agreed by the SEND Strategic Board and published.	Jan 21	DoP/DCS	SEND Strat Board members	Existing Resource	All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	

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1.1.4	Establish and embed effective SEND governance structure that demonstrates strong leadership and effective challenge across both the CCG and the LA.	Nov 20	DCS/DoP	SEND Strat Board members	New resource project officer joint funded CCG/LA	Governance structure agreed by the SEND Partnership Board Action plans demonstrate high aspiration for SEND community and innovative approaches to be securing change.	<i>Governance structure agreed, mapping of p'ship boards across the local area to be completed and added to structure. Membership of Workstreams to be agreed</i>
1.1.5	Terms of reference and membership of groups finalised and published Workstreams established and TOR /action plans in place; SEND Partnership Board established providing wider stakeholder engagement and oversight.	Dec 20	DCS/DoP	SEND Strat Board members	NA	SEND is clearly reported in the Governing Body and committee structure of the CCG with clear lines of accountability into the SEND Strategic Board. The right people will be attending the relevant groups to inform and influence action plans and activities across the local area, reflecting effective co-production and joint working.	<i>ToR agreed for some workstreams; co-production principles/shared language to be agreed.</i>
Co-Production							
1.2.1	Review current feedback mechanisms across SEND community reps so that gaps in data are identified and robust baseline data is established; this will ensure that improvement can be measured quantitatively and qualitatively	Jan 21	CC			Range of data will be provided to the SEND Strategic Board and will be included in the annual stakeholder report on progress of the local area	<i>PACC has good internal feedback processes already established.</i>
1.2.2	Develop a set of local standards for co-production which will identify the agreed shared principles of co-production across the partnership.	Feb 21	PACC		DBOt resource (CDC) SC and CCG funding to	Local charter published that sets out the principles of joint working and co-production	

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					support PACC as a delivery partner		
1.2.3	Develop training programme/s to raise awareness of and secure co-production across all partners and providers.	Mar 21			Existing resource	Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	Some established training programmes in place. Person centred training rolled out to all schools.
1.2.4	Develop clear and transparent processes to demonstrate all commissioned providers understand and deliver co-production across all pathways, and that SEND is embedded into the policies and pathways across the health system	June 21	DoP			Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	
JSNA/commissioning							
1.3.1	Agree principles for information sharing	Dec 20	DPH	SIRO Information assets team/s		Information sharing protocols are agreed by SEND Strategic Board and shared with all providers/commissioned services. Information sharing agreements in place as appropriate	
1.3.2	Content and format of JSNA agreed	Feb 21	DPH	Insights Team		Agreed by SEND Strategic Board	Content and format first draft in progress

1.3.3	Multi-level data reporting system established which will both inform and be informed by SEND JSNA	Feb 21	DPH	Public health		The SEND JSNA will be a dynamic document with relevant updates made at regular intervals.	Range of SEND datasets agreed and dynamic dashboard under construction
1.3.4	Children's joint commissioning board established	Jan 21	DCS	SEND Board members	existing	ToR will identify purpose of the board and confirm membership and how the board will operate to support efficient commissioning of services across the local area.	
1.3.5	All commissioned services mapped and gaps identified	Feb 21	CC/NO	All service managers		Commissioning specifications relating to SEND activity are informed by data and underpinned by the principles of co-production Commissioning specifications for SEND and contracts will clearly cross reference local area data identified within the SEND JSNA	Some mapping activity undertaken by CCG
1.3.6	Commissioned services will provide data to inform the SEND JSNA	Feb 21 and ongoing	DoP/AD Early Help and partnerships	All service managers		Commissioned services will deliver against outcomes identified within the SEND strategy and this WSOA Commissioning is personalised and responsive to the needs of individuals.	

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Priority 2

The lack of inclusion of health services' input into the area's SEND action plan

Outcomes:

1.1 SEND is identified as a specific improvement area of the co-produced action plans of providers

1.2 The local area self-evaluation and all action plans clearly evidence the voice of parent carers and young people and their influence in determining key priorities and actions.

1.3 All action plans and impact measures across health relating to SEND are referenced within the local area SEND Self Evaluation.

1.4 There are clear CCG strategic priorities to reduce health inequalities for C/YP with SEND

Impact measures:

- There will be an annual increase of 10% in the number of c/yp with SEND and their families reporting increased positive experiences of the health services commissioned by the CCG. This will be informed by baseline data and regular feedback mechanisms including focussed surveys.
- All provider action plans will identify SEND specific priorities
- A reduction in health inequalities across the SEND community will be evidenced through quantitative data sets and feedback from the experiences of c/yp with SEND and their families and will be clearly linked to specific and targeted health actions within the local area SEND action plan as well as those across other priority areas.
- There will be an incremental year on year increase in the take up of annual health checks across the age range target percentage increase will be identified by workstream and will be based on current data for Shropshire.
- SEND champions will report an increased awareness of SEND health priorities across health providers
- Self- evaluation and action plans across all health providers demonstrate an increase in knowledge of their SEND responsibilities in comparison with baseline data and that all providers are familiar with the local area SEND strategy and associated priorities.
- Data will demonstrate that **all** GP practices are aware of the local area SEND priorities and initiatives and engage positively with implementation of the local area action plan where this is relevant to them e.g. neuro developmental pathways. Impact will be measured through measures identified within the individual workstreams and will be reported to the SEND Strategic Board quarterly.

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Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
2.1	SEND Provider Action Plans						
2.1.1	Review all provider action plans and identify known gaps against areas of weakness identified within local area SEND inspection and SEND self-evaluation document and action plan and SEND strategy.	Jan 21	DoP	CC, SCHT/MPFT	NA	Gaps reported to SEND Board and priorities for improvement identified and shared with providers	Process currently underway

2.1.2	Agree representation from PACC to support identification of co-produced SEND specific priorities	Feb 21	CC			SEND Board will review priorities biannually	
2.1.3	All provider action plans to be updated and identify clear SEND specific impact measures	Mar 21	DoP	CC. managers from SCHAT and MPFT	existing	Impact data will be identified which will inform JSNA and joint commissioning and will support ongoing cycle of improvement.	Shropshire community trust and MPFT have started the process of amending action plans
2.2 Co-Production							
2.2.1	A workshop will be held to promote the shared understanding of coproduction with health providers	Jan 21	PACC	CC/NO managers from SCHAT and MPFT	DBoT support from CDC	Co-production will be embedded across the local health economy and clearly evidenced within terms of reference and minutes of meetings including those relating to commissioning of services.	
2.2.2	A review of provider action plans will take place which will include SEND community representatives to identify positive co-production and further opportunities	Jan 21	DoP/DoT	All SEND community reps	Allocated funding for PACC SC/CCG	All provider action plans and priorities will be co-produced	
2.3 Local Area SEND/SEF Action Plan							
2.3.1	Undertake review of the transformation and sustainability plan and identify overarching SEND priorities	Feb 21	DoT			All health priorities and actions will be clearly evident within the SEND SEF and action plan and will be agreed by the SEND partnership board.	

