

# AGENDA SUPPLEMENT (1)

**Meeting:** Children's Select Committee

**Place:** Council Chamber - County Hall, Bythesea Road, Trowbridge, BA14 8JN

**Date:** Thursday 21 September 2023

**Time:** 10.30 am

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The Agenda for the above meeting was published on **13 September 2023**. Additional documents are now available and are attached to this Agenda Supplement.

Please direct any enquiries on this Agenda to Max Hirst [max.hirst@wiltshire.gov.uk](mailto:max.hirst@wiltshire.gov.uk) of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225718215 or email [max.hirst@wiltshire.gov.uk](mailto:max.hirst@wiltshire.gov.uk)

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This Agenda and all the documents referred to within it are available on the Council's website at [www.wiltshire.gov.uk](http://www.wiltshire.gov.uk)

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- 6 **Emotional Wellbeing and Mental Health Strategy (Pages 3 - 12)**
- 7 **Outcome of the SEND LGA Peer Review (Pages 13 - 22)**
- 8 **Children Missing Out on Education (Pages 23 - 28)**
- 9 **Elective Home Education (Pages 29 - 34)**
- 10 **Task Group Report - Youth Provision and Area Board Youth Funding (Pages 35 - 36)**
- 15 **Forward Work Programme (Pages 37 - 42)**

DATE OF PUBLICATION: 19 September 2023.
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## **Item 6 – Emotional Wellbeing and Mental Health Strategy**

### **Children’s Select Committee**

**21 September 2023**

#### **Introduction**

The following report was presented to the Health Select Committee on 5 September by Jane Rowland, Associate Director.

#### **Link to Health Select Committee Meeting:**

[Agenda for Health Select Committee on Tuesday 5 September 2023, 10.30 am | Wiltshire Council](#) (2hr20min)

The Emotional Wellbeing and Mental Health Strategy covers all ages and therefore comes under the remit of both the Health and Children Select Committees.

#### **On 5 September, the Health Select Committee**

- Resolved to carry out a joint rapid scrutiny of the Emotional Wellbeing and Mental Health Strategy with Children Select Committee members, to take place in November and/or December 2023.
- Resolved that findings from the Children & YP Mental Health Services (CAMHS) Task Group, December 2018. be considered as part of the proposed rapid scrutiny into the current Emotional Wellbeing and Mental Health Strategy.

#### **Recommendation to the Children’s Select Committee**

To agree the joint rapid scrutiny, with members of the Health Select Committee, of the Emotional Wellbeing and Mental Health Strategy.

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## Progress Report – Developing our BSW Mental Health Strategy

### Executive summary

This report summarises the work underway to develop an all-age Mental Health Strategy for our BSW system. The report provides an overview of the timeline for the development of the strategy, key activities underway and planned in the coming months and identifies how we will be involving and engaging stakeholders from across the system in its development.

The report is a progress update to inform Councillors and colleagues of the work we are and will be undertaking. Decisions are not required by Council members at this stage, however we want to ensure that Council members are aware of the work being undertaken and are clear on the opportunities there will be for them to contribute to the development of the strategy and the associated approval of the draft strategy.

### Proposal

That the committee:

- a) note the progress report
- b) note the timeline and approval process

### Reason for proposal

This progress report is intended to ensure that Council colleagues are appraised of the work being undertaken and are aware of the next stages of the process to develop an integrated Mental Health Strategy for our BSW system.

