

# FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 5 March 2020 at 1.30 pm in the Whickham Room - Civic Centre

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From the Chief Executive, Sheena Ramsey

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Item	Business
1	<b>Apologies for absence</b>
2	<b>Minutes of last meeting</b> (Pages 3 - 8)  The Committee is asked to approve as a correct record the minutes of the last meeting held on 30 January 2020
3	<b>0-19 Services</b> (Pages 9 - 22)  Report of the Director of Public Health
4	<b>Social Work Recruitment and Retention / Quality of Social Work Practice - Performance Update</b> (Pages 23 - 32)  Report of the Strategic Director, Children, Adults and Families
5	<b>Special School Provision and Developments</b> (Pages 33 - 40)  Report of the Strategic Director, Children, Adults and Families
6	<b>SEND Update</b> (Pages 41 - 48)  Report of the Strategic Director, Children, Adults and Families
7	<b>Work Programme</b> (Pages 49 - 52)  Joint Report of the Chief Executive and Strategic Director, Corporate Services and Governance

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**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING**

**Thursday, 30 January 2020**

**PRESENT:** Councillor

Councillor(s): M Hall, D Bradford, C Buckley, B Clelland,  
P Craig, L Kirton, K McCartney, E McMaster, M Ord,  
R Oxberry, I Patterson and Reay

**CO-OPTED MEMBERS** Jill Burrell

**IN ATTENDANCE:** Councillor(s): G Haley

**F33 APOLOGIES FOR ABSENCE**

Councillor L Caffrey, Councillor S Craig and Councillor S Gallagher.

**F34 MINUTES OF LAST MEETING**

RESOLVED - That the minutes of the meeting held on 28 November 2019 were agreed as a correct record.

**F35 SUPPORT FOR YOUNG CARERS**

Committee received a report on the Young Carers Service. It was reported that this is one element of a three-part Carers contract which started in May 2019. Carers Trust Tyne and Wear were awarded the contract to support young carers aged under 18 years.

It was noted that in the first two quarters of the contract, 50 referrals were received from a number of sources. There were more females than males, with a 31 – 19 split. In terms of ages there were some referrals made for carers as young as 5 years old. The biggest cohort of young carers are within the ages of 8 and 13 years old.

At the end of quarter two there was a total of 400 young carers receiving support. 351 of these were receiving active support, this is frequent and activity based. 30 young carers were receiving short term support, which is quick intervention and advice. 19 of the young carers were receiving non active support, this is where they have been registered but are not undertaking any intervention support. It was noted that a number of young people are signed up but there has been difficulty in engaging them.

A number of interventions are offered to young carers. In the first two quarters these interventions included; group activities, drop in sessions, peer support, one to one emotional support, Expert Young Carers Group and in-house training in such things as cookery skills. The aim of the interventions is to give young carers an opportunity for a break and to meet other young carers, to gain experience in new skills and tackle new challenges.

It was noted that some young people do not see themselves as carers and therefore proactive work is underway through schools and social media to contact as many potential young carers as possible. Awareness raising is also done through leaflets and talks at other agencies.

It was questioned what things young people were doing in terms of caring for their parents. It was noted that this varies and referrals are made to Adult Social Care to look at what other services can be put in place. The service works with the family as a whole. It was acknowledged that partnership working is at the core of the contract.

It was reported that the service does not work in isolation and allows for a full young carer assessment so that interventions can be tailored for individual needs.

The cost of the contract for the first year is £200,000, of which the Council pays 39% and the CCG 61%. This amount decreases over the five year duration of the contract. Committee was concerned about this decreasing funding, it was felt that this is saving the Council work and therefore it made no sense to reduce funding to it. It was confirmed that the contract will continue to be reviewed, a quality assessment has started and this will be carried out annually.

It was questioned whether there is a contingency plan for the later years of the contract when the funding has decreased. It was noted that the specification is written to expect more young carers will come into the service and as Carers Trust Tyne and Wear is a registered charity it will monitor spend and bids are being made for a number of grants.

The point was raised that some young carers will be in households dependent on Universal Credit and it was questioned whether this is feeding into the work of the service. It was confirmed that if any household was suspected to be in financial difficulty the service would follow this up through the multi-agency group.

Further information was requested on the savings that the service makes to the Council. It was agreed that officers would look into what analysis was carried out when the contract was being drawn up and report back.

It was questioned whether there are any trends with the number of young carers. It was reported that the youngest carers are between 5 and 7 year olds, this cohort makes up 10-15% of the 400 young carers. Support plans are tailored to each young person depending on their circumstances and there is a reliance on providers to ensure the support caters for all young carers. It was also noted that the number of young carers is increasing and it is expected that this trend will continue as this will also be linked to the promotion and marketing of the service.

It was queried whether there is any time limit for working with each child. It was confirmed that there is nothing prescribed in terms of the length of time that the service can work with a young carer. An assessment must be done within 28 days of referral and support plans are regularly reviewed. It was noted that it is a very fluid service with some young carers leaving the service and then returning at a later date.

It was requested that this report be brought back to Committee on an annual basis.

RESOLVED - That the Committee noted the content of the report.

### **F36 OFSTED - ANNUAL REPORT**

Committee received a report outlining the outcome of the most recent Ofsted inspections. Last term three inspections were carried out under the new Ofsted framework.

It was reported that Rowlands Gill Primary School remained as 'requires improvement'. The LEA agreed with the judgement but officially raised issues with Ofsted over the conduct of the inspector. It was pointed out that the school is in a good place and the new Headteacher was only in post for a week before the inspection was carried out.

Washingwell Primary School remained 'good' and Dryden Special School maintained its 'outstanding' rating.

Committee was advised that inspections are currently underway at Ryton Juniors and St Mary and St Thomas Aquinas Primary School.

It was noted that a lot of training and support is in place to help schools through the change of framework.

RESOLVED - That the Committee noted the position of schools in relation to Ofsted inspections.

### **F37 SECONDARY ACADEMIES PERFORMANCE - PROGRESS UPDATE**

A report was presented on the performance in relation to secondary academies. It was noted that there remains only one maintained secondary school in Gateshead, with all the others having converted to academy status.

It was reported that, in terms of Ofsted ratings, on the whole secondary schools are performing well. However, there are ongoing issues around the continuation of a Sixth Form at Heworth Grange, a briefing note will be circulated to members in due course around this matter.

In terms of GCSE results it was reported that Gateshead has the highest in the region, Gateshead is also top in comparison to statistical neighbours. Progress 8

measures progress pupils have made since year 6, this is low in some schools in Gateshead. However, it was acknowledged that the issue is due to primary schools doing so well in Gateshead that it is difficult to meet progress grades.

In relation to permanent exclusions Lord Lawson of Beamish was the highest excluder during the autumn 2019 term. During the term there was a total of 25 permanent exclusions, this figure was 36 for the same term last year.

Parental preference remains high for Cardinal Hume and is increasing for Grace College following it becoming part of Emmanuel College's Multi Academy Trust.

RESOLVED - That the Committee noted the position of secondary schools and academies on this range of data.

### **F38 LIAISON WITH GATESHEAD YOUTH ASSEMBLY**

Representatives from Gateshead Youth Assembly attended the meeting to discuss their annual report and the priorities set for 2019/20.

It was noted that the priorities for the coming year are in line with the Council's Thrive agenda.

Committee viewed a presentation and video on the work carried out by Youth Assembly in recent years and the representatives discussed what they have gained from being part of the Assembly.

RESOLVED - (i) That Committee requested to note the information presented in the report and by the Young People.  
(ii) That the Committee noted the invite to the Convivial Supper on Tuesday 30<sup>th</sup> June 2020.

### **F39 SMOKING IN EXPECTANT MOTHERS**

Committee received a report and presentation on the sector led improvement work being carried out. A number of topic areas within the conception to 2-year offer were considered as needing to improve and any particular gaps were identified.

Following a self-assessment smoking in pregnancy was chosen as an area to initially focus on. The risks of smoking in pregnancy were highlighted as;

- Risk of complications
- Risk of stillbirth
- Baby more likely to be premature and/or born with a low birth weight
- Risk of SIDS

It was noted that the smoking status at time of delivery data is self-reported across Gateshead and Newcastle and shows a general downward trend. In order to tackle

the problem of smoking during pregnancy, 28 GP practices and 37 pharmacies across Gateshead now have stop smoking advisors. In addition, over half of the 0-19 service is trained as stop smoking advisors. The QE hospital participated in the PREP trial which was successful in recruiting the largest number of women in all the trial sites. There is also a Quality Improvement Lead based at the QE who is crucial in keeping work moving. The Quality Improvement Lead has led training on a programme of Very Brief Advice.

In addition, a stop smoking service has been opened at the pharmacy within the QE hospital. Carbon monoxide screening is also being carried out at every maternity appointment so this allows for the smoking conversation to take place.

It was reported that the 2019/20 quarter 1 and 2 data shows a sustained reduction in smoking at the time of delivery whereas the national picture has stalled.

It was noted that going forward monitoring will take place of progress against the bespoke action plan. Post-natal work will continue to prevent relapse, this will be through Health Visitors and midwifery service. Work will also continue to ensure that services are looking at the evidence base in order to offer relevant support.

It was questioned why there has not been more of a drop in the number of expectant mothers smoking given that there has been a rise in the number of people vaping. It was confirmed that there is no data to show how many expectant mothers are vaping. However, the advice is that it is better than smoking tobacco as it is the chemicals from tobacco which cause harm to unborn babies.

The point was made that there is evidence that some young mothers desire low birth weight as they believe this will make for an easier birth. It was acknowledged that in order to tackle this, midwives no longer refer to unborn babies as being 'small' and instead use terminology such as 'weak'. It was noted that there is now a script in use across the maternity service so that all services are using the same terminology.

RESOLVED - That Committee noted the contents of the report and the work that has taken place to support pregnant women and their families to stop smoking.

#### **F40 WORK PROGRAMME**

The Committee received the work programme report setting out the provisional work programme for the Committee for the year 2019/20.

RESOLVED -

- (i) That Committee noted the provisional work programme.
- (ii) That Committee noted that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

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**TITLE OF REPORT:** 0-19 Public Health Nursing Service Update

**REPORT OF:** Director of Public Health

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## **SUMMARY**

The purpose of this report is to give the Committee an update on the work of the 0-19 Public Health Nursing Service (Growing Healthy Gateshead) since the contract was awarded to Harrogate and District NHS Foundation Trust (HDFT) in July 2018.