2.3.2	Update Local Area SEND SEF to include identified SEND health priorities	Mar 21	NO			Local area SEND priorities identified within the SEND Strategy and SEND action plans can be cross referenced with priorities agreed across the STP.	
2.4 CCG Strategic Priorities for SEND							
2.4.1	The CCG will co-produce a strategy with clear priorities, to meet the health needs of children and young people with SEND in Shropshire	Mar 21	DoT		Existing resources	The ICS priorities will reflect SEND strategic priorities	
2.4.1	Develop a C/YP workstream	Oct 20 to Feb 21	CC	All partners and SEND C/YP representatives	NA	All provider action plans will include as a targeted outcome or area of impact	Workstream initiated ToR and meeting cycle agreed. Specific work areas to be agreed
2.4.3	Establish and embed feedback mechanisms to provide dynamic data on impact across health services (could this be a single source survey)	Oct 20 to Feb 21	DoT		NA	All commissioned health services will include SEND specific targets, KPIs, SLAs etc Commissioning of health services will be monitored through the joint commissioning board and JSNA All services will have SEND specific targets	
2.4.4	Establish mechanisms to ensure that all GP practices are aware of local area SEND priorities and access up to date information in respect of pathways to access targeted and specialist services.	Jan 21 to Dec 20	DoP	All partners Project manager	NA	Health communication plan in place identifying how the local area communicates with wider partners, including GPs Feedback from GPs will identify that information has been received. Appropriate referrals made to specialist services. GPs will report that they are aware of range of universal and targeted services available and how these are accessed.	

Priority 3

Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways

Outcomes:	
3.1	Efficient neurodevelopmental pathways are coproduced supporting early and effective assessment and support.
3.2	There will be an effective, transparent and accessible system wide support offer in place for C/YP with neuro developmental conditions and their families
3.3	There will be robust system wide performance management systems in place
Impact measures:	
Page 28	<ul style="list-style-type: none"> All children and young people (CYP) following the pathway, who are referred for a specialist neurodevelopmental assessment, will access a neurodevelopmental assessment within 12 months Monthly increase in the % of C/TP assessed for ASD/ADHD in Shropshire is at least in line with the average for statistical neighbours by July 2021 100% of children referred to ND pathway are seen within 18 weeks by April 2022 Ongoing increase (at least 15% pa) in the percentage of parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity) At least 70% of C/YP on accessing the pathway will report that they have access to effective and appropriate support both pre and post diagnosis Over 70% of CYP and their families will report that they are satisfied with the service they receive and qualitative feedback will demonstrate that more than 50% of experiences reported are positive. All schools will report improved access to support for pupils and improved ability to meet the needs of pupils locally. Year on year increase of at least 15% in the number of C/YP and families reporting access to services There will be reported improvement in mental health and wellbeing for this cohort of at least 20% from established baseline using agreed survey. There will be a 20% reduction in the number of hospital admissions linked to poor mental health There will be increasing variety of services commissioned to support positive mental health for this cohort that will be measured through increase in the number of personal budgets and increase in the availability of social prescribing and increase in use of therapeutic intervention and alternative strategies such as PBS. This will be measured through the development of specific data dashboards. Feedback form SEND community reps will evidence more than 70% satisfaction with transition to adult mental health services by 2022

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
3.1	<u>Establish efficient DN pathway</u>						
3.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM MPFT ND workstream members	Existing staff time and uplift in funding as required	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
3.1.2	Review pathways regionally and nationally to identify examples of best practice	Dec 20	CC	NO/ PEP	Existing staff time	Notes from workstream meetings	Review of other pathways across WM region has been DBOT support through CDC to map current provision initiated specifically T&W and Coventry
3.1.3	Embedded a new sustainable ASD diagnostic team	Aug 20	CC	SM MPFT	Existing staff time and uplift in Uplift of £380k per year across the county for ASD team	There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs Reduction in waiting list to at least other areas (12 months) with a longer aim (2yrs) for all CYP to wait no longer than 18weeks	Provider has allocated a resource Team and has started to see CYP on the waiting list. Numbers to be monitored via the monthly contract meeting
3.1.4	Review current neurodevelopmental pathways and mental health service specification to identify gaps.	Dec 20	CC	PACC SM MPFT NO	DBOT support through CDC to map current provision	updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway	Request made for support with project management through NHSE

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 30</p>	<p>3.1.5 Create a co-produced transformational ND diagnosis pathway, delivering early identification and interventions and providing a focus on meeting the needs of c/yp, compliant with NICE guidelines.</p>	<p>Apr 21</p>	<p>CC</p>	<p>PACC SM MPFT NO</p>	<p>NHSE funding to support project management Additional resource to be identified across the area to support long term functioning of pathway with existing resources redirected where necessary</p>	<p>There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs Prevalence rate of ASD across Shropshire population (0 -25) will be in line with that reported nationally.</p> <p>Parents carers and young people and other stakeholders including schools and GPs will report that they know and understand the ND pathway and that the pathway is effective and transparent.</p> <p>Reduction in waiting list to be at least in line with other areas (12 months) with a longer aim for all C/YP to wait no longer than 18weeks to be achieved within 2 years.</p> <p>Updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway</p> <p>Assessment waiting times within nationally accepted timescales (3 months)</p> <p>C/YP and families will report that they are accessing support within 8 weeks of referral being made</p>	<p>Request made for support with project management through NHSE</p>
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3.2 <u>ND Support Offer</u>							
3.2.1	Review current neurodevelopmental pathways to identify pre and post diagnostic support access pathways and gaps in provision	Dec 20	CC/NO	PACC and YP Representative groups	NA	Partnership wide pre and post diagnostic support map in place and access pathways identified and published	
3.2.2	Establish and publish revised multi-agency ND pathway including pre and post diagnosis	Mar 21	CC/NO	PACC and YP Representative groups	NA	Revised pathway published and shared with all stakeholders	
3.2.3	Develop, map and share the range of pre and post diagnostic support available	Mar 21	CC	Workstream members	TBC	There will be a planned reduction in the use of medication to support C/YP with autism and ADHD in line with STAMP NHS initiative supported by greater use of alternative models of support e.g. therapies/ education	
3.3 <u>Performance Management Systems</u>							
3.3.1	Robust PM system in place	Mar 21	CC	SEND community reps	Existing resources	There is a good understanding of service needs and capacity.	
3.3.2	Establish KPIs for contract monitoring Multi agency and service user approach to review	Mar 21	CC		Existing resources	Partners demonstrate a good understanding of service usage, need and activity	
3.3.3	Monitor data to understand the needs of the local population and inform commissioning of all-age SEND services across the STP	Mar 21	CC	Workstream members	Existing resources	Data will inform JSNA and commissioning of targeted services. Regular reporting to children's joint commissioning board PHB's will increase by 50%.	

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Priority 4

Significant waiting times for those needing assessment and treatment from the speech and language therapy service

Outcomes:	
4.1 There is a clear and accessible assessment and intervention pathway that is published on the local offer	
4.2 There is an effective, transparent and accessible system wide support offer in place for C/YP and families	
4.3 There is a robust system wide performance management system in place	
Impact measures:	
<ul style="list-style-type: none"> 100% CYP triaged within 2 weeks or less of referral to service 92% CYP seen within 18weeks or less from referral to service Ongoing increase of at least 10% in parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity) Annual increase in the percentage (of at least 10% pa) of parent carers and C/YP reporting that they feel engaged and listened to about their priorities. There will be a year on year increase in the use of personal budgets and social prescribing to support personalised approach to delivery of services The majority of parent and YP feedback (above 60%) will demonstrate satisfaction of the service offer and understanding of how to access; this will increase year on year to demonstrate sustained and ongoing improvement Over 70% of Shropshire families using the service will report that the assessment process is timely and results in action being taken e.g. service offered and/or advice, support and signposting. 	