### Author:

Contact details: Jane Rowland and Georgina Ruddle ([jane.rowland4@nhs.net](mailto:jane.rowland4@nhs.net))

## **Progress Report – Developing our Mental Health Strategy**

### **Purpose of report**

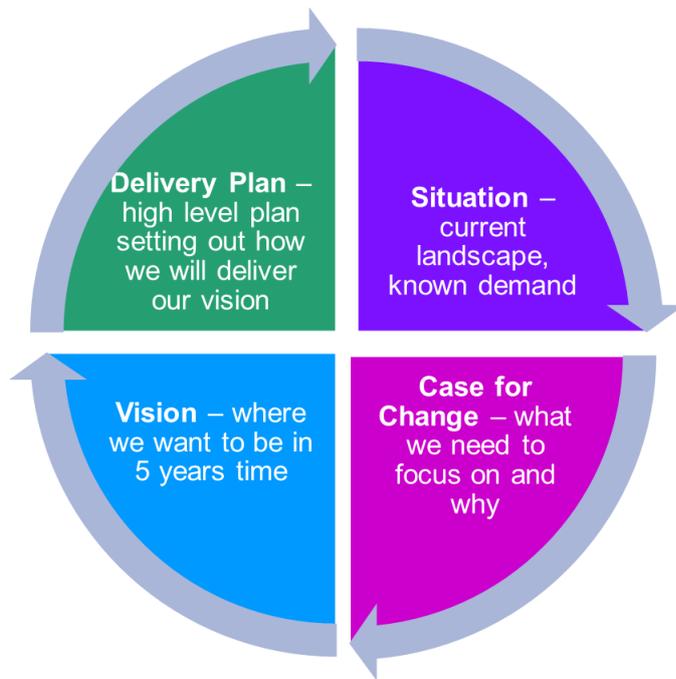
1. The purpose of this report is to provide a summary to Council members of the work currently underway and planned to develop our all-age Mental Health Strategy for BSW.
2. Colleagues are asked to note this report at this stage. It is an interim report intended to ensure that colleagues are appraised of the work that is ongoing, the work we will be doing in the coming months to ensure that our Mental Health Strategy reflects population health needs and priorities from across our communities, and the timeline for final approval of our strategy.

### **Background**

3. In 2019/20, work commenced to develop an all-age Mental Health Strategy for BSW. Although the strategy was drafted, due to the pandemic, it was not formally ratified and remained in draft form.
4. In July 2022, BSW Clinical Commissioning Group evolved to become the Integrated Care Board. It was agreed by system partners that Mental Health should be a key area of focus for transformation and improvement, mindful of the need to improve parity of esteem between physical health and mental health, and to respond to population health needs.
5. For any programme of transformation to be successful, it is vital that there is a clear strategy which reflects the current position, sets out an ambitious but also realistic case for change and provides a direction of travel for future years that will deliver improvements in outcomes for our population. In order to achieve this, we have established a Mental Health Strategy development programme, with the intention to deliver an approved strategy by March 2024.
6. The strategy development programme commenced in May 2023, supported by all system partners including Wiltshire Council.

### *Strategy development process*

7. The strategy development process has four critical elements as shown in the diagram below:



For our strategy to be representative and reflective of our system and its localities, it is important that we work through each element systematically – drawing on qualitative and quantitative evidence to support the development of a clear vision and delivery plan. Throughout, we must make sure that we involve stakeholders – co-producing our priorities with them.

The diagram below reflects the timeline we are working to and the content for each element of the process (to note, colour correspondence):



## Main considerations for the committee

### *Progress against plan – Understanding our current landscape*

8. Over the last three months we have started to gather a range of data and information reflecting our current landscape and known demand. This has been informed by all three Local Authority Joint Strategic Needs Assessments, as well as health related performance data and associated benchmarking.

9. We have also engaged with partners and stakeholders to understand their perspectives and ambitions for mental health services, through three Integrated Care Alliance (ICA) workshops (one per locality).

10. In each of these workshops, we used the Local Authority Joint Strategic Needs Assessment and health performance data and benchmarking to inform discussions. From that we asked attendees to reflect on what services are available locally, perceptions of the effectiveness of those local services, and what services require transformation or development in the future.

11. At the Wiltshire ICA workshop, we had excellent attendance from Local Authority colleagues and health partners as well as wider stakeholders from Voluntary, Community and Social Enterprise organisations and NHS provider organisations.