The report will cover the following areas:

- Background
  - Overview of performance
  - Service development and delivery
  - Awards and achievements
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## **BACKGROUND**

1. Following a review and reprocurement of the 0-19 public health nursing service (health visiting, school nursing and family nurse partnership) in 2017, the contract to deliver this service was awarded to HDFT from 1 July 2018. The contract was awarded for a period of two years with an option to extend for a further two 12 month periods.
2. Mobilisation of the new service provider (HDFT) commenced on 1 January 2018 and the contract went live on 1 July 2018 as required.
3. The 0-19 service provides leadership, co-ordination and delivery of the Healthy Child Programme (HCP). The HCP is the early intervention and prevention public health programme that lies at the heart of universal service provision for children, young people and their families. It sets out the good practice framework for prevention and early intervention services for children, young people and their families and recommends how health, education and other partners working together across a range of settings can enhance a child or young person's life chances.
4. The service model for health visiting and school nursing is based on Public Health England's 4,5,6 approach (see appendix 1). In addition to health visiting and school nursing we have retained the Family Nurse Partnership in Gateshead.

5. The 4-5-6 model is based on:

- 4 levels of service, depending on individual and family need
- 5 key visits - these can be utilised to identify needs and to develop a support offer, or signpost to specialist services if required, and are mandated for health visiting
- 6 high impact areas, where health visitors and school nurses can make the biggest difference

## OVERVIEW OF PERFORMANCE

6. HDFT has a strong approach to performance management through monthly 1-1 performance management supervision, audits of records and reporting on data. This has ensured effective caseload management, flexing resources according to levels of demand within each locality. This has enabled the successful delivery of all universal mandated contacts starting at the antenatal period. They have ensured their assessment and screening of health needs follows the child and their family throughout their journey.

7. Contract monitoring meetings take place with HDFT every quarter. At each meeting we monitor the key performance indicators (KPI's) and have a quality themed report on a particular area of service delivery or development. The topic for the quality themed report is identified and agreed at the previous meeting.

8. The purpose of having a quality themed report is to focus on a particular area to see what work the service has been doing e.g. emotional health resilience. We have included a case study at appendix two which focuses on the work of the Emotional Health and Resilience Nurse with a primary school in Gateshead.

9. The table below gives an overview of performance for mandated visits by health visitors:

<b>Health visitor mandated visits</b>	<b>Q1 19/20</b>	<b>Q2 19/20</b>	<b>Q3 19/20</b>
Antenatal	84.6%	90.5%	93.9%
New birth (10-14 days)	96.4%	96.8%	93.5%
6-8 weeks	95.9%	95.5%	95.5%
12 months	94.3%	95.1%	94.8%
2-2 ½ years	94%	95.5%	94.9%

10. The number of visits that are carried out each quarter range between 300 and 500. Numbers will fluctuate dependent on when the child is born and which quarter the visit will fall due.

11. As can be seen from the above table the service has exceeded the 85% target set for all mandated visits in both quarter 2 & 3 for 2019/20 and only narrowly missed the antenatal visit target for quarter 1.

12. The table below gives an overview of breastfeeding status at 6 to 8 weeks:

<b>Breastfeeding status at 6-8 weeks</b>	<b>Q1 19/20</b>	<b>Q2 19/20</b>	<b>Q3 19/20</b>
% infants with breastfeeding status recorded at 6-8 week check	95.3%	95.3%	99.4%
% infants totally/partially breastfed	40.6%	41.7%	35.9%

13. We have seen an improvement in the recording of infant feeding status due to being able to capture the data electronically. The service lead for quality and performance has worked on this extensively over the past year. The number of infants partially and totally breastfed has also seen an improvement where previously Gateshead has been between 37-38% per year. The mean percentage for the full year based on the performance for the first three quarters is 39.4%.

14. Other key areas of performance included 100% of mothers receiving a maternal mood review and 98.5% of looked after children receiving an annual health assessment.

## **SERVICE DEVELOPMENT AND DELIVERY**

### **Introduction of electronic case management system and transfer of clerical records**

15. Underpinning HDFT's vision was the introduction of SystmOne as their single electronic patient record. SystmOne captures, manages and reports all clinical data; supporting a Public Health service that is effective. The process of transferring clerical records to an electronic system involved extensive training for all the 0 -19 staff on SystmOne, during the mobilisation period, to ensure staff were competent for commencement of the new contract.

16. Within 3 months of contract commencement 30,000 active paper records were scanned onto SystmOne. Evaluation of the introduction of the new electronic patient record reflects efficiency and access to a single record for the service which in turn support the analysis of cumulative risk and the safeguarding assessment.

### **Making Every Contact Count**

17. Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and other individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC focuses on lifestyle issues such as stopping smoking, drinking alcohol within the recommended limits, healthy eating, being physically active and keeping to a healthy weight and improving mental health and wellbeing.

18. The teams skilled Specialist Community Public Health Nurses (SCPHNs) have been a key driver for integration at a community and preventative level, universal services, and through all levels of need from early help to targeted support and complex safeguarding. The SCPHNs have driven the ethos of 'Making every contact count', interweaving this into the delivery of the Healthy Child Programme.

### **Special Educational Needs and Disabilities (SEND) Team**

19. As part of the procurement of the service HDFT committed to the development of a dedicated SEND Team within the service. Following a review of service provision SEND Practitioners were recruited and model development commenced from 1<sup>st</sup> April 2019. The 0-19 SEND team consists of:

- Band 5 staff Nurse 22.5 hours
- Band 4 Early Years Practitioner 37.5 hours
- Band 4 Early Years Practitioner 22.5 hours

20. All 0-19 SEND practitioners have experience in working with children with additional identified needs. They work alongside health and education partners in the management and delivery of services for children with additional health needs. The 0-19 SEND team's role is to deliver public health support as part of the Healthy Child Programme, and this does not include meeting the day to day physical and clinical nursing needs of children and young people which may be more complex.

21. The SEND practitioners work to ensure that all children within mainstream schools who have special educational needs and disabilities receive public health messages in a way that meets their needs. They support children with additional needs to ensure, where possible, that they are school ready by 5 years. Resources have been developed for the wider 0-19 team to support children and young people with SEND.

22. They have developed a quarterly newsletter for professionals which provides service updates and best practice guidance. Access to the team has been widely advertised via social media and digital platforms.

### **Emotional Health and Resilience**

23. HDFT have a designated Emotional Health and Resilience Nurse [EHRN] to work specifically with the 5-19 population. The role promotes resilience and raises awareness of mental health in young people, delivering interventions particularly around the transition periods (e.g. moving from primary to secondary school).

24. The EHRN works with schools, local communities and other partners to identify children and young people who have emotional health issues/needs. They work with agencies and services to identify and implement the best approach to meet these issues.

25. Examples of support that have been delivered in schools to date include:

- Targeted group work in a number of secondary schools around exam stress
- Emotional support for pupils at Thomas Hepburn School, prior to its closure, who had been identified as being affected by the transition
- Puberty sessions with implementation of puberty related emotional health session with primary schools
- Emotional wellbeing assemblies and emotional health classroom workshops
- Health stalls – eating disorder board
- Attendance at parents open day in a number of primary schools to promote emotional health
- Relaxation sessions

26. The EHRN is also linked with the community drop-ins at Pattinson House and Larkspur House (Beacon Lough East). A number of young girls from Pattinson House have worked with the EHRN to create artwork for one of the 0-19 services meeting rooms.

### **Infant Feeding**

27. The Baby Friendly Initiative (BFI) is transforming healthcare for babies, their mothers and families in the UK, as part of a wider global partnership between the World Health Organization (WHO) and UNICEF. The Baby Friendly standards provide a roadmap for services to improve care. Through the staged accreditation programme, health professionals are enabled to support all mothers with feeding and to help parents to build a close and loving relationship with their baby

28. A Locality Manager in the team is the thematic lead for infant feeding and healthy weight and nutrition and is responsible for leading the 0-19 service with BFI accreditation. Since the 0-19 Service transferred to HDFT they have gained Stage 1 BFI accreditation, which the service did not have previously, and are now in the process of applying for Stage 2 accreditation.

29. Stage 2 accreditation focusses on an educated workforce and ensuring that clients received uniform advice and support. HDFT is committed to ensuring that BFI is accredited to level 3 (gold standard) in Gateshead and recognise the benefits for this for long term health outcomes for the local community

30. In terms of support for breastfeeding the service offers all pregnant ladies the opportunity of an antenatal contact with a SCPHN. Information is provided to mothers-to-be about feeding and caring for their baby. There is also a focus on developing a close and loving relationship between parents and baby from pregnancy onwards.

31. A breastfeeding assessment is carried out at approximately 10-14 days after birth during the primary health visit. Support with breastfeeding is available for all mothers from SCPHN's, Early Years Practitioners, Breastfeeding Champions and

social support in the form of Bosom Buddy groups. In 2020 there is a plan to transform the Bosom Buddy groups to Breastfeeding cafes and increase the availability of this form of social support.

32. Mothers have the opportunity for a discussion about their options on continued breastfeeding including expression of breast milk, feeding when out and about and going back to work, according to individual need. They are supported to maximise the amount of breast milk their baby receives, with exclusive breastfeeding being the ideal, but when this doesn't happen support is offered for mothers to keep going within the realities of their situation.
33. When mothers decide to formula feed support is offered to help them do so as safely as possible. Information is offered to parents about the introduction of solid foods at an appropriate time during home visits and group sessions.
34. Parents are supported to understand and respond to their baby's changing developmental needs and abilities, including touch, verbal and visual communication as part of close and loving relationships.
35. The Infant Feeding lead is supported by a team of passionate breastfeeding champions from the 0-19 Service consisting of SCPHN's and Early Years Practitioners (EYPs). The role of the Champions is evolving to meet the needs of the service and will be based around offering more specialised provision to clients having breastfeeding issues and supporting the team with breastfeeding training and troubleshooting.

### **Family Nurse Partnership**

36. The Family Nurse Partnership (FNP) programme provides a greater level of support for vulnerable first-time pregnant young women from early pregnancy until their child is two. The FNP is now fully integrated into the wider 0-19 service, maximising partnership working, communication and collaboration.
37. Eligible mothers-to-be are enrolled onto the programme as early as possible after 16 weeks' gestation, to enable trusting relationship development and maximise support opportunities.
38. The FNP nurses have established clear referral pathways between themselves, universal public health nursing support services, and wider key delivery partners to maintain trusting relationships with both parents. They use a strengths-based trauma informed approach to help families develop problem-solving abilities.

### **Integrated Referral Team (IRT)**

39. HDFT conveys a high level of commitment to promote safeguarding practice within Gateshead by working together with the multi-agency partners both statutory and non-statutory and further to this development a Specialist Nurse Child Protection (SNCP) was recruited to work in the Gateshead IRT.
40. The aim of IRT is to improve the quality of information sharing and decision making between agencies at the earliest opportunity. The multi-agency front door

decision making process prevents single agency decision making at the very early stage of a referral.