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
4.1	<u>Establish efficient assessment pathway</u>						

4.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM SCHT workstream members	NA	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
4.1.2	Reduce the current waiting list	Sep 20	DoP	SALT SM	Existing resource	92% of children seen for assessment and first intervention within 18 weeks	Target achieved
4.1.3	Work in partnership with system leaders and parent carers to ensure waiting times for SLT are sustained within agreed target	Mar 21	DoP	SALT SM	Existing resource	Waiting times are maintained within 18 weeks	Waiting times are maintained within 18 weeks
4.1.4	Sustain a responsive triage service to ensure CYP are offered the appropriate level of support for them	Sep 20 and ongoing	DoP	SALT SM	Existing resource	CYP triaged within two weeks of referral	Pathway in place with CYP triaged within two weeks of referral
4.1.5	Establish SLT work stream with partner representation, to include parent and carers, to facilitate a co-produced model of SLT including the development of SMART key performance indicators within the service specification	Sep 20 to Feb 21	DoP	SALT SM	Existing resource	An effective co-produced service pathway is in place High proportion of feedback from C/YP, families and stakeholders (75%+) report that they feel engaged and have choice in control in care planning Monthly KPI data published and shared which will support assessment of success in enabling c/yp to achieve EHCP outcomes	Internal project group established with three focus groups held to date involving school SENCO's, parent/carers and parent groups. Further parent group engagement planned for Nov. CYP engagement sessions in development
4.1.6	Co-produce and implement a continuous improvement approach to deliver an effective and responsive service	Sep 20 and ongoing	SALT SM			CYP seen and supported evidenced through level of satisfaction identified within targeted service feedback	Virtual assessments, interventions and group training offered as part of

						Activity reaches pre-covid levels with approx. split of 30/70% remote and face to face consultations and training Positive feedback recording 70% or above satisfaction rate from parents and partners in relation to the universal offer	Covid. Evaluation has been positive. To be part of future model. Communication plan developed Facebook page under development Launch Jan 2021	
4.2 Co-Produced SLCN Early Support Offer								
Page 34	4.2.1	Establish effective co-produced pathways for speech, language and communication needs interventions which include a holistic approach to understanding the needs of CYP with SEND	Sep 21	CC	SALT SM/ SEND SM SSLIC	Within current resources	80% of Health visitors have been trained in the SLCN (HV package) 100% of primary schools and early years settings have access to a speech, language and communication screening tool 80% of education settings have completed a screening tool before requesting SLT intervention and/or an ECHNA Publish SLT pathways, including triage processes	Public Health commissioners and have been identified as key partners in supporting the commissioning of universal services to support parents and prevent the need for SLT referral The 0-19 team are working with the SLTs to develop their skills in identification and early intervention
	4.2.2	Clear universal offer from public health nursing service, early years setting and schools is agreed, promoted and delivered	Sep 21	CC/LA PH commissioner	SALT SM	Existing resources	Increased review at two years Increased provision delivered by early year settings Reduced demand on specialist SLT services 100% of primary schools and early years settings have access to a speech, language and communication screening tool	Partnership working in progress between Public Health Nursing and SLT team

4.2.3	Co-produced training programme developed and delivery commenced to relevant practitioners and parent carers to support early and appropriate identification, referral and interventions	Sep 20 and ongoing	CC	SALT SM	Existing resources	Training programme agreed and delivery commenced to relevant practitioners and parents to support early and appropriate identification, referral and interventions	Training has been provided to 165 parent and/or education setting staff	
4.3 Performance Management Systems								
Page 35	4.3.1	Establish task and finish group, led by parent and carers, to review a standardised outcome approach and consider different approaches to outcome measurement	Mar 21	PACC	Workstream members	Existing resources	Approaches to effective outcome writing and measurement is published At least 90% of advice meets quality standards for EHCNA evidenced through monthly dip sampling Dip sampling over time will demonstrate an improvement in with of the quality of new and current EHCPs	Discussions with parents and carers to agree a direction
	4.3.2	Establish process to support ongoing commissioning of appropriate services	Jun 21	CC	SEND Joint commissioning work-stream members	Existing resources	There is a good understanding of service needs and capacity. Partners demonstrate a good understanding of service usage, need and activity Data will inform JSNA and commissioning of targeted services. Reporting to children's joint commissioning board biannually Evidence of PHB/social prescribing being used to support personalised approach to service delivery	

Priority 5

Inconsistency in the quality of input from education, health and care into EHC assessment and planning
EHC plans will be informed by high quality assessment advice across education, health and care

Outcomes:
5.1 All EHC plans are of consistently high quality informed by thorough assessment with input from relevant education, health and social care practitioners.
Impact measures:
<ul style="list-style-type: none"> Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the EHCP process. Satisfaction rates will be consistently at 90% or higher which will demonstrate an improvement on the current average of 80%. Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the content within an EHCP. We will consistently see 90% or higher satisfaction rates which will be an increase on the current average of 80% 90% of all advice and information will be returned within timescale to inform the writing of high quality EHC plans Updated advice from all relevant agencies is provided at least annually to ensure EHC plans remain relevant and up-to-date. Dip sampling will demonstrate that 90% of all new plans will be graded good against agreed quality standard framework EHCPs will explicitly evidence PFA outcomes for c/yp from KS4

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Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress against actions/impact & RAG rating Nov 20
5.1	Quality of EHC assessment and plans						
5.1.1	Agree data set/s that will provide accurate and quantified measure of impact of actions taken to secure high quality, timely EHC assessment	Dec 20	NO	SEN Team/ DES SW/ DCO	Existing resource	Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board	EHC post assessment survey embedded

						Data dashboard is in place and regular (termly) reporting to EHC workstream in place by Spring term 21	
5.1.2	Co-produce a range of training programme/s and review current delivery model/s for training. This will include mandatory basic training for all partners through online platform with integrated assessment	Nov 20 and ongoing	NO	DCO/Des SW	Existing resource	<p>Training log established to identify access to online learning/training and assess quality of content. Jan 21</p> <p>All partners will deliver their statutory responsibilities in respect of the EHC assessment and planning process</p> <p>90% of all advice submitted to inform assessment consistently meets the minimum quality standards 100% of EHCPs finalised will meet minimum quality standard.</p>	<p>Plan writers meeting embedded</p> <p>Face to face training programme developed, delivery using online platforms to be developed.</p> <p>SIS Team and SSLIC Team training undertaken</p> <p>Training programme for social workers undertaken</p>
5.1.3	Attendance of advice givers at EHC moderation panel on a rotation.	Sep 20	NO	SEN team manager	NA	<p>95% positive feedback from c/yp and families with regard to content of EHCP</p> <p>Maintain current low rate of appeals and complaints</p> <p>All agencies know which c/yp they are working with have an EHCP and contribute to reviews</p> <p>Panel 2 (moderation panel) rolling record of attendance and learning points</p>	<p>Attendance at moderation panel of advice givers is undertaken but not yet consistent rolling record of learning and improvement activity initiated</p>
5.1.4	Panel 2 to review current advice templates	Dec 20	NO	All partners	Existing resource	<p>Dip sampling of EHC assessment advice and final plans will demonstrate speedy improvement within 12 months of implementation so that 90% of all new assessments are graded good or better by Dec 21</p> <p>Monthly Dip sampling of EHCPs over a 12 month period demonstrate that at least 90% of</p>	
5.1.5	Development and implementation of co-produced quality assurance framework for EHCPs to QA assessment information and final EHCP	Dec 20 to March 21	NO	DCO/Des SW/ Shrop community trust/BeeU /PACC			
5.1.6	Develop and publish a set of co-produced quality standards to provide a quantitative measure of the quality of advice and the final EHCP which can be used as a stand-alone support to practitioners and/or to support sampling process	Dec 20 to March 21		DCO/Des SW/ Shrop community trust/BeeU /PACC			

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Priority 6

The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Outcomes:
6.1 The rate of exclusions of Shropshire children and young people with SEN will be in-line with the comparable national rate or below for their specific cohort.
Impact measures:
<ul style="list-style-type: none"> There will be no permanent exclusions for children with an EHCP from Sept 2021. There will be a reduction in the rate of fixed term exclusions for children with an EHCP so that this is in line with national rate for this cohort There will be a reduction of at least 30% in the number of repeat fixed term exclusions for children at SEN Support by Sept 2021.

Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress and RAG rating
Reduction in exclusion rate for children with SEN							
6.1.1	Agree data sets and reporting mechanism to identify impact to include qualitative data to support understanding of experiences of c/yp and their families.	Dec 20	EAS Mgr	Inclusion workstream members	existing resources with additional capacity delivered by consultant funded through DSG	Data dashboard in place and regular monthly report to exclusion workstream and SEND Strategic Board established by Jan 21	Data for PX collated, some analysis undertaken and shared with schools through CPG
6.1.2	Analyse exclusion data to identify specific patterns, gaps, concerns and focus areas.	Nov 20 and ongoing	EAS mgr	Inclusion workstream members		Report shared with SEND strategic Board March 21	Data for PX collated, some analysis undertaken and shared with schools through CPG

6.1.3	Continue to implement the SEND provision strategy and keep under review.	Ongoing	SEN services mg'r	SEN Team	As above	The number of specialist places will increase through further development of RP by Sept 21 and the delivery of an SEMH free school by Sept 22 Refreshed SEND provision Strategy 2022 to 2027 published Sept 22	Specialist places within RP have increased in accordance with send strategy. Free school on track to open Sept 22
6.1.4	Implement revised AP offer to schools through TMBSS offering outreach support and systemic review of school process as well as off-site targeted and time limited intervention for children at risk of exclusion	Sept 21 (delayed as a result of impact of Covid)	SEND Service M'ger	TMBSS EAS EPS CPG and schools Forum	Additional budget from HN block and school contribution	Shared placement model and outreach support implemented KS 1 &2. Impact assessment undertaken and shared with SEND Strategic Board/CPG and Schools Forum.	Model agreed. TMBSS currently reviewing staffing needs and undertaking staff training to support new model
6.1.5	Develop a co-produced local area SEND specific behaviour and exclusion addendum to current exclusion and behaviour policy and update Shropshire behaviour and exclusion guidance.	Jan 21	SEN Advisor	Inclusion workstream members SEN Team EIS team	As above	Policy agreed by SEND strategic Board and shared with schools through CPG. There will be clear alternative pathways in place to support positive responses for children with an EHCP that provide an alternative to permanent exclusion. Updated policy and guidance shared with all schools. Increase in alternative solutions and interventions being used and reported through pupil planning meetings and reviews.	Initial discussions started with SEN and EAS Teams
6.1.6	Map and review effectiveness of training and support offer to schools in response to challenging behaviour across the local area and develop specific behaviour and exclusion training programme for school leaders and governors.	Mar 21	EAS mg'r	Inclusion workstream members SEN Team EIS	As above	Report presented to SEND Strategic Board June 2021 containing clear recommendations with regard to future delivery of multi-agency support/training to schools specifically in respect of response to supporting positive behaviour. Governor training in place.	
6.1.7	Review and report impact of ND pathway (ref priority 3) including on reducing exclusions	Jun 21 and annually thereafter	SEND service mg'r	Bee-U and ND workstream	Existing resources	Schools will report positive impact of ND pathway on understanding behaviour responses and establishing positive early intervention.	
6.1.8	Review and report impact of early help family support worker initiative on reducing the rate of exclusions and	Dec 20	AD Early Help	Early Help/ Strengthening families	Strengthening families identified funding	Impact report shared with SEND strategic Board and schools Feb 21. Further plans to extend programme shared with schools.	FSW ethos embedded across schools supported through strengthening families project to reduce exclusion rate

	develop programme to extend to more schools if appropriate						
6.1.9	Implement phased approach to introducing evidence based restorative practice across all education settings; monitor progress and report on impact in reducing exclusions (fixed and permanent).	Feb 21	EAS mg'r	SEN Team EIS Team Teaching School	£10K Grant funding allocation and spend to save initiative	Restorative conferences take place for all children prior to exclusion Impact report on phase 1 of restorative practice implementation shared with SEND Board and all schools Schools are providing evidence of use of restorative practice Findings shared with schools and used to support further training	
6.1.10	Co-produce case studies of c/yp (SEN Support) with multiple f/t exclusions to gain a better understanding of the underlying causes and impact of exclusion as a strategy for managing behaviour.	Apr 21	EPS & inclusion w'steam members	EPS & inclusion w'steam members	Existing resources	Report to SEND Strategic Board April 21	
6.1.11	Review the impact of trauma informed approaches in schools where training has been delivered and approach is embedded; establish beacon schools where great practice and positive outcomes are evidenced.	Apr 21	HoVS	LAC team and EPS	Existing resources	Share with schools the impact of trauma informed approaches in supporting a positive approach to dealing with challenging behaviour Summer term 21	
6.1.12	School exclusions will be a standing item on the school improvement monitoring visits	From Dec 20 and ongoing	EIS mg'r	EIS Team	Existing resources	Exclusion data relating to academies shared with RSC office. Exclusion data will inform twice yearly school performance monitoring for maintained schools and will be a priority consideration in evaluating school performance and formulating judgments on whole school effectiveness.	Exclusion data is discussed at SPM and shared with schools through CPG and HT briefings

Key roles

SC and CCG representatives:

<i>DCS</i>	<i>Director of Children’s Services (SC)</i>	<i>Karen Bradshaw</i>
<i>DoP</i>	<i>Director of Partnerships (CCG)</i>	<i>Claire Parker</i>
<i>DoT</i>	<i>Director of Transformation (CCG)</i>	<i>Steve Trenchard</i>
<i>DoPH</i>	<i>Director of Public Health (SC)</i>	<i>Rachel Robinson</i>
<i>NO</i>	<i>Nominated Officer (SC)</i>	<i>Julia Dean</i>
<i>DCO</i>	<i>Designated Clinical Lead (CCG)</i>	<i>vacant post (appointment made)</i>
<i>EAS M’ger</i>	<i>Education Access Service (SC)</i>	<i>Christine Kerry</i>
<i>CC</i>	<i>Children’s Commissioner (CCG)</i>	<i>Vicki Pike</i>
<i>HoVS</i>	<i>Head of Virtual School (SC)</i>	<i>Rose Hooper</i>
<i>EIS M’gr</i>	<i>Education Improvement Service (SC)</i>	<i>Steve Compton</i>
<i>PEP</i>	<i>Principal EP (SC)</i>	<i>Poppy Chandler</i>

Health Provider representatives:

SALT SM Service Manager Speech and Language Therapy Service (Shropshire Community Health Trust) *Jo Gregory*
 BeeU Service Manager (MPFT) *Claire Parrish*

SEND Community Representatives:

The Parent Carer Forum (PACC) (Chair: Zara Bowden, Engagement: Sarah Thomas)
 SEND Information Advice and Support Service (IASS) Lesley Perks
 SEND Advocacy Groups -
 Young Peoples representative groups – Young Health Champions, DASH, Severndale Student Council, Enable Supported Interns

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PERMANENT EXCLUSION AUDIT – ADVERSE CHILDHOOD EXPERIENCES

Subject and scope of audit.

The scope of the audit covers all permanent exclusions for the Autumn term 2020 from 1 September 2020 to 31 December 2020. During that period, 24 children and young people were permanently excluded from schools in Shropshire.