12. There was rich discussion and debate about current service provision and priorities for the future. Themes emerging from this session were:

- Access to diagnosis for people with neurodevelopmental needs (ADHD and Autism) is a challenge for people across our communities.

- We must focus on improving both mental health and emotional wellbeing of children and young people, with a staggered approach to transition into adult services.
- Our future system and services must be trauma-informed, with all professionals aware of how trauma can negatively impact an individuals and communities, and addressing the barriers that people affected by trauma can have when trying to access services.
- We need to consider how we can improve access to wider community services for older adults, reducing the impact of isolation, providing carer support and advice.
- Access to housing and accommodation post admission can be a significant barrier to discharge and we need to consider how we can improve this in order that people do not remain in hospital-based services for longer than clinically indicated.
- The range and breadth of community-based support and offers needs to be clearer for our population so that they make best use of what is available to them locally.
- We need to consider how we can mitigate current workforce challenges, as well as increase the diversity of our workforce to reflect population health needs.

13. The above themes will be used in the development of our case for change as this is developed in October. We have also received further feedback from VCSE colleagues who have identified other priorities that they would wish to see reflected in the strategy and we will continue to engage with them through the next phases of our strategy development to ensure that it reflects their priorities and ambitions as expert partners in service provision across Wiltshire.

*Next steps – developing our case for change*

14. As outlined, we expect to finalise the ‘current situation’ element of our strategy by the end of September 2023. The next phase of work will focus on developing our case for change.

15. This is an all-age strategy, spanning the life course of mental health. Consequently, we will need to ensure that our strategy and associated priorities reflect the needs of children and young people – including improving their emotional health and wellbeing and improving early access to mental health support when they need it.

17. In order to support the development of the children and young people’s element of our strategy, we will be working with Local Authority colleagues – many of whom were present and contributed to the ICA workshop – to ensure that our strategic priorities for children and young people reflect and align with feedback received from service users, partners and peers (for example through the SEND Peer Review). We will also be working with colleagues in the Children and Young People’s Programme to ensure that we are aligning our future plans with wider work, delivering integrated care for children and young people across our communities.

18. We have engaged a team of colleagues from the National Institute for Health and Care Research Applied Research Collaboration (ARC) West, based at the University

of Bristol to support us in developing our strategy further. They will be working with us over the coming months to:

- Undertake further stakeholder engagement including patients, members of the public and partner organisations (including Wiltshire Council)
- Synthesising existing analysis, national best practice and other policy documents
- Drawing the above together and supporting the development of the strategy document and associated delivery plan

19. A key component of this work, as outlined, is engagement with a wide range of stakeholders. Colleagues from the ARC team are currently drawing up their engagement plan. We are working with them to identify key leaders and individuals with whom we would want them to engage, this will include colleagues from Local Authorities, including Wiltshire Council.

20. We will be finalising this engagement plan with the ARC team in the next three weeks and will liaise with Local Authority colleagues accordingly thereafter.

*Next steps – approval of the strategy*

21. As the strategy progresses to its finalised format, we want to make sure that all partners have the opportunity to comment on the draft document, ensuring that it accurately and adequately represents each place and system. To that end we have agreed with Wiltshire Council scrutiny officers that we will follow the process outlined below:

- Ensure that there is early engagement regarding the development work to date and emerging themes (this paper and associated committee discussion)
- Presentation and discussion of the specific priorities for children and young people’s services and their link with the Mental Health Strategy at their 31 October meeting
- A joint Rapid Scrutiny exercise to be carried out by members of Health Select Committee and Children’s Select Committee of the draft strategy in December, with the outcome of that exercise to be presented to their Committees on 16 and 17 January 2024 respectively.