41. Partners from Northumbria Police, Gateshead Local Authority Safeguarding Team, Gateshead Local Authority Early Help Team and HDFT meet every morning in Gateshead IRT to risk assess the police child concern forms, in order to identify the appropriate service that could meet the child and family needs, as well as identify any risk of imminent significant risk of harm posed to a child.
42. IRT Service Benefits:
  - Supports co-location of agencies to share information to enable a full understanding of the family's needs inclusive of health input through the SNCP.
  - Facilitates the sharing of information between agencies
  - Collaboration of agencies to ensure that children, young people and their family receive the right help, for the first time, at the right time
  - Co-located forum to allow partners to professionally challenge each other regarding risk and decision making
  - Increased understanding of partner agency roles and responsibility including understanding and application of thresholds
43. A multi-agency evaluation of inclusion of the 0-19 service and SystemOne into the IRT identified improvement in the quality of information sharing and decision making between agencies at the earliest opportunity. This had historically been a weaker area in multi-agency child protection work and consistently cited as a factor in serious case reviews and high-level child protection inquiries. It was very clear that referrals were immediately going to the appropriate agency following a robust multi-agency risk assessment.

### **Developing and delivering a Vulnerable Parent Pathway (Gateshead Growing Healthy Pathway)**

44. Most families in Gateshead can be safely supported through universal health service provision via the 5 mandated visits (referred to in paragraph 5).
45. HDFT developed the Gateshead Growing Healthy Pathway, in consultation with the Councils early help team and maternity service, to offer an additional level of service for those who do not meet the criteria for FNP but would benefit from additional support to give their babies the best start in life. The pathway is delivered by an integrated approach from health visitors, early help workers (Council) and maternity services as a One Team Model
46. Families are recruited to the Growing Healthy Pathway in the antenatal period through the antenatal risk assessment and liaison with Maternity Services. Integrated delivery includes the following visits/contacts:
  - Engagement in the second trimester (promoting earlier intervention)
  - Enhanced antenatal contact
  - Birth visits
  - Fortnightly contacts until eight weeks
  - Monthly contacts until one year

- 3-6 monthly contacts until two
- 2-year home visit
- 2-2.5-year visits and joint review

47. The Growing Healthy Pathway and the strengths-based approach will help vulnerable parents develop problem-solving abilities within the family.

### **Promoting Integration and Inclusion**

48. HDFT has embedded their equality and diversity principles across the organisation. Enabling a culture that recognises respects and values differences; eradicating discrimination, harassment and stereotyping behaviours. They uphold their legal duties in the area of equality and diversity and incorporate existing and emerging equality legislation. They have a comprehensive Single Equality Scheme and Strategy (SESS) which all staff uphold for Gateshead service users. The scheme brings together the principles of race, gender and disability, age, sexual orientation, religion and belief, gender reassignment and human rights.

49. The service is sensitive to individual need; this includes a behavioural approach which ensures that all service users are treated with dignity and respect. They have introduced innovative ways of working through co-creating solutions with service users, analysing patient experience feedback to drive change and improvement and proactively developing services that are inclusive and within the heart of each community.

50. An example of innovation is the co-production of a virtual drop in via Facebook Messenger. The Emotional Health and Resilience Nurse facilitates virtual sessions to CYP, to provide advice at a time agreed with this group. The service has been used to provide advice and signposting to partners on a wide range of health issues including stress, anxiety, bullying, self-harm, drugs, alcohol, positive relationships, LGBT issues and contraception and evaluation of the service identifies on average seven CYP&F are accessing the service weekly within one locality.

51. Acknowledging the diverse population within Gateshead, the service has tailored their Healthy Child programme to respond to the different needs e.g. a clinic for Jewish families, Looked After Children (LAC) drop ins and virtual drop ins.

52. The service supports a men's mental health group having contact with on average eight men per week, supporting group work and imparting education around good mental health and signposting to other partners where required.

53. The also support a SCPHN led community drop in for LAC/care leavers, supporting on average eight CYP&F through the transition period and identifying those who require additional support.

54. Their Patient Experience lead has adapted the use of QR codes to ensure service user feedback is fully inclusive and that we continue to develop services to meet needs. Within Gateshead QR codes are being adapted to capture SEND, LAC and staff feedback.

## **Gateshead 0-19 Digital Strategy**

55. To drive continuous improvement, the service has engaged Service Users in co-creating a service-specific digital platform for Gateshead, ensuring the solution reflects their needs. This includes the development of 0-19 Facebook, YouTube and Twitter accounts, providing support and advice through accessible digital platforms.
56. These digital platforms ensure instant access to health literature, helping to maximise self-management. They use social media messenger to encourage direct conversations between the 0-19 team and CYP&F. They also use health promotion videos and 'live' chats, to increase reach, access and engagement. They have developed, collaboratively with CYP&F, an evidence-based platform driven by locality needs. This includes days dedicated to groups and themes such as "SEND Wednesdays" and "Feedback Friday's". They also work collaboratively with partners, cross posting across digital platforms, e.g. One You Gateshead, to promote other services and ultimately improve access to information.
57. The service has moved away from the traditional model of sending out paper health questionnaires to families at school transition points. They have developed a digital strategy, underpinned with an action plan and have sent out electronic questionnaires to those appropriate families. They do however understand the needs of their population and remain flexible to meet the requirements of those families who are unable or do not wish to receive information electronically ensuring a fully inclusive service.
58. Moving forward the Service plans to use SMS to promote positive health choices, providing scheduled motivational messages. This will provide instant support, and immediate access to appointment bookings.

## **Staff Health and Wellbeing**

59. HDFT believe a caring ethos and environment will have a positive impact on the wellbeing of its staff, service users and partners. They have developed a clear framework of values and behaviours and believe this is essential for cultivating a mentally healthy environment, for retaining and motivating staff and for increasing resilience within our workforce. Within the Gateshead workforce, they have developed a vision to build a happier, healthier more resilient workforce by creating a workplace culture of wellbeing. This is in line with The Gateshead Health and Wellbeing Strategy.
60. They have built on their existing offer of workplace training in mental wellness and resilience and embedded within their Performance Management Framework is a discussion about wellbeing. They have linked this to staff sessions delivered by the Emotional Health and Resilience Nurse on Mindfulness and line management support to attend holistic treatments provided by our local college. They have a focus on engaging staff to get active and facilitate 'Walking Huddles and

Supervision', access to Pilates and exercise groups delivered by partners within the workspace. Their emphasis on building friendships has developed a staff working group on Health and Wellbeing and a Health and Wellbeing Suggestion Box. Suggestions that have been taken forward include the implementation of 'bring and share' a healthy lunch, the development of a running group and 'tea and talk' groups which they are exploring extending to our partners.

61. The 0-19 Management team were awarded team of the month in November 2019. This nomination was from a HR colleague for embracing the Trust's vision, mission and values to creating a fun and supportive approach to improving colleague's health and wellbeing into everyday working lives.

### **Awards and achievements**

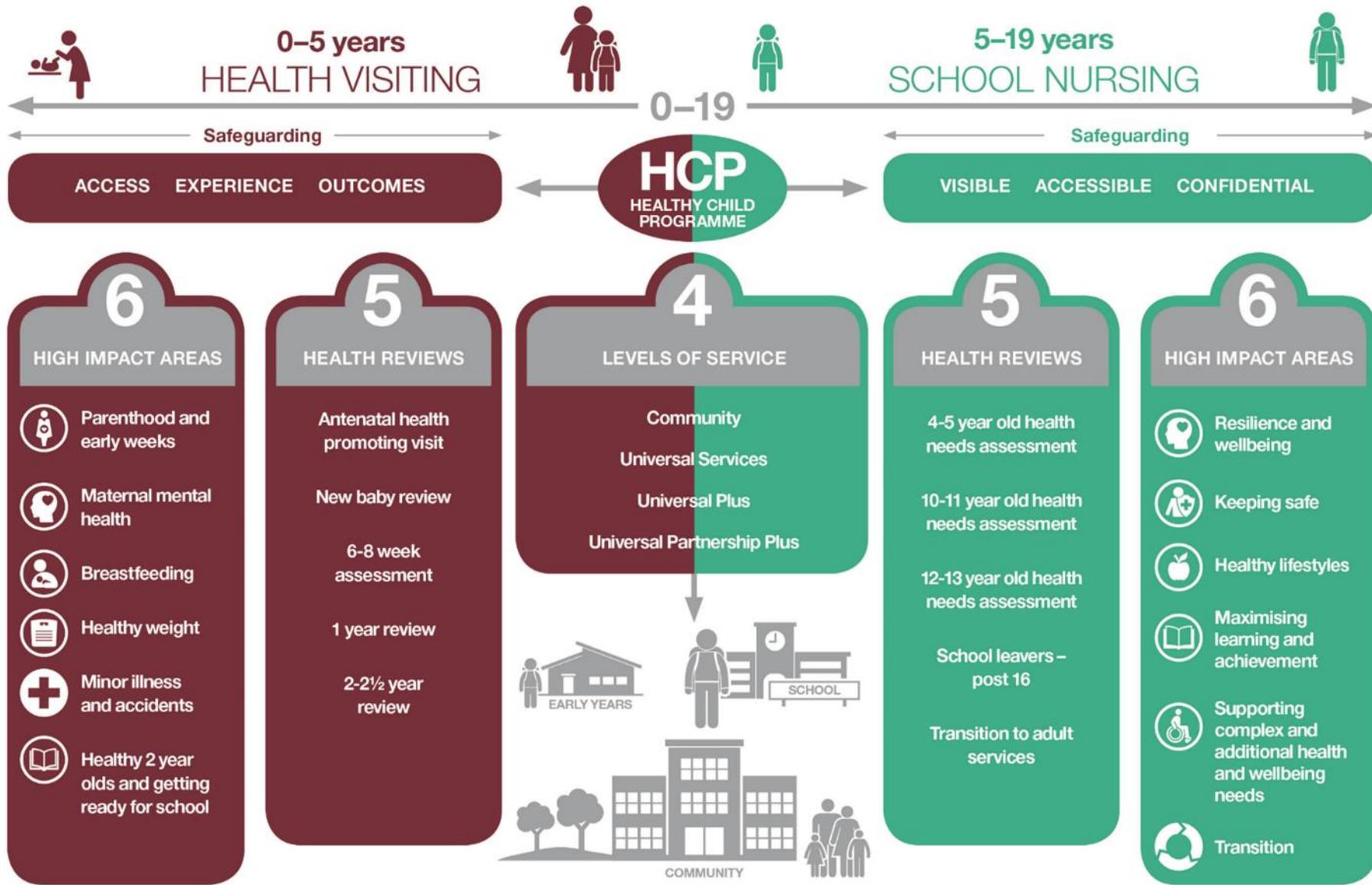
62. Rachel Allan, a School Nurse in the service, won the staff achievement of the year 2019 – which was a colleague of the year award from HDFT. She worked with the 0-19 team and local Gateshead charities to ensure vulnerable families had gifts for their children at Christmas. She also worked within Gateshead schools to address period dignity.
63. The FNP teams in Gateshead and Sunderland won the MacQueen award for England. This special award was established for 2019 by the Community Practitioners and Health Visitors Association Education and Development Trust. The award is to recognise services that make a difference to families and children, go over and above what is expected in their role and represents the best of community health practice.
64. Beth Wright and Sonia Percival, Health Visitors and Community Practice Teachers in the service, won an award from HDFT for making a difference. This accolade was for their commitment and positive approach towards supporting SCPHN students.