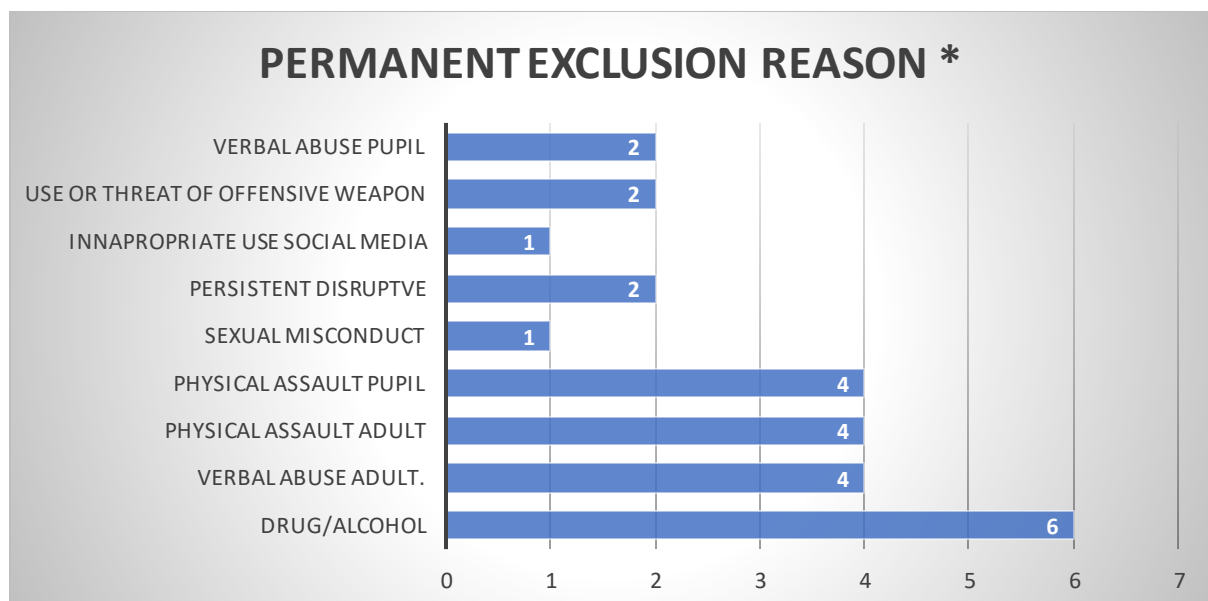
The subject of the audit is “A profile of permanently excluded pupils in Shropshire where Adverse Childhood experiences are present”

A permanent exclusion should always be a last resort and should only be taken:

1. In response to a serious breach, or persistent breaches, of the school's behaviour policy; **and**
2. Where a pupil's behaviour means that allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in the school.

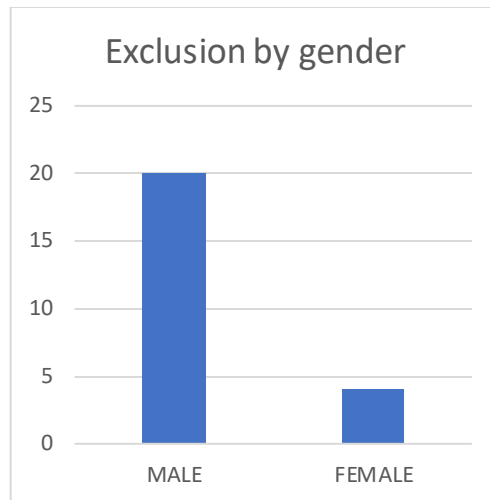
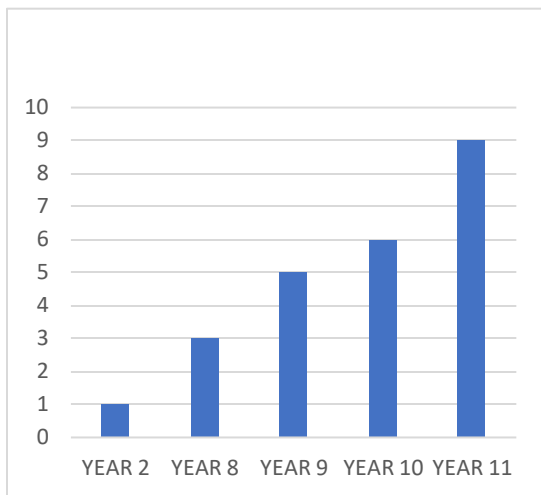
Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, abuse, or neglect, witnessing violence in the home or community, having a family member attempt or die by suicide.

Reasons for permanent exclusion 1 September 2020 – 31 December 2020.



*Total permanent exclusions were 24, but two pupils were excluded for multiple reasons hence total of 26.

6 permanent exclusions during the scoping period were Drug and Alcohol related. 8 exclusions related to physical assault, 6 involved verbal abuse/threatening behaviour, 2 involved persistent disruptive behaviour, 2 related to use or threat of offensive weapon, 1 was for sexual misconduct and 1 for inappropriate use of social media.



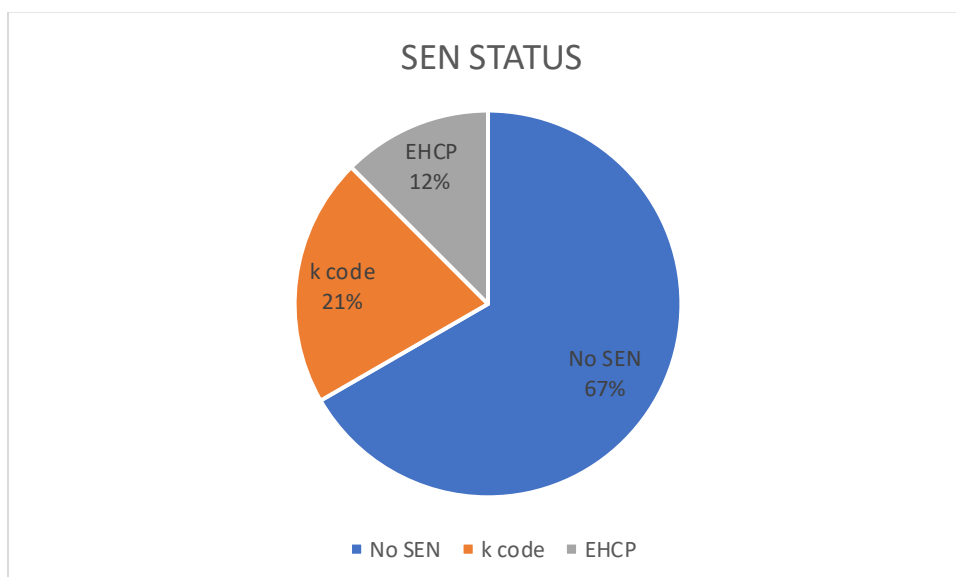
Of the 24 pupils who were permanently excluded during the scoping period, one was a Primary school pupil in year 2, three were in year 8, five in year 9, six in year 10 and nine in year 11.

20 of the pupils were male and 4 were female.

SEN status

Of the 24 pupils who were permanently excluded during the scoping period, 67% had no identified SEN, 21% were on the SEN register (K code) and 12% of pupils had an Education Health and care plan (EHCP)

A third of all Permanently excluded pupils in the scoping period were identified as having special educational needs.



The SEND Code of Practice states that:

A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age.