22. In line with the above, we are working to the following timeline:

<b>Action</b>	<b>Date</b>
Finalise ‘Current Situation’	September 2023
Stakeholder engagement	October – November 2023
First draft strategy, priorities and delivery plan	Early December 2023
Rapid Scrutiny exercise of first draft to Health Select Committee and Children’s Select Committee	January 2024 (dates as above)
Further engagement activity through key governance groups across BSW	January 2024
Incorporation of comments and feedback into draft strategy	February 2024
Presentation of finalised strategy to:	March 2024

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|--|--|
| <ul style="list-style-type: none"><li>• Health and Wellbeing Boards across BSW</li><li>• ICB Board</li></ul> |  |
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23. We will continue to work with Scrutiny Officers to ensure that we schedule presentations accordingly and maintain connection with key Wiltshire Council meetings in order that colleagues are appraised of and have further opportunity to contribute to the next stages of the process.

### **Conclusion**

24. Committee members are asked to note the work that is now underway to ensure their continued involvement and engagement in the further development of our mental health strategy.

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Report author(s): Jane Rowland  
[Jane.rowland4@nhs.net](mailto:Jane.rowland4@nhs.net)

Date of report: 24 August 2023

### **Background papers**

None

### **Appendices**

None

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<b>TITLE:</b>	<b>SEND Peer Challenge</b>
<b>FOR CONSIDERATION BY:</b>	<b>Children's Select Committee</b>
<b>REPORT DATED:</b>	<b>11 September 2023</b>
<b>DIRECTOR:</b>	<b>Helean Hughes Education and Skills</b> <b>Richard Hanks Education and Skills</b>
<b>REPORT AUTHORS:</b>	<b>Helean Hughes Director Education and Skills</b>

## 1. Purpose of Report

- 1.1 To provide an update on the Special Educational Needs and Disability (SEND) Peer Review

## 2. Context

2.1 Independent, external evaluation and feedback from the sector has endorsed peer challenge as an approach that promotes learning from a sector-led improvement perspective. All local authorities and their partners are responsible for improving outcomes for children and it is recognised that an external and independent view can help to accelerate or consolidate progress. The Local Area Partnership agreed that independent evaluation of our self-evaluation framework, progress against our strategy and improvement plans and would assist in preparation for a future Ofsted and CQC Local Area SEND Inspection.

The LGA was approached as they are experienced in peer reviews and had developed a SEND Peer Review offer. The peer team was sourced specifically to address the areas of focus highlighted by the local area partnership. The team consisted of senior colleagues with significant experience of leading and managing children's services within local government and NHS, supported by an experienced LGA challenge manager.

## 2.2 The peer team

Peers were selected on the basis of their relevant experience and expertise and their participation was agreed with the partnership. The peers who delivered the peer challenge were:

- **Lead Peer - Local Government** – Barbara Peacock, LGA Associate SEND Children's Improvement Advisor

- **Lead Peer - Health** – Sam Barron, Strategic Lead for SEND, Northumberland County Council, DCO North East and North Cumbria ICB
- **Operational Peer SEND** – Andy Lawrence, Head of Service: 0-25 Together, Hertfordshire County Council
- **Education Peer** – Sharon Buckby, Head of Inclusion and Virtual School Headteacher, London Borough of Brent
- **Jonathan Trubshaw**, LGA manager

### 2.3 The process

The peer team prepared by reviewing a range of documents and information, in order to ensure they were familiar with the Local Area Partnership including Council, ICB and health partners, strengths and the challenges they are facing. The team spent four days onsite during which they:

- Heard from over 110 people, including: children, young people, parents, lead members, local authority senior leadership team, chief nurse of the ICB, senior health partners, front-line practitioners and managers and partners
- Read background documentation
- Reviewed a small sample of EHCPs
- Undertook visits to settings; observing learning and talking to professionals.

Shortly before the peer team's visit a small sample of 16 EHCPs was reviewed by two peers, who were not members of the on-site team.

This report provides a summary of the peer team's findings. By its nature, the peer challenge is a snapshot in time.