### **RECOMMENDATIONS**

The committee is asked to note the contents of this report.

**Contact:**     **Moira Richardson – Public Health Programme Lead, Ext: 3034**  
                  **Emma Anderson – General Manager (0-19 Sunderland, Gateshead**  
                  **and Darlington)**  
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# Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing



Page 19

### Case Study Primary School – Emotional Health and Resilience

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The School Nurse completed a school health profile with a Primary School in the outer west of Gateshead. The School identified that emotional health was their highest priority at that time, in particular around resilience as they had a number of children in the school who at that time had a chaotic home life.

The Emotional Health and Resilience Nurse (EHRN) arranged to deliver a general Emotional Health assembly to the whole of the Junior School. The EHRN delivered the assembly and received very good interaction from the children. They had a lot of questions and gave some great feedback via the HDFT feedback cards.

Following this the EHRN received a request from the same school for a follow up session, as one of their children had gone home and admitted to a parent that they were suffering with anxiety on a daily basis. The school also identified they had other children who had expressed an interest after the assembly due to emotional issues they were experiencing.

It was agreed the EHRN would run a relaxation session with a group of 10 children aged between 7 and 11. During the session the EHRN used “Relax like a cat” which helped the children learn how to tense and relax all parts of their bodies. They worked on focussing on their best points – such as being a good friend or being good at sports. The aim was to enable the children to remind themselves of their best points when they are feeling particularly low.

Next, they worked together to make a worry jar. This is a jar that contains glitter and water that is used to help with relaxation when someone is feeling worried, anxious or stressed. This jar was given to the school office and the select group of children were given consent to have access to the jar when they are feeling anxious at school, and they could take it to a quiet space for 5 minutes alone time before returning the jar to the office. The EHRN also recommended that the children make one at home to assist relaxation in the home.

Finally, the EHRN got the children to complete a confidential worry sheet, where they would write down their worries and then the children had the option to rip them up, crumple them up, or fold them up to deal with later.

The EHRN gave the children feedback cards to evaluate how they felt the session worked for them. All the children had ticked the “Very Good” box and said that they had all learned something about how to relax when they are feeling tense. They all said they liked the worry jar and would like to use it when they need to.

In the “how could we do better” section, one of the children wrote that they would like to “whisper their worries”. Due to this feedback it was felt that the children could further benefit from another session as it was evident that there was a child in the group who was still feeling particularly worried.

This second relaxation session was carried out and during the session a disclosure was made by a young girl in relation to her worries about her safety at home. Following this the School were now able to offer extra support to the child in school and the family have been referred to the Early Help Team by the EHRN.

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**TITLE OF REPORT:** Social Work Recruitment & Retention/Quality of Social Work Practice – Performance update

**REPORT OF:** Strategic Director, Children, Adults & Families

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### **EXECUTIVE SUMMARY**

The Children and Families Principal Social Worker (C&FPSW) has previously briefed OSC members on the origins and purpose of the C&FPSW role. In September 2019 the Gateshead C&FPSW role was taken over by the former Senior Practice Supervisor (Quality of Social Work) and became a stand-alone role, having always been performed by a 'Service Manager' alongside significant operational and strategic duties.

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### **Background**

1. Principal Social Workers have a key role in ensuring the quality and impact of social work for children and families. The latest statutory guidance on arrangements to safeguard and promote the welfare of children, Working Together 2018, requires that:

Para 19. Designated Principal Social Workers have a key role in developing the practice and the practice methodology that underpins direct work with children and families.

Para 50. Principal Social Workers should support social workers, the local authority and partners to develop their assessment practice and decision-making skills, and the practice methodology that underpins this.

2. Members have been briefed previously on Gateshead's strategy for C&F social work (SW)
  - i. A competitive, if not higher, salary offer than our competitors based on new job profiles aligned to the Knowledge and Skills Statement (KSS)
  - ii. A recruitment process that is in line with the KSS and selection processes that provides a solid baseline assessment of candidates that can pull through into the employer practice endorsement process.
  - iii. A clear programme of development that can demonstrably attract Social Workers, both newly qualified and experienced to Gateshead because they will know their practice will be enhanced and developed within an

organisation that is prepared to invest in their future development and achieve accreditation.

- iv. Caseloads that are manageable and allow for quality social work, whereby risks are appropriately assessed, and proportionate responses provided; helping to manage needs 'down' and preventing them from escalating up.
  - v. A clear progression structure that invests in preparing the talented to become future Practice Supervisors and Leaders.
  - vi. A unique selling point that is rooted firmly in social work and appeals to the hearts and minds of our existing social workers and those who we seek to recruit.
3. The strategy has, logically, been aligned to the government's prominent social work reform policy of 2016, 'Putting Children First' which required local authorities to work purposefully towards the reform of social work practice across three contexts;

**People and leadership** – bringing the best into the profession and giving them the right knowledge and skills for the challenging but hugely rewarding work ahead, and developing leaders equipped to nurture practice excellence.

**Practice and systems** – creating the right environment for excellent practice and innovation to flourish, learning from the very best practice, and learning from when things go wrong.

**Governance and accountability** – making sure that what is being done is working and developing innovative new organisational models with the potential to radically improve services.

4. The policy was subsequently enacted via the 2017 Children and Social Work Act, giving the Secretary of State the authority to impose 'improvement standards' on professional social work and to assess and 'accredit' or 'approve' statutory social workers against these.
5. The KSS have since been designated the Post-qualifying Standards for Social Work. They equate to the 'improvement standards', defined within the s42 of 2017 Act as a 'professional standard the attainment of which demonstrates particular expertise or specialisation' and which the Secretary of State is entitled to 'carry out assessment of whether people meet'.
6. The last PSW report explained further that 'local authorities are expected to ensure that Social Workers working in the three tiers described above are ready for the accreditation and assessment process by endorsing their practice'. So far there are only two 'post-qualifying standards' against which C&F Social Workers can be assessed and accredited under the National Assessment and Accreditation System (NAAS): the 'practitioner' and 'supervisor' standards.
7. Very recently, the DfE announced another pilot phase – the 'ASYE Pathway to NAAS' described as a 'continuation of the existing ASYE programme'. ASYE, the Assessed and Supported Year of Experience, is the first year of employed practice of any social worker post-qualification and registration.

## Social Work Regulation

8. All statutory Social Workers: practitioners, supervisor and leaders, need to be registered with the independent regulator. In December 2019 the independent professional regulator for social work changed from the generic Health & Social Care Professional's Council (HSPCC) to the newly created and very specific Social Work England (SWE). All of Gateshead's social work – qualified workforce have successfully transferred their registration to the new regulator.
9. SWE was also established by the Children and Social Work Act 2017. It says; *'Our central focus is public protection. We have, however, been given the tools to achieve this objective in different ways. Our secondary legislation – the Social Workers Regulations 2018 – drew on evidence and recommendations for effective professional regulation from numerous places. This include reform proposals for healthcare regulation and the Professional Standards Authority's (PSA) right-touch reform report'*.
10. Gateshead has built strong links with the regional engagement lead of SWE. The relevant HR and WFD leaders and the PSW are confident in their understanding of the expectations of the new regulator. SWE has a statement of purpose that resonates with our Social Workers.

*'Every day, Social Workers support millions of people to improve their chances in life. Social Work England is a specialist body taking anew approach to regulating Social Workers in their vital roles. We believe in the power of collaboration and share a common goal with those we regulate – to protect the public, enable positive change and ultimately improve people's lives. Social work is about people. Our purpose is to regulate Social Workers in England so that people receive the best possible support whenever they might need it in life. We are committed to raising standards through collaboration with everyone involved in social work'*.

11. Accordingly, SWE have introduced a wide range of 'rules' and 'standards', most significantly the 'professional standards' described as 'the threshold standards necessary for safe and effective practice'.
12. Standard 4 of the SWE professional standards requires that registered social workers take responsibility for maintaining and evidencing their 'professional development' via a range of expectations amounting to the need for a continuous portfolio of evidence to be submitted electronically on an annual basis. To maintain their registration, Social Workers must demonstrate that they are meeting the standards set by SWE, rather than those against which the DfE proposes to assess them for its national accreditation scheme.

## Social Work Capability

### a: The Professional Capability Framework (PCF)

13. A professional framework, the PCF is defined by the British Association of Social Workers (BASW) as *'the profession-owned, overarching framework of social work education and professional development in England'*.

14. Where the DfE's KSS post-qualifying standards define broad levels of what Social Workers should know, and be able to do, the PCF provides detailed level descriptors for progression over 9 level within the social work career pathway. It is the framework which underpins the evidence-focused pre-qualifying route to becoming a qualified Social Worker, eligible for professional registration, and tracks development throughout the registration period. It defines increasing levels of responsibility and professional expectation and key points of progression and attainment which can be reflected in salary grading.
15. Many Social Workers spend their entire career within the definition of the 'practitioner' standard of the KSS and therefore the PCF is needed to be mapped alongside the KSS to support evidence for key progression points.

**b: The Corporate Assessment Framework**

16. In addition, Gateshead Council has an achievement and development (A&D) framework to which Social Workers, as all other employees, are subject. Being corporate, the framework is different from the DfE's post-qualifying practice standards or SWE's professional standards or BASW's capability framework.
17. For most of the Council workforce, the corporate A&D process is the key means through which to monitor and evaluate motivation, application, progression and development of employees. Gateshead Council also has a capability framework designed to address robustly the failing of any employee to meet the reasonable expectations of their role.

**The current recruitment and retention picture in Gateshead**

18. There are currently approximately 150 qualified Social Workers employed in Gateshead across 144.5 Full-Time Equivalent (FTE) posts. Of these, around 11 are in social work practitioner roles, 21 in Practice Supervisor roles, 3 in Practice Leader roles and 10 are employed in the Safeguarding Children Unit as Independent Reviewing Officers and Child Protection Chairpersons (generally known as IROs).
19. There are approximately 20 vacant positions across all C&F social work teams, with 10 of these vacancies currently covered by agency Social Workers (7 in A&I and 3 in LAC). Many of these positions are temporary vacancies, due, for example to maternity and unpaid leave or 'secondments' to other teams.
20. The service is currently actively recruiting to five permanent posts in Edge of Care, Safeguarding and Care Planning and LAC while permanent vacancies in the A&I team have been advertised up to five times in 12 months with just 2 any successful appointments.
21. Over the last 12 months, Gateshead has appointed 26 qualified Social workers who remain in post. Of these, 15 are newly-qualified Social Workers, 12 of whom completed their social work training in Gateshead via Frontline/Step-Up and 2 of whom qualified through an HEI route including a practice placement in Gateshead.