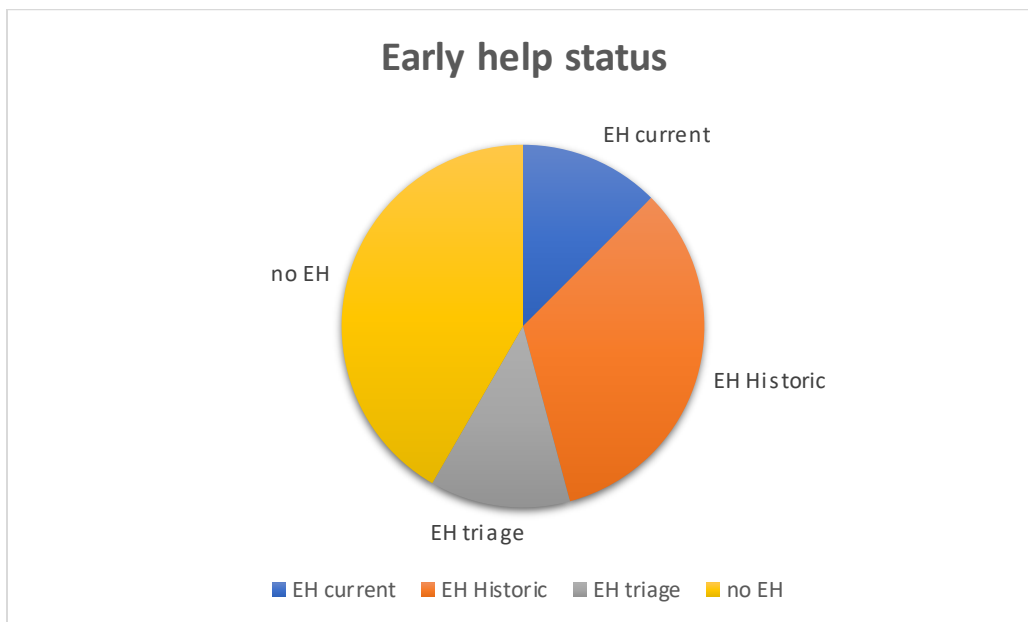
Making higher quality teaching normally available to the whole class is likely to mean that fewer pupils will require such support. Such improvements in whole-class provision tend to be more cost effective and sustainable. (SEND CoP 2015; 6.15)

“As well as having disproportionately high rates of exclusion, there are certain groups of pupils with additional needs who are particularly vulnerable to the impacts of exclusion. This includes pupils with EHC plans and looked after children. The head teacher should, as far as possible, avoid permanently excluding any pupil with an EHC plan or a looked after child.” (DfE Statutory guidance)

Early Help

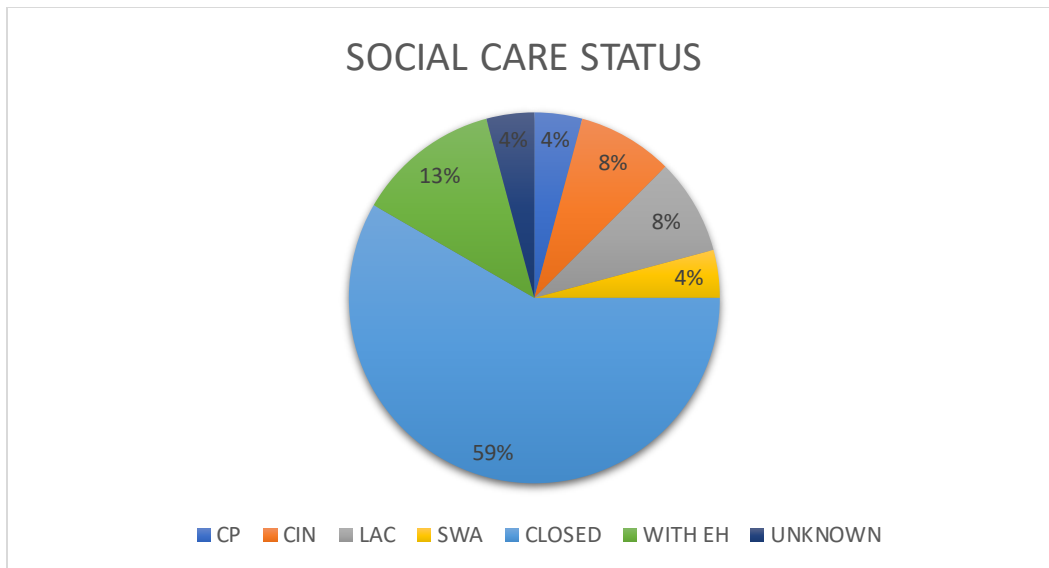
Early help means taking action to support a child, young person or their family as soon as a problem emerges. It can be required at any stage in a child's life, from pre-birth to adulthood, and applies to any problem or need that the family can't deal with alone.

Of the 24 pupils who were permanently excluded during the scoping period, 3 pupils have current Early Help involvement, 8 pupils were previously known to Early Help, three are currently being triaged within Early Help. Ten pupils were not known to Early Help which equates to 42% of pupils during the scoping period.



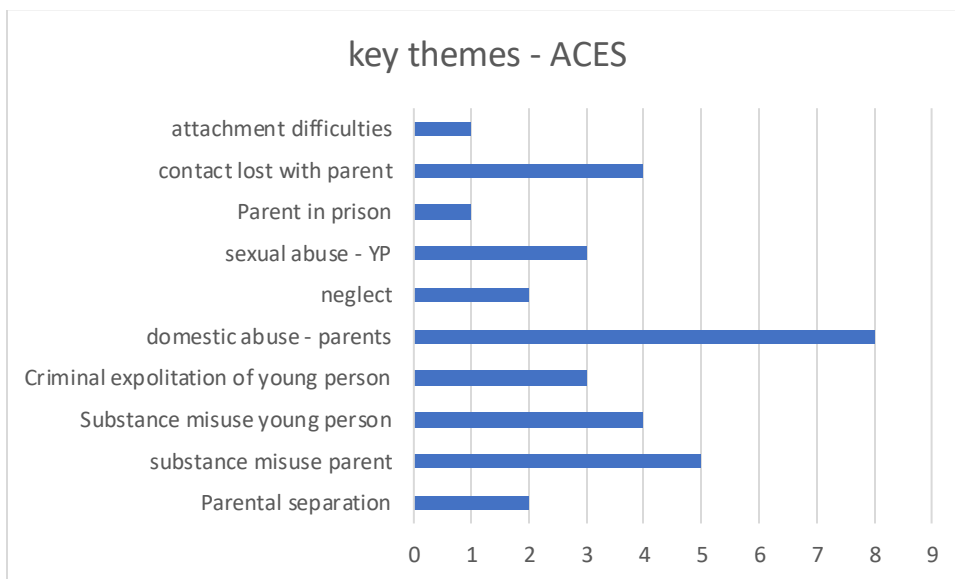
Social Care

Of the 24 pupils who were permanently excluded during the scoping period - 1 was on a child protection plan, 2 on a child in Need plan, 2 were looked after children, 1 was under social work assessment, 14 were closed to Social care. (Of the remaining 4 pupils, 3 have current Early Help involvement and 1 was status unknown)



“Where a school has concerns about the behaviour, or risk of exclusion, of a child with additional needs, a pupil with an EHC plan or a looked after child, it should, in partnership with others (including the local authority as necessary), consider what additional support or alternative placement may be required. This should involve assessing the suitability of provision for a pupil’s SEN. Where a pupil has an EHC plan, schools should consider requesting an early annual review or interim/emergency review.” DfE statutory guidance exclusions.

Evidence of Adverse Childhood experiences



Of the 24 pupils who were permanently excluded during the scoping period, there was clear evidence of multiple adverse childhood experiences present in the lives of 14 children and young people. There was evidence of at least two ACEs for all 14 children. 58% of pupils who were permanently excluded during the scoping period were impacted by ACEs

The most prevalent ACEs for children and young people was Domestic abuse (parents), substance/alcohol misuse (parent) and loss of contact with parent

Case Study

Pupil X is a year 9 male who has an EHCP. He is currently on a Child in Need plan and was permanently excluded from a specialist provision for physically assaulting a member of school staff. Pupil X now resides with his father and has a supportive and well-structured home life. Pupil X moved in with his father after child protection concerns were raised in relation to mother's alcohol abuse. Historically, pupil X witnessed domestic abuse between his parents. Pupil X has himself been involved in substance misuse. He mixes with older peers in the community and is at risk of exploitation. There is evidence that Pupil X has physically assaulted peers on numerous occasions. He has also been the victim of violence when in his local community. Pupil X has not been open to Early Help but his name is known to professionals.