## 3 Scope and focus

3.1 Five areas of focus were identified for the peer challenge, which are listed below:

- The impact and effectiveness of the local area partnership
- The early identification of SEND/support through a graduated approach across the local area partnership
- Voice and engagement of service users and families
- The neurodevelopmental pathway in Wiltshire – process and lived experience for children and young people in Wiltshire
- Joint commissioning arrangements across the local area in Wiltshire.

During the on-site work the peers identified several cross-cutting issues that were covered separately, these are covered in this report.

#### **4 Executive Summary**

**4.1** The local area system for children with Special Educational Needs and Disability (SEND) is clearly values led. There is an emphasis on joint working and coproduction that actively seeks to meet the needs of children, young people and their families.

**4.2** Wiltshire is the fifth largest local authority geographically, with a population of about 510,000, - just over 20% of which are under 18 years. 17.7% of these have identified Special Educational Needs (SEN) and 5068 children and young people have an Education, Health and Care Plan (EHCP) (May 2023). Wiltshire has the largest military settlement in the UK with around 30,000 personnel and their families.

**4.3** The strategic leadership for SEND is visible and developing, with a SEND board that is jointly chaired by the Council and the Integrated Care Board (ICB). There is strong political support for the SEND agenda and resources have been allocated to support its delivery, from both the Council and the ICB. Parents and carers are well engaged through an active and well-established parent carer forum that has over 4,200 registered members and is a key strategic partner, participating at board level. There is a clear strategic awareness of the need for continuous improvement with agreed joint actions. However, some of these actions now need to be taken forward at pace with each of the three elements – education, health and care – demonstrating their impact.

**4.4** There is a range of good procedures and initiatives to support the early identification and early support of SEND. Family hubs have recently been agreed and the Designated Social Care Officer is relatively new. There is clearly a system-wide commitment to SEND and the impact will need to be continually monitored by the SEND board. The graduated response and particularly mainstream secondary schools' participation, appears to be inconsistently applied and needs a greater focus to ensure it provides an effective route to support early identification and early support at the right level to meet needs.

**4.5** The voice of young people and their families is gathered in a variety of ways, not least through the parent carer forum. Coproduction is used to create processes and products that best reflect the needs of those who use them, including the redesign of the EHCP form to present the voice of the child more clearly. There are opportunities to increase participation from parts of the community who may find it more difficult to be heard including those from military families who may move more frequently than the rest of the population and those children who do not communicate verbally.

**4.6** The neurodevelopmental pathway has been coproduced and there is some evidence that a focus by the autism diagnostic panel is having a positive impact on assessment times. The approach of Child and Adolescent Mental Health Services (CAMHS) that all children receive support no matter what their diagnosis or need will be

a potential area of strength going forward as this new approach becomes embedded in day-to-day practice and more widely understood across the system, including with children, young people and their families.

4.7 Along with the above there has been significant work undertaken with parents and carers to produce the approach taken with young people to prepare them for adulthood. Recent developments take into account the lived experience of children and their families. However, there are still some reported gaps in the ability to access ongoing therapy services when young people transition to adult services.

4.8 There is a clear ambition to work closely together across the local area system and jointly commission services as efficiently as possible. The SEND board should move quickly to strategically identify and communicate how joint commissioning is conducted in Wiltshire and produce a jointly agreed outcomes framework to monitor the impact for children and their families of the work undertaken.

## **5 Main Findings**

### **The impact and effectiveness of the local area partnership**

**5.1.** The strategic leadership of both the Council and the Integrated Care Board (ICB) is forging an increasingly integrated partnership that is driving improvements. Meetings are jointly attended, and joint decisions are clearly articulated.

The peer team is impressed with the work undertaken by all partners in establishing the SEND board and the efforts being made to ensure that it is working well. The board is co-chaired by officers from the Council and the ICB, with members providing high levels of support and high levels of challenge to ensure that action on decisions is taken.