22. The Children with Disabilities Team is fully staffed with permanent Social Workers for the first time in many years. The Safeguarding and Care Planning Service is also fully recruited to permanent posts. Recruitment is underway to cover a position that will become vacant in March due to an internal transfer.
23. Gateshead has 69 qualified Social Workers who have been employed by the Council for five years or more, including 32 who have been with us for 10 years or more and 11 have been here for over 20 years. Looking forward, the number of qualified Social Workers eligible for retirement (55 and over) is 15. Of these, eight are practitioners, four are Practice Supervisors and in addition all three Practice Leaders are eligible to retire.

### **Caseloads**

24. The number of children in Gateshead, as at the end of January 202 deemed to meet the threshold for allocation to a qualified and registered C&F Social Worker in Gateshead is 1475, making an average caseload of 17 children for the 86 qualified Social Workers who can be allocated with children. This calculation does not allow for part-time workers who will have smaller caseloads to reflect their working hours.
25. Social Workers may also be supported in their casework by student Social Workers, of whom there are currently nine placed in Gateshead Children's Services, five through Frontline and four through HEIs and all are in Safeguarding and Care Planning. Two Step-Up to Social Work students have just begun their programmes in Gateshead but are not yet placed within Children and Families.
26. As well as caseloads of children, Social Workers in the Fostering Service hold a caseload of foster carers. We currently have 168 fostering households, including 'connected carer' households (friends and family) plus nine potential fostering households being assessed at present, all of whom require allocation to a Social Worker. There are currently five full-time and five part-time case holding Social Workers in the Fostering Service plus two full-time workers in the duty 'placements' team who also hold small caseloads. This then, is a very busy area of our service.

### **Professional confidence and safety**

27. In the PSW survey, asked to scale from 0 (not at all) to 10 (very much) the statement 'Professionally, I feel safe, supported and confident to practice social work in Gateshead', a very encouraging 84% of respondents selected 7 or more and 66.7% selected 8 and above.

### **Sickness absence**

28. Sickness absence among qualified Social Workers (not including IROs) has reduced from 9.96 days lost per FTE for the same period in 2018/19 to 7.42 days per FTE in the last 12 months. The overall sickness days have reduced from 1540.08 to 1048.36.
29. Stress, depression, anxiety, mental health and fatigue remain the biggest causes of sickness with a slight percentage increase from the previous year on

days lost but a reduction in the number of employees affected, down from 20 to 18. Post-operative recovery has reduced significantly. Muscular-skeletal problems is no longer reported as an absence reason which is positive as these categories alongside stress, viral and stomach issues are consistently the highest sickness categories across the Council.

### **Gateshead's partnership with Frontline**

30. Gateshead is currently hosting its 4<sup>th</sup> cohort of five pre-qualifying participants on the Frontline programme. A current total of 17 of Gateshead's qualified social workers have been 'home-grown) in Gateshead, through Frontline with the support of one of our Consultant Social Workers (CSWs). As the committee has been previously briefed, the Frontline programme recruits high-calibre graduates who progress through a rigorous assessment process to get onto the programme and an intensive 'summer school' experience to prepare them for placement in local authorities.
31. Over the years that we have partnered with Frontline, more and more participants have been recruited from the North East and therefore it is reasonable to foresee fewer issues with people leaving the area once they have qualified and achieved their ASYE/Masters. Our current participants are due to complete the programme in July and Gateshead intends to take a further cohort of Frontline participants in September 2020.
32. Because of our partnership with Frontline, we have been able to enter six of our experienced Social Workers on Frontline's 'Systemic Practice for Child Protection Social Work' programme, including three who are currently doing the programme. This provides a systemic qualification and a high degree of skill in supporting others to embed systemic and relational social work in their practice.

### **Step-Up to Social Work**

33. Step-up is another of the 'fast-track' programmes for the entry of high-calibre candidates into a social work qualifying programme, placed with local authorities. Gateshead has supported four C&F Social Workers to qualify through this route and retains three in paid positions including one who is currently preparing for progression to Level 3 and two who are doing their ASYE years. Again, Gateshead has successfully recruited a graduate of the Step-Up programme from another local authority.

### **The Social Work Degree Apprenticeship**

34. In November 2018, the DfE approved for delivery an 'Integrated Degree Apprenticeship for social Workers' as another alternative route into the profession. The Training Advisory Group for Children's Services is considering the potential to develop an apprenticeship offer within Children's Services, looking at succession planning and career pathways between Early Help and statutory social work teams.

### **Gateshead's unique selling point**

35. The current strategy for C&FPSW is predicated upon the 'unique selling point... rooted firmly in social work (that) appeals to the hearts and minds of our

existing Social Workers and those who we seek to recruit.

36. The Systemic and Strengths Based Practice (SSBP) development programme delivered to most of the social work qualified and allied workforce on a rolling basis over several months in 2019, was a collaboration in design and delivery between Workforce Development, the current and former C&FPSWs and the University of Northumbria (UNN). The programme ran on a modular basis to allow workers to build their skills and knowledge and to allow greater access to the training. The programme included a two-day practical skills session at the UNN Simulation Suite, allowing workers the opportunity to practice the skills they have learned in a safe but realistic environment.
37. Following on from the SSBP development programme, an overarching model for Gateshead social work and multi-agency statutory intervention with children and families has emerged, the Gateshead CAN (Context, Action, Narrative). While the model would need to be subject of a whole other briefing to the OSC, these are the comments in the C&FPSW survey:

- *I enjoy the team spirit of Gateshead and working collaboratively with Social Workers across different teams. By having an overarching principle model that unifies us all and brings together the different systemic, relational strengths-based approaches together it means that it is made accessible and easy to grasp for everyone – whatever their background experience/preferred way of working might be. I like the flexibility it provides but also the structure it brings to set an overriding ethos for us all to come alongside with.*
- *I feel very fortunate to be in an organisation that has embraced systemic practice in a meaningful way and that this is being embedded on a whole system level.*
- *I see this model as truly systemic and I find it inspirational to work within an organisation which has taken the time to invest in such an approach.*
- *I think it's a really good model, I support the ideas behind systemic practice, and I think the CAN model brings systemic therapy into the field of social work in the context of Gateshead Council.*
- *I believe that Gateshead CAN gives us as a borough the opportunity to lead our own practice; through collaboration and use of tested and meaningful models of intervention.*

38. This enthusiasm for a shared practice model needs to be viewed alongside a sense of frustration at 'performance management' and 'compliance' issues:

- *There is an emphasis on sitting at your desk to ensure your paperwork is up to date and ticking all the green boxes rather than being out spending more efficient time with the children and families.*

### **Why Social Workers say they stay in Gateshead**

39. Respondents in the C&FPSW survey were asked: *What are the most important things that keep you working in Gateshead?*

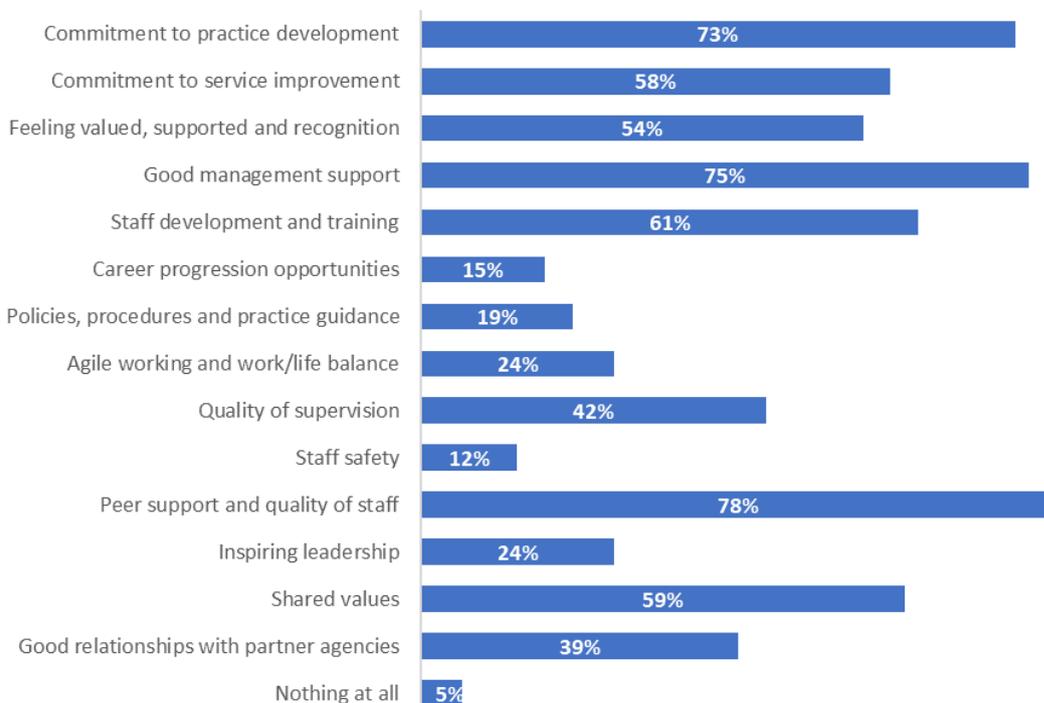
In 2019, as in 2018, by far the most popular overall response was 'colleagues and team' with 85% of respondents suggesting that their relationships with peers are the main factor that motivates them to stay here.

40. 'Making a difference' was the next most popular answer, followed by 'job satisfaction' and 'learning and development'. Again, these are consistent with the findings in 2018, and the two least popular responses remained 'money' and 'career prospects'. Those who checked the box for 'something else' referred to supervision and caseloads and also offered these as motivators to work in Gateshead.

- *A genuine belief in the power of social work which is shared throughout the hierarchy*
- *Ability to practice in the way that I think works best for the children and families I work with as well as being part of innovation in practice.*

41. Asked 'What are the really good things about working in Gateshead?' Social Workers answered as follows:

### What are the really good things about working in Gateshead?



In keeping with earlier questions, the top answer was 'peer support and quality of staff'. 'Good management support' was also highly rated, as was 'commitment to practice development'. The next most popular was 'staff development and training'. Only 24% selected 'inspiring leadership' or 'work/life balance' and the least popular responses were 'staff safety', 'career progression' and 'policies and procedures'.

42. Respondents were then provided with a free text box to add any other comments and the majority of these were very positive, typified by:

- *I love that there's a constant sense of learning from each other (no matter the experience) and sharing of ideas which makes for a productive and collaborative work environment.*
- *Aspiration for success and excellence.*
- *Really like working here and have no complaints... When people ask,*

*they are sometimes surprised as often children and families Social Workers have negative things to say but I do not. The managers are all very good and supportive.*

### **The social work career progression framework**

43. Gateshead Council's strategy for Social Workers aims to have a 'clear progression structure that invests in preparing the talented to become future Practice Supervisors and Leaders'. As outlined in the early part of this report, any such structure needs to take account of numerous corporate, statutory and regulatory frameworks.
44. Gateshead has a well established and valued programme of development during the crucial ASYE year and the C&FPSW is currently working with colleagues in HR and WFD on significant proposals for the development of the C&F social work career pathway thereafter.
45. An integrated portfolio route for Social Workers to progress to 'Level 3' or PCF 'experienced Social Worker' status and salary has been developed and is currently being piloted in several teams.
46. Those Social Workers who want to stay in practice and do not want to move into 'management' positions in order to develop their practice leadership skills currently have minimal opportunity for progression since the deletion of all 'Senior Practitioner' roles in Gateshead's social work teams. Those wishing to move into supervisory positions currently have no pathways into 'team manager' roles since the deletion of all 'Assistant Team Manager' roles.
47. Gateshead continues to support Social Workers to undertake a range of academic post-qualifying awards including the Practice Educator Programme (PEPs) and, where possible the 'Consultant Social Worker' programme offered by Frontline and adapted in partnership with Gateshead to include a 'Deputy Consultant' pathway.