Conclusion

Early intervention is clearly key to supporting vulnerable children and to avoiding a crisis situation from emerging. It is important that schools focus on prevention and early intervention as their central role within multi-agency plans in keeping children safe.

Some children, such as Children in Need, may have, or have had, complex family circumstances that result in them experiencing trauma or adversity, which can have a lasting impact. It is vital that schools try to understand the cumulative impact of being a Child in Need, develop stable and trusting relationships with the home, where possible, and crucially work with other agencies to share information and provide support. For those pupils subject of audit, 42% had no Early Help involvement.

Of the 24 pupils subject to audit, 20 had social care involvement at some point. This equates to 83%. Risk factors that increase the likelihood of a child being excluded is evidenced in this audit include: living in poverty; experiencing abuse and neglect at home; having a learning difficulty.

Audit findings would suggest that a child's Adverse Childhood Experiences (ACEs) may impact on the way they cope with stresses or interactions with staff and pupils. The school itself can act as a protective environment for a young person and the denial of that setting through exclusion may induce further trauma.

Permanent exclusion potentially leads to the criminalising of a child. Once excluded, children have fewer protective factors, including access to trusted adults. Children who are excluded are at risk of disengaging from education.

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What we can learn from known victims of child exploitation.

Jeanette Hill

Service Manager, Compass and Assessment Teams

Strategic Lead for CSE and Missing children

Food for thought.....

- In England, a child is someone who has not yet reached their 18th birthday. Once they turn 18, they are legally an adult. Therefore it is important to remember you will be hearing about the experiences of CHILDREN.
- Working Together to Safeguard Children (2018) guidance, applies to all children up to the age of 18 years whether living with their families, in state care, or living independently (p: 7) – which means we all have a duty to safeguard.

Quote:

'20 years ago children who were sexually exploited were prosecuted as child prostitutes rather than safeguarded and protected...Thankfully, over the last 20 years big progress has been made in how professionals and wider society understand and respond to CSE. Yet in recent years, new forms of exploitation have been uncovered and we need to learn the same lessons as we had to with CSE, in order to stop treating children as criminals and give them the help they need.' (Children's Society, Feb 2019)

CCE audit.....the context:

In March 2019, representatives from CSC, YJS, Early Help, police, CSE lead, education and Young Addactions completed a multi agency audit around CCE – county lines. We identified 6 young people where there are known or suspected concerns in regard to County Lines. Each agency provided information from their own agency records, then this was pulled together and an overall analysis and findings being identified and agreed.

Young people's profile:

Cody (15 years old).....exploited from age 13

Household – mum, ½ sister (aged 1)

DV – from the age of 8 years Cody was exposed to a pattern of domestic abuse within his mother's relationships.

Parental substance misuse – again from aged 8, his mother's partners and his mother have had various substance misuse issues including alcohol and drugs.

Stability – very little, a number of house moves, poor school attendance noted since he was aged 10 years, permanently excluded by the age of 12 years old, attending TMBSS.

Behaviour – starting getting into petty crime (theft) from aged of 12 years, he received a community resolution in 2016 and the year after a caution for receiving stolen goods and the year after had witnessed the attempted murder of peer (thought to be linked to county lines).

Substance misuse – known to be heavily using cannabis at the age of 13 years.

CSC – support has been put in place for Cody and his family since Cody has been 10 years old, very little changes, ongoing and persistent issues of emotional harm and neglect, he has been on a CP Plan twice and remains on a CP plan currently.

Exploitation – first mention of his association with other known exploited young people in 2017 at the same time information that Cody was also using cocaine, making Cody just 13 years old.

Billy (aged 16 years).....exploited from age 13

Household – mum, step dad, ½ sister aged 8

Education – permanently excluded from school at age of 13, following a number of fixed term exclusions since the age of 9 years old, attended school over the border in Wales, low attendance, concerns of substance misuse.

Substance misuse – used cannabis and disclosure of ecstasy when he we was 14 (reported a friend's dad was supplying this).

behaviour – from the age of 14, Billy's mum has been seeking support with his behaviour, described as difficult to manage 'a handful'. At age 14 was working with YOS on a 6 month referral order for theft.

Exploitation – concerns that he was purchasing his drugs on a daily basis from Liverpool dealers at the age of 15, at around the same time intelligence being received that he was dealing drugs.

Harm – in August 2018 he was found to be in possession of weapons and intent to supply cannabis, 10 days later he was significantly beaten up with potential life threatening injuries.

Kim (aged 16 years)...exploited from aged 15

Household – mum, dad, sister aged 12.

Education – excellent attendance and described as bright pupil, up until permanent exclusion at aged 15 for bringing drugs into school.

CSE – sexually exploited at age 15 years old.

Substance misuse – by the age of 15 concerns of Kim using a variety of drugs including: MDMA; Cannabis; Alcohol; Amphetamine; LSD; Xanax; Ketamine.

Exploitation – disclosed at aged 15 that she was dealing cannabis to friends that she was getting from 19 year old male.

Henry (aged 17).....exploited from age 13

Household – mum, dad (separated), sister aged 22 and sister aged 19

CSC – referred to CSC at age 13, living with dad, concerns dad exposing Henry to substance misuse, possible drug running for dad. On CP plan since the age of 14 – neglect

Substance misuse – using cannabis from age of 13 – intel that also using Class A (crack cocaine)- going out not returning until 5 am – NO reports of missing from father.

Education – problematic since age 11 – poor attendance (dropping to 55% in 2016), Henry was permanently excluded at the age of 15 years, attended TMBSS.

Exploitation – at the age of 14, his house was searched and a number of weapons found, at the same time intelligence that he was selling drugs to friends – he was being exploited by his sister’s boyfriend at this time

Lucas (aged 18).....exploited from age 16

Household – mum, but he lives with grandparents, has sister aged 14 and 2 brothers aged 16 and 4

CSC – very little history, first became known to CSC at age 17 when a strategy meeting was held in response to concerns around exploitation, it was reported that Liverpool OCGs are very threatening and violent. They control the teenage group and regularly plug the cocaine up their rectum.

Behaviour – age 11 received a community resolution for assault.

Education – 1 fixed term exclusion at aged 15.

Exploitation – aged 16 intelligence he is selling cannabis, ecstasy and cocaine to school friends and intelligence he is being exploited by the Boris Line drug dealers.

Substance misuse - aged 17 goes to live with grandparents who have little control over him, thought to be heavily smoking cannabis.

Charlie (aged 16).....exploited from age 13

Household – mum, dad, sister aged 22 and sister aged 6

Substance misuse – using cannabis from age 13/14, disclosed 2019 that also using cocaine.

Education – fixed term exclusions from age of 14 years

Exploitation – his phone number found on the mobile of a drug dealer during prison cell search when Charlie was aged 14

Harm – intel last year to state it was believed he had a shot gun held to his chest by Scouse (drug dealer) – Scouse drug dealer is believed to have taken all of Charlie's drugs from which he had just been reloaded. Charlie aged 15.