Wiltshire has an established parent carer forum that is included as an equal partner on the SEND board. The peer team was impressed with the registered membership of over 4,200 and the forum's awareness that there is still more to do to reach all parents of SEND children. Regular training and support events are communicated in a variety of ways, including weekly newsletters. However, some of the parents and carers that the peer team spoke with said that they were not consistently sighted on the local area partnership ambitions for SEND. There is an opportunity to work even more collaboratively to keep parents as fully informed as possible.

There is a commitment from local authority, health partners and special schools to deliver outcomes for children and this is clearly seen through their active engagement in the System of Excellence. This forum has driven forward the specialist place expansion that has included the merging of three special schools into Silverwood School and the development of additionally resourced provision.

There is an improving approach to data collection and its presentation that supports the desire to demonstrate impact and outcomes. There are plans to develop a single

dashboard for the SEND partnership and this now needs to be delivered at pace so that the impact of the work being undertaken can be looked at from an integrated perspective.

There is clearly a lot of effective collaboration between partners to address the issues of SEND. However, at this stage of the SEND board's development the peer team is uncertain as to who acts as the system "conductors" for SEND. There could be greater clarity on who has the overarching view of SEND across education, health and care, and is responsible for directing responses to gaps and ensuring these are delivered at pace, so there is even greater focussed challenge with partners being even more firmly held to account.

There is a clear commitment to writing a new revised SEND strategy with well-presented governance arrangements. The reasons for the new strategy are well articulated, as is the decision for extending the deadline for the next version to enable time for greater coproduction. The local area partnership has drawn up plans to include Alternative Provision (AP) in the next iteration of the strategy so that it more fully covers the complete spectrum of the approach to SEND and provides clearer strategic oversight and challenge.

Health waiting lists, across a range of therapies, are too long and this is especially needs addressing for the 16-25 provision. Articulating your collective understanding of demand and sufficiency of provision will help identify any gaps and provide evidence for the on-going allocation of sufficient resources.

Inclusion of children with SEND within mainstream schools and settings appears variable. A more consistent approach should help provide the greatest range of options to meet the needs of children and their families.

## **5.2 The early identification of SEND/support through a graduated approach across the local area partnership**

The peer team is impressed with the two Designated Clinical Officers (DCOs) and the high impact that their work is having in bringing the health emphasis into the system. The Designated Social Care Officer (DSCO) is newer in post and is already driving positive change in emphasising the care element of the system.

The sensory support services are well-resourced and reported as being highly thought of by parents.

The system wide investment in early identification was seen to be taking place across all three elements of the structure to support SEND – education, health and care. There is commitment from councillors and senior leaders from across the local area system to invest resources to ensure that early identification and support is being made available, learning from the positive experiences of this in children's social care. During the peer team's visit the Council agreed to support the initiative for Family Hubs and accordingly allocated resources to provide an additional level of support for families. There has also

been increased joint funding for Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS) to meet the growing needs and demands. A new SENDIASS contract was awarded to an external voluntary organisation in April 2023. Adequate analysis and systems for acting on information from SENDIASS will need to be in place, so that the emerging themes and learning are responded to.

System learning and development events to promote SEND identification are taking place. These are being delivered by a range of partners including DCOs, DSCO, educational psychologists, parents and carers, so that events are undertaken and aimed at all levels of the system.

There is a positive, tiered approach for Health Visitors' undertaking the 2.5 year check. A triage approach is used to ensure action is taken where it is most required and additional time is given to the children with most need. Health advisors are being introduced to help refine the statutory EHCP process to ensure that all children and young people undergoing an EHC needs assessment will have a medical assessment.

The guidance and support to adequately identify and meet needs of autistic children and their families could be strengthened. Schools and other organisations should be more familiar with the strategies and resources available to support children with autism. The peer team heard about a number of adolescents, with an autism diagnosis and some waiting for a diagnostic assessment