### **Conclusion**

48. Gateshead has a relatively stable workforce of qualified Social Workers who, largely, find this a safe and supportive environment within which to practice social work. A 'home-grown' approach to social work qualification has enabled us to grow our workforce in line with local need, but at the busiest times, our relatively lower numbers of very experienced workers in 'front line' positions creates some real stresses and pressures with periods of unacceptably high caseloads for those workers.
49. Continuing to retain our experienced Social Workers in a competitive market place remains a priority, and we therefore need to build on the strong reasons why Social Workers say they stay in Gateshead. That is, they value a strong culture of mutual care, support and learning and they are motivated to 'make a difference' for vulnerable children in Gateshead. Social Workers value Gateshead's commitment to practice development and are excited about the potential future developments of the Gateshead CAN practice approach.

50. Social Workers feel that their opportunities to work directly with children and families are limited by a continued focus on repetitive recording and time-consuming form filling. Social Workers are hopeful that the commissioning of a new integrated social care recording system will streamline processes, lead to more meaningful recording and provide a much-needed opportunity to rebalance their work in favour of a direct impact on children and families.

### **Recommendations**

It is requested that the Families Overview and Scrutiny Committee

1. Continue to champion the work undertaken by the Council's Children and Families Social Workers
2. Note the content of this report
3. Agree to receive regular reports from the C&F Principal Social Worker regarding issues affecting the workforce recruitment and retention.

CONTACT: Lesley Holden

EXTENSION: 2637

**TITLE OF REPORT:** Special School Provision and Developments

**REPORT OF:** Strategic Director Children, Adults and Families

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### **EXECUTIVE SUMMARY**

This report is an annual update relating to the changes and developments to special school provision.

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#### **1. Background**

Special school provision is constantly changing and evolving because it is affected by changes in mainstream provision, nature and complexities of special educational needs and disabilities, local and national policy. This report will outline the amount of provision available, future needs and new developments across the schools.

#### **2. Background**

There are 6 special schools in Gateshead. Dryden and Hill Top schools are a hard federation, though they continue to function as separate schools with a single governing body. Dryden school supports pupils with learning difficulties, particularly those pupils with severe learning difficulties or profound multiple learning difficulties. Hill Top supports moderate learning difficulties and complex autism. Furrowfield and Eslington schools support social, emotional mental health (SEMH) needs. Gibside school is for learning difficulties and autism and The Cedars also supports learning difficulties and autism but for those pupils with less complex needs.

All of the schools have been rated by Ofsted as at least good with Dryden, Eslington and Gibside schools deemed outstanding schools. Dryden school has recently been inspected and reaffirmed as outstanding. Furrowfield school has now outstanding residential provision. This supports the view that Gateshead is maintaining high quality special school provision.

### **3. The special school headteacher June 2019 discussion**

#### **3.1 Provision 2019**

In June 2019 the special school headteachers felt numbers of commissioned places may not be representative of the numbers of pupils they had in their schools. They were funded for commissioned numbers which were less than actual numbers in most of the schools over the school year. The additional numbers of pupils were funded, however, after the schools received their annual budgets. The headteachers explained that the additional pupils meant that they were not able to plan for the additional staffing they needed for these increased numbers.

Dryden school has been significantly affected with its funding by losing Year 14s. The headteachers discussed that there are pupils at both the Cedars and Hilltop who could be educated at Dryden. As Dryden and Hill Top are federated there could be more fluidity in provision between the schools to help numbers in Dryden school and improve the budget. There have been previous arrangements where some pupils have benefitted from the provision at Dryden school. Across Hilltop and Dryden schools they support the range of learning difficulties (profound/multiple, severe and moderate) and Autism Spectrum Disorder (ASD).

Eslington is mainly social, emotional and mental health needs though some pupils have autism spectrum disorder and/or anxiety. There are some bulges in some year groups that cause difficulty e.g Year 4 where there were 18 in this year group. The school manages this by adjusting groupings. Furrowfield, also for social, emotional and mental health needs, supports secondary age pupils. It maintains strong provision and works highly effectively with Eslington on transition. This supports pupils settling quickly into Furrowfield.

The Cedars is the only primary through to secondary school. It has primarily moderate learning difficulties (MLD). Many MLD younger pupils are in mainstream schools and not in special schools. The Cedars population is 40% Cognition and Learning, 40% ASD, 20% MLD with SEMH.

Gibside school has primary age pupils predominantly with severe and profound multiple learning difficulties and autism. The school has a highly effective specialist early years provision based at Blaydon Pupils's centre.

#### **3.2 Transition**

Special school headteachers discussed at their June 2019 meeting admissions to schools. There are occasions when parents and carers are given a view that a school can meet needs they are not designated for. Other special schools in Gateshead would have been the appropriate provision to meet the child's needs. The special school headteachers felt they would be able to guide parents and carers to the most appropriate provision. All of the schools provide high quality provision, however, all also have an uniqueness based on specialist expertise. The

headteachers were concerned that admission and transition to their schools needed improvement. To support a better understanding of the experiences pupils will have in their new schools, the schools could provide a DVD of activities. This was suggested as a development across schools so new pupils who are joining school could get a DVD which welcomes the child into the schools.

Other admission issues arise from tribunals. A pupil can be directed to a school from a tribunal when the school is full. There is a lack of guidelines on whether a school's capacity is considered and if a school can refuse. It is also not clear why a tribunal directs a school takes a pupil not designated for the pupil's needs when the appropriate schools that can meet the needs aren't considered.

The headteachers would like the local authority to consider how professionals can be more knowledgeable about their schools so that they give parents and carers well-considered advice. This would include discussions around Out of borough placements into the schools. They commented that SHIP, the special school headteacher group, could work as a partnership of headteachers to recommend the right school. They would like to explore if this was possible.

### **3.3 Class groupings and possible capacity**

Eslington is on two sites, Rose Street and Hazel Road. Rose Street has 5 classes of 7 pupils and Hazel Road also has 5 classes of 7 pupils. There is also a nurture class in the bungalow of 5 pupils. The school has the capacity for 75 pupils. Currently, there are 66 pupils plus 2 exclusion places. Leaders felt they could go up to 73 pupils plus 2 exclusion places.

Furrowfield has about 7 pupils per class plus a nurture group of 5 pupils. This is a total of 75 pupils.

Dryden has currently 40 pupils though commissioned for 46. It has the space to go up to 60 pupils. There are two key stage 3 classes about 6 pupils each, a key stage 4 class of 7, a PMLD class of 6 and 2 Post 16 classes of 8.

Hill Top was commissioned for 105 including Post 16 but have 123 on roll. In the ASD centre there are 4 classes of 7 pupils in each. In the main school there are classes of 10. There are a small number of pupils with additional behavioural needs. The headteacher stated the school has a maximum capacity of 125 places as they do not have the classroom space for more.

Gibside had 160 on roll but is commissioned for 135. The new school will offer 170 places. There is also the Blaydon centre for early years though the school also has a Year 1 class there. There is a PMLD class of 13 pupils with 1 teacher and 7 TAs. Use of therapy areas such as hydrotherapy provides space to manage their needs.

The new school will be open in January 2021. It will be big enough considering the numbers that have come in recently. The new build will have some space for additional extensions in the future if necessary.

The Cedars commissioned places supports Ivy Lane site for 130 and Walker terrace for 15 pupils. The school actually has 165 at Ivy Lane and Walker Terrace has 21. In September 2019 the number expected was 182. The school has even converted a garage as a space for teaching. They have a specialist art room and food technology room but otherwise pupils have to stay in their classrooms as there is no capacity to move around. The school may have to go up to 13 pupils in a class with a teacher and teaching assistants. The school are looking at extending the sports hall area and add changing rooms and showers to improve provision. They are using all available space including changing cupboards as break out areas.

#### **4 The special school headteachers January 2020 meeting**

##### **4.1 Waiting lists**

In January 2020, there were 14 pupils waiting a place at The Cedars and 15 for Gibside school. Hill Top in the next two years will not have capacity for more pupils as there will not be spare classrooms. Furrowfield may be able to increase in numbers and Eslington could expand by another class. However, Dryden is under numbers.

A recent paper by the local authority has shown that 57% of pupils with EHC plans are in special schools. This is an increase from 100 new assessments per year to 220 each year.

The discussion identified that there are about 40 places needed now in special schools. There is some limited capacity in some schools and Dryden is under utilised. The Cedars and Gibside schools are at capacity currently and parental expectations, therefore, will need to be managed.

##### **4.2 Current school provision**

All schools are supporting ASD. In The Cedars 42% have ASD as their primary needs. If they also have behaviour it becomes very difficult for the school. Most of the pupils are funded Band 2 and 3. The school feels it is not able to support band 1 pupils – the highest need (A1 Autism or B1 Behaviour) which need smaller groups and more staffing. This is because class sizes are 12 or 13 in each class with a broad range of needs. 43% of pupils are Cognition and Learning and some are SEMH (Mental health/anxiety). The curriculum covers up to A level for some pupils. However, some pupils would be a better fit for Dryden school because academically and developmentally they have severe learning difficulties.

Dryden has space for another 2 classes. It could accommodate those pupils on The Cedars waiting list or have a more focused emphasis on preparing parents in Y4 for a change to Dryden in Y7 if appropriate.

Dryden could help pupils with learning difficulties in Year 6 who cannot face size and expectations of mainstream secondary schools. It could play a role in offering assessments for vulnerable pupils particularly their curriculum and learning needs. Dryden has skilled teachers experienced in a broad range of learning needs. They

are also very skilled in a wide range of communication needs. Dryden is well placed to expand its remit beyond SLD and PMLD. As ASD pupils hit adolescence, their ASD becomes more prominent rather than the SLD. Pupils need quiet, breakout rooms, small classes and ability to segregate and give them space. Dryden has the capacity to support this. This was echoed by The Cedars.

Gibside has 8 Autism specific bases with 7 pupils and 4 staff in each. In mainstream classes there are also ASD but they are able to follow routines. Some classes have up to 12 pupils in each.

Hill Top has 4 classes with Autism between 6 and 8 in each class. All of pupils are banded AS1 or 2 (Autism Bands) as is the case in Gibside bases. A3s and A4s are in the main classes. Structures and routines are mirrored from Gibside. The issue Hill Top has is with those pupils who come from mainstream with ASD who have not managed the transition from primary to secondary. They feel that they have not got the capacity in terms of class space. Some of the pupils with ASD as they get older are more challenging to manage due to size and hormonal changes.