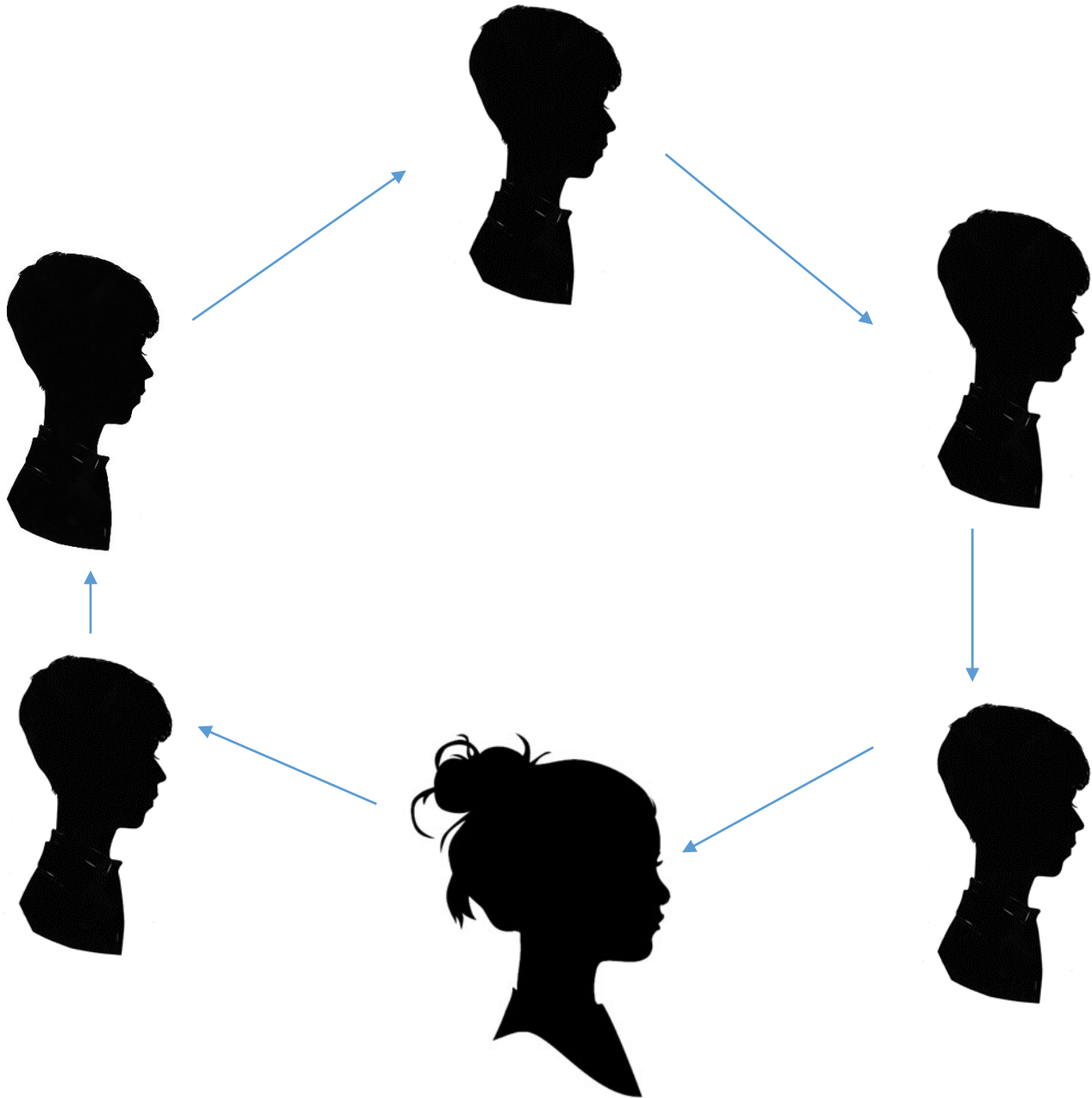
Aged 15 – intel that Charlie is plugging drugs in his rectum.

March 2019 he was taken into police protection for his own safety.

Links

Cody
Henry
Lucas
Charlie
Billy
Kim

All friends in
community.



Henry selling drugs for brother in law, which continued even when brother in law imprisoned, search of cell found mobile phone which contained Charlie's phone number, they all except for Billy attended the same school at some point. All cannabis users, likely supply from the same source.

Commonalities.....so what made these children vulnerable to being targeted

- Inconsistent, neglectful parenting, lack engagement with support services, child and/or parents, parental separation (conflict), drugs, alcohol, domestic abuse, criminality, hard to reach;
- Frequent house moves – lack of stability, impacts on community identity
- Poor school attendance – starting in primary school in some instances
- Exclusions (fixed term and permanent)
- Being in alternative education provision such as TMBSS or school being out of authority area (less visible)
- Missing episodes
- Anti social behaviour that escalates into offending, police and JYS involvement
- Substance misuse – frequent use of cannabis
- Child sexual exploitation
- Associations with others involved in county lines/exploitation

Recommendations

1. **It is much easier to stop children becoming involved in gangs than it is to get them out.** To achieve this we need a 'life-course' approach recognising that while a child may be drawn into a gang as an adolescent, the underlying reasons why they were susceptible almost certainly appeared years earlier (Children's Commissioner, 2019); **consideration needs to be given to the early help approach, consent is often seen as a barrier to working with these young people/families however we need to start thinking outside of the box and overcoming the young person's/parent's resistance and engage THEM with US,** which is also highlighted by OFSTED (2018) 'professionals need to work flexibly and continue to 'say with the child', even when they are unwilling to engage' (P:10);

2. **Schools need to keep children in school by responding to challenging behaviour and additional needs.** Action needs to be taken to combat schools who persistently exclude or off-roll (Children's Commissioner. 2019); we need to consider the best approach to managing young people who represent challenges, we know that exclusions and TMBSS only serves to increase risk and vulnerability, isolation from school will push these young people further into the clutches of perpetrators and increase the opportunities for exploitation;

3. **A multi agency approach to tackling the issues of county lines needs to be developed, screening tools to help identify vulnerable young people and a pathway and framework for supporting these young people is required.**

Cont'd

- 4. **Police intelligence and concerns around exploitation needs to be shared timely and in co-ordinated way, not just with Children's Social Care but with the multi agency partnership**, often it will be agencies working directly with the young people and family that hold the most informed, up to date information, to inform decision making, we need to develop processes that overcome the barriers to sharing information so that a joined up approach can be developed.
- 5. **Consideration of what role housing play**, it is noted that many of the young people subject to this audit have had a number of house moves (reasons unknown as housing were not part of audit group) but it was raised by Julie Duncan that Housing are a key partner and could trigger early help support by flagging up issues early on that may later prevent evictions.
- 6. Addactions have launched a policy with public Health regarding when a child is excluded on the grounds of substance misuse the school need to complete the SMARTER screening tool, Sonya Jones advised this is not being followed, this needs to be implemented and embedded with all schools as will enable a young person access appropriate supports in timely manner. Consideration to inviting Addactions to Pupil Planning Meetings may help to overcome parental resistance to support for their child.

Cont'd

- 7. Children Social Care need to consider thresholds for ongoing support and intervention following assessments, as step down too soon will lead to re-referral and possible delays in the young person accessing support at the appropriate level of threshold i.e. CIN. Both Addactions and YJS have experienced other agencies pulling away or refusing to get involved because they are seen as a lead agency to support the young person and family, what is needed is collaboration between agencies and wrap around support through a multi agency approach.
- 8. YJS to get involved with young people at the second community resolution, this will increase preventative support/work.
- 9. Drug screening in custody has been agreed by the lead inspector (Gordan Kaye) as of 01.03.19 however this has not yet been implemented due to changes to Addaction in April – this needs to be implemented and embedded in practice, as this drug screening can trigger supports for the young person.

Cont'd

- 10. A Liaison and Diversion worker (YJS) to be put in place, to assess a young person's emotional and mental health at points of crisis in the custody suite and in courts (interviews are being held in May, worker is already in place in Worcestershire). This worker will be able to signpost and refer on and provide short term interventions.
- 11. Consideration for Health agencies to be given for screening in hospitals and other unscheduled health care settings when young people present with injuries.
- 12. Cross border working with Wales is required – Julie Duncan to liaise with Chris Kerry to identify what young people who reside in Shropshire but attend schools across the border and Julie to establish links with those schools to ensure they are aware of Shropshire's Early Help and Safeguarding Pathways

Thank you for listening

Any questions, comments or reflections, further recommendations needed?