Eslington has a significant number of pupils with ASD who have SEMH as their main need. However, ASD is how that behaviour presents. The school takes advice from Education Psychologists, HINT (High Incidence Needs Team) and Gibside so that the routines and approaches support the pupils with ASD well. There is a similar need for space, breakout areas and the need to really understand how these pupils function. Sensory needs are very high and the school has to prepare for this when planning activities.

Furrowfield is concerned that they do not have the experience to manage the needs of complex ASD with behaviour. The school routines and practices are developed to support SEMH pupils.

Hill Top has issues around how staff respond to those pupils with challenging behaviour. The curriculum is taught by specialist subject teachers. This means that some pupils can be taught by different staff over the week. For some pupils, the range of responses to their behaviour can lead to some pupils being more likely to be disruptive.

#### **4.3 Future designation of schools**

At the January 2020 meeting the headteachers had a discussion around the designation of their schools. Some schools cannot expand if they have really tricky pupils that cannot manage in larger classes.

Need to make sure that the local authority and other schools and professionals in Gateshead have a clarity about designations and the needs they can support.

The Cedars is now a large school from key stage 1 to key stage 5. There are large classes and pupils that are complex but can manage in these large classes. Band 1 pupils often tip over the balance of good management and good wellbeing for a class.

Gibside has less MLD and more SLD and ASD pupils. Many of pupils manage really well because they are in the right provision but would not manage in mainstream. The headteacher states the school needs to remain both for learning and ASD needs. They have a really strong PMLD and SLD department. Access to mainstream in partnership with other schools would be beneficial for some pupils unless they are more complex and have very strong ASD needs.

The meeting agreed that one of their most important roles is informing parents and the wider community about what special schools are about and how they work.

## **5 Supporting the future**

### **5.1 Assessment places**

The headteachers asked for a policy on assessment places in the schools. Some schools were offering them but this was not consistent across schools. There have been places at Eslington, Furrowfield and Hilltop. Hill Top said in some cases it impacts on the school roll and attendance figures. Furrowfield said that it can be difficult to move pupils into another school when it is apparent after assessment that they are not appropriate. It was agreed that assessment places should be time limited. The headteachers agreed that there needs to be clarity on their purpose and what assessment is expected from schools. Assessment should have a clear remit for attendance, needs of pupils and provision they will have.

Some pupils could have a detailed assessment at Dryden school. Some parents ask for assessment at Percy Hedley as they have more therapeutic input and health professionals. If Dryden had the resources and some increased finance then they could provide a high-quality assessment service.

Provision for SEMH in Eslington and Furrowfield is changing because some pupils have been admitted with ASD where their needs cannot be met in other special schools. Both of the schools are set up for SEMH and have much outstanding practice for this, however, they are mindful that some more complex pupils with autism or significant learning needs may not integrate as well with others.

### **5.2 Gaps in provision**

The following were identified as areas the LA needs to find additional provision for:

- SEMH secondary
- Anxious and phobic/school refusers, particularly from Year 9
- Significant ASD with behaviour and mental health problems

### **5.2 School designations for the future**

Eslington and Furrowfield remain SEMH, traditionally behaviour. The school can take PDA (Pathological Demand Avoidance) and some MLD. However, for some ASD the school would need to look at the pupils and the diagnosis to see if they could meet the needs. An assessment place would then be preferable to see if needs can be met.

Dryden remains 11-19 provision for complex learning needs and disabilities and ASD. It could develop assessment provision for those pupils that need health and care needs addressed through specific programmes. It could also provide a specialist unit for school refusers to re-engage in education and to achieve qualifications.

Gibside school remains for age 3-11 years for PMLD, SLD and ASD.

The Cedars is age 3-18 years provision for Cognition and Learning, ASD, SEMH (Anxious and Phobic), Medical. It can meet the needs of a range of pupils but not the more severe pupils within those definitions.

Hill Top is for Complex Learning Difficulties and Disabilities and ASD.

There could be a partnership of sixth form provision across Dryden, Hill Top and The Cedars schools where curriculum options and shared facilities could be explored to meet individual pupil ambitions.

#### **4. Recommendation**

It is requested that the Overview and Scrutiny Committee continue to receive this annual report on Special schools and provision.

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**Contact:** Ann Muxworthy, Inspector SEN and Inclusion

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**TITLE OF REPORT:** How Gateshead is meeting the needs of children and young people with Special Educational Needs and Disabilities (SEND)

**REPORT OF:** Strategic Director, Children, Adults and Families

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## **EXECUTIVE SUMMARY**

This report provides an update regarding the progress being made in relation to ensuring the needs of children and young people with SEND are being met.

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## **POLICY CONTEXT**

1. The Council has statutory duties to promote high educational standards, ensure fair access, promote diversity and ensure education is appropriate to meet the different age aptitudes and abilities of pupils in its area and make efficient use of its resources.
2. The Children and Families Act and the guidance in the SEND Code of Practice 2014 placed a number of statutory duties on local authorities in relation to the identification, assessment and provision for children and young people with special educational needs (SEN) for whom it is responsible.

## **Background**

3. In 2014, the Children and Families Act introduced the biggest reforms for 30 years as to how children and young people with SEND receive support to ensure their needs are met. Prior to the reforms being implemented, if a child required additional support above what a school could provide from its own resources, they would receive a statement of SEN. This covered the child's additional educational needs and the provision that they would receive. Only school-aged children and young people aged 3-19 years were eligible to receive a statement. The reforms replaced statements with Education, Health and Care Plans (EHC Plans), which incorporates not only the child's educational needs but any health and social care needs. The eligible age range for an EHCP was extended to 0-25 years.
4. The 2014 SEND Code of Practice also introduced the following changes from the 2001 Code of Practice:
  - A clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels
  - A stronger focus on aspirations and improving outcomes for children and young people

- Guidance on the joint planning and commissioning of services to ensure close co-operation between education, health and social care
- Guidance on publishing a Local Offer of support for children and young people with SEND
- Guidance for education and training settings on taking a graduated approach to identifying and supporting pupils with SEN (replacing School Action and School Action Plus with SEN Support
- For children and young people with more complex needs a co-ordinated assessment process and the new 0-25 Education, Health and Care Plan (EHC Plan) replacing statements and Learning Difficulty Assessments (LDAs)
- A greater focus on support that enables those with SEND to succeed in their education and make a successful transition to adulthood
- Information provided on relevant duties under the Equality Act 2010
- Information provided on relevant provisions of the Mental Capacity Act 2005
- New guidance on supporting children and young people with SEND who are in youth custody.

## SUMMARY

### Increasing numbers of children and young people with EHC Plans

5. The SEND reforms have created an overall increase in in the number of children and young people with Education, Health and Care Plans locally, regionally and nationally.
6. In Gateshead, there has been a 46% increase in the number of children and young people with an EHC Plan since 2015. This is in line with regional, North East and National figures.

	<b>Gateshead</b>	<b>Sunderland</b>	<b>Newcastle</b>	<b>North East</b>	<b>England</b>
<b>2015</b>	842	1135	916	11,811	240,183
<b>2016</b>	982	1265	1059	12,817	256,315
<b>2017</b>	1108	1283	1292	14,518	287,290
<b>2018</b>	1374	1361	1370	15,945	319,819
<b>2019</b>	<b>1231</b>	1588	1490	17,294	353,995

*Data source: SEN2*

7. In 2019, 2.1% of the total 0-25 year population in Gateshead had an EHC Plan, compared with 1.9% in Sunderland, 1.3% in Newcastle, 2.1% in the North East and 2.0% in England (ONS mid-year 2018 population estimates).

8. During the calendar year 2018, 22% of initial requests for an EHC Plan in Gateshead were refused. This is lower than some regional neighbours: Durham (41%) and Sunderland (40%), but in line with Newcastle (18%), the North East (23%) and England (25%).

### **SEN Support in mainstream schools**

9. A number of pupils receive support in their mainstream school using the school's own resources (notional budget of £6,000). This is known as 'SEN Support' and means the child does not require an EHCP because their needs can be met by the school. Children and young people with an EHCP taught in a mainstream school receive additional funding from the High Needs Block to meet their needs.
10. The number of school-age pupils at SEN Support has increased slightly from 3400 in 2015 to 3,471 in January 2019, which equates to 11.5% of all pupils in Gateshead. This is in line with regional and national figures.
11. Draft guidance has been prepared for Gateshead settings which is designed to provide clarity on what early years providers and settings and mainstream schools should be doing to provide a graduated response (Assess, Plan, Do and Review) to all pupils as a universal entitlement and to pupils and SEN Support across the four main SEND areas of need. The intention will also be to publish the guidance on the Local Offer site so that it is available for parents.

### **Greatest areas of need**

12. The greatest areas of need in Gateshead amongst school-aged children and young people at both SEN Support and those with an EHCP are:
  - Speech, Language and Communication Needs (SLCN) – increased from 627 in 2015 to 917 in 2019
  - Moderate Learning Difficulties (MLD) – increased from 655 in 2015 to 800 in 2019
  - Social, Emotional and Mental Health (SEMH) – increased from 481 in 2015 to 629 in 2019
  - Specific Learning Difficulty (SpLD) – increased from 329 in 2015 to 443 in 2019
  - Autism Spectrum Disorder (ASD) – increased from 293 in 2015 to 462 in 2019

*Data source: School Census*

13. The greatest areas of need amongst children and young people with an EHCP placed in Gateshead special schools are:
  - Autism Spectrum Disorder (ASD) – 188 (Jan 2019)

- Moderate learning difficulties (MLD) – 127 (Jan 2019)
- Social Emotional and Mental Health (SEMH) – 88 (Jan 2019)
- Speech and Language Communication Needs (SLCN) – 56
- Severe learning difficulties (SLD) – 47

## Specialist provision

14. Normally only children and young people with an EHCP can access a special school placement, unless a statutory needs assessment is being undertaken.

15. There are 6 special schools/academies in Gateshead catering for children with different types of needs:

School	Type of provision	Age range
Eslington primary school	Social, Emotional and Mental Health (SEMH) Difficulties	Early years, KS1 and KS2
Furrowfield School	Social, Emotional and Mental Health (SEMH) Difficulties	KS3 and KS4
Gibside School	Learning Difficulties including Autism	Early Years, KS1 and KS2
The Cedars Academy	Physical Disabilities and /or speech and language/communication difficulties	Early years, KS1-KS4 and post-16
Dryden School	Severe and Profound and Multiple Learning Difficulties	KS3-4 and post-16
Hill Top School	Moderate Learning Difficulties including Autism	KS3-4 and post-16

16. The number of school-age pupils being taught in special schools in Gateshead has risen from 492 in 2015 to 641 in 2019. Gateshead currently has the highest proportion of school age pupils being taught in special schools as a percentage of whole school population, compared with regional and national figures.

17. The majority of Gateshead's special schools are currently full. There has been an increase since the reforms in the number of referrals from mainstream schools for EHCP needs assessment being received. This has resulted in increased numbers of children receiving an EHCP, an increase in spend from the high needs block and an increase in the number of children being placed in a special school setting.

18. There are currently 43 children aged under 16 years being educated in independent special schools outside of Gateshead; the majority of which attend Percy Hedley and Northern Counties Schools in Newcastle. Most of these children receive free home to school transport. A few of these children are placed out of authority due to the child's social care needs. There are 21 young people aged 16 or over attending out of authority independent special schools/colleges, the majority of which attend Percy Hedley/ Hedley's College.

19. Parents or young people with SEND have a legal right to request a particular school to be named in their EHC plan and the Council can only refuse the request under 3 conditions:

- The setting is unsuitable for the age, ability, aptitude or SEN of the child/young person;
- The attendance of the child or young person would be incompatible with the provision of efficient education for others; or
- The attendance of the child or young person would be incompatible with the efficient use of resources.

20. Parents have a legal right to appeal to the SEND Tribunal (SENDIST) if they disagree with the Council's decision about the named school.

### **Additionally Resourced Mainstream Provision (ARMS)**

21. Gateshead currently commissions five primary and two secondary schools to provide 65 additionally resourced mainstream provision places annually for pupils who have an EHCP and require additional specialist support, but who benefit from accessing a mainstream setting for their social and emotional development. Currently 52 places are taken up in the ARMS provision and 10 are vacant, mainly in the secondary school sector. A review of ARMS provision is to be undertaken in the coming year as part of the SEND review.

### **Social, Emotional and Mental Health (SEMH)**

22. In response to growing numbers of children with Social, Emotional and Mental Health needs in the primary sector, Eslington Primary School expanded onto two sites in September 2015, creating an additional 30 places. Eslington is an outstanding special school catering for pupils with SEMH. The school has been full since the numbers were increased in 2015.

23. The number of children and young people with SEMH needs is continuing to increase. In the past 2 years, the number of children and young people with SEMH as their primary need with an EHCP has increased by 25% and the number of pupils at SEN Support with SEMH as their primary need has increased by 22%.

<b>Year</b>	<b>SEMH - SEN Support</b>	<b>SEMH - EHCP</b>	<b>Total</b>
2014	300	141	441
2015	359	150	509
2016	469	156	625
2017	513	180	693
2018	512	200	712
2019	629	225	854

*Data Source: School Census (SEMH as primary need; reported by schools)*

24. Although the commissioned numbers were increased in the primary sector in 2015, the numbers were not increased in the secondary sector. Gateshead has one

secondary special school, Furrowfield, designated to cater for young people with SEMH needs, commissioned for 71 places, which are full.

25. There are currently 15 young people with SEMH needs in the secondary sector being educated in specialist SEMH provision out of Gateshead. There are also a number of young people with an EHCP with SEMH as their primary need in the secondary sector currently being educated in a mainstream school because there is a waiting list for places at Furrowfield. There is a risk that the mainstream schools will permanently exclude these pupils because they are unable to meet their complex needs. Permanently excluded pupils would ordinarily move into the Pupil Referral Unit (PRU), however, this is not necessarily the right provision for these pupils, as they have an EHCP and complex needs, therefore alternative provision would need to be put in place which can be costly. This type of provision is not always full time and may not be appropriate to the needs of the child.
26. There is a need to increase the number of specialist SEMH places in the secondary sector in Gateshead to prevent more young people needing to be educated in provision out of Gateshead which incurs high placement and transport costs, and to prevent young people being permanently excluded from mainstream schools. SEMH is a growing area of need regionally and nationally.

### **Post 16 and Preparing for Adulthood**

27. Section 8 of the SEND Code of Practice states:  
'Professionals across education (including early years, schools, colleges and 16-19 academies), health and social care should support children and young people with special educational needs (SEN) or disabilities to prepare for adult life and help them go on to achieve the best outcomes in employment, independent living, health and community participation.
28. Being supported towards greater independence and employability can be life-transforming for children and young people with SEND. This support needs to start early and should centre around the child or young person's own aspirations, interests and needs. All professionals working with them should share high aspirations and have a good understanding of what support is effective in enabling children and young people to achieve their ambitions'.
29. The SEN Team has requested that schools and settings amend Section B of the young person's Education, Health and Care Plan from Year 9 onwards to include the four Preparing for Adulthood headings, as set out in the SEND Code of Practice:
- Higher education and/or employment
  - Independent Living
  - Friends, Relationships and Community
  - Being Healthy
30. This is to ensure that the EHCP outcomes focus on how the young person can be supported towards greater independence and/or employability as early as possible, not only at the point they leave school.
31. In addition, the Council has worked with the Post 16 Pathways group, which has representation from all Gateshead Post-16 providers, to develop clear and

transparent information about the learning pathways available to learners with SEND when they leave Year 11. This information can be found on the Preparing for Adulthood page in Gateshead's Local Offer:

[www.gateshead.gov.uk/localoffer](http://www.gateshead.gov.uk/localoffer)

32. In July Cabinet agreed to offer only Y12 and Y13 places in Gateshead special schools due to the need to ensure that young people achieve the best possible outcomes and also the number of post 16 places being provided being over the commissioned numbers, and the impact this is having on the high needs block overspend, which currently stands at £1.5M.

### **SEND Service**

33. Due to the increase in the number of new needs assessments and overall number of EHCPs it has been necessary to review the staffing establishment in the SEND Service.

34. It has been agreed to provide 4.4 fte additional posts into the Service. The main impact of this will be to ensure a timely response to making amendments to EHCPs following annual reviews and also to ensure that the 20 week timescale for completion of EHCPs is achieved. It is hoped that the Team will be fully staffed by June 2020.

### **Parent/ Carer Forum**

35. Parents in Power is no longer the recognised Parent Carer Forum for Gateshead. Supported by Contact, the forum has recently been relaunched as Gateshead PCF. They are now being supported by Barnardos and the SEND Service Involvement Worker to ensure that they are fully informed and involved in relation to developments across the local area.

### **SEND Strategy Group**

36. The SEND Strategy Group has been re-established to ensure that the Council's statutory duties as set out in the Children and Families Act 2014 and the SEND Code of Practice are met and that SEND issues are identified and addressed by the relevant Council's strategic bodies. The Strategy Group have identified the following key themes to take forward:

- To support early years providers and mainstream schools to improve inclusion for all children and young people with SEND.
- To ensure that SEND specialist educational provision in Gateshead fully meets the needs of children with SEND.
- To support young people to have high aspirations, become as independent as possible and are supported at key transition points to prepare them for adulthood.
- Children and young people with SEND to enjoy good mental health and emotional wellbeing.

## **NEXT STEPS**

37. Implement the recommendations from High needs block review:

- Review ARMS provision during 1920-21
- Review the need for increased SEMH provision and the residential provision at Furrowfield School
- Consider a reduction in central teams funded via high needs block
- Step up the monitoring role to reduce further increase in requests for top-ups
- Finalise the guidance on how schools can provide SEN support more effectively and promote educational inclusion to reduce growing numbers of EHCPs
- Continue to investigate whether we can bring pupils back into Gateshead and reduce the numbers accessing alternative provision

## **RECOMMENDATION**

38. It is recommended that the Families Overview and Scrutiny Committee receive the update report on how the Council is meeting the needs of children and young people with SEND and agree to the Next Steps.

**CONTACT:** Deborah Mason, Service Manager  
SEND Service  
X3575

**TITLE OF REPORT:** Annual Work Programme

**REPORT OF:** Sheena Ramsey, Chief Executive  
Mike Barker, Strategic Director, Corporate Services and  
Governance

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### Summary

The report sets out the provisional work programme for Families Overview and Scrutiny Committee for the municipal year 2019/20.

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1. The Committee's provisional work programme was endorsed at the meeting held on 4 April 2019 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes / additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands. Any changes proposed to the programme will be set out in bold and italics for ease of identification.

### Recommendations

3. The Committee is asked to
  - a) Note the provisional programme;
  - b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

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## APPENDIX 1

<b>Draft Families OSC 2019 - 20</b>	
<b>20 June 19</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Constitution <b>(to note)</b></li> <li>• Role and remit <b>(to note)</b></li> <li>• Making Gateshead a place where everyone thrives – Year End Assessment and Performance Delivery 2019-20</li> <li>• Foetal Alcohol Update</li> <li>• YOT Performance Update</li> <li>• Work Programme</li> </ul>
<b>12 Sept 19</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Ofsted Inspections/School Data – Progress Update</li> <li>• School Exclusions – Performance Update</li> <li>• Safeguarding Children - LSCB Annual Report and Plans</li> <li>• Annual Report on Complaints and Representations – Children</li> <li>• Monitoring Report – OSC Review of Children on Edge of Care</li> <li>• Work Programme</li> </ul>
<b>31 Oct 19</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• CAMHS Progress Update</li> <li>• Impact of Early Help – Progress Update and Case Studies eg Team Around the School</li> <li>• Integrated Referral and Assessment Team</li> <li>• Performance Update on Children’s Centre, IAG and Early Years Childcare Service</li> <li>• New Guidance on Overview and Scrutiny</li> <li>• Work Programme</li> </ul>
<b>28 Nov 19</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Making Gateshead a place where everyone thrives - Six Monthly Assessment and Performance Delivery 2018-19 (including update on implementation of Ofsted recommendations)</li> <li>• Monitoring – OSC Review of Obesity</li> <li>• Health and Wellbeing Board Strategy Refresh</li> <li>• Youth Justice Service Priorities and Performance</li> <li>• Work Programme</li> </ul>
<b>30 Jan 20</b> <b><u>4.30pm</u></b>	<ul style="list-style-type: none"> <li>• Liaison with Gateshead Youth Assembly</li> <li>• Ofsted – Annual Report</li> <li>• Secondary Academies Performance – Progress Update</li> <li>• Smoking in Expectant Mothers</li> <li>• Support for Young Carers</li> <li>• Work Programme</li> </ul>
<b>5 March 20</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Annual Conversation with Head Teachers of Special Schools</li> <li>• Social Work Recruitment &amp; Retention / Quality of Social Work Practice – Performance Update</li> <li>• SEND Update – (to focus on quality of inclusion in Gateshead/ outcomes for SEND children / impact of budget reductions)</li> <li>• 0-19 Services</li> <li>• Work Programme</li> </ul>
<b>23 April 20</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• OSC Review of Obesity – Monitoring</li> <li>• CAMHS Progress Update</li> <li>• Foetal Alcohol Update</li> <li>• Multi-Agency Safeguarding Arrangements Update</li> <li>• <b>Revised Performance Management Framework</b></li> <li>• Work Programme</li> </ul>

**Items for 2020/21 work programme:**

- 12 month evaluation – Integrated Referral and Assessment Team (***deferred from April 2020 meeting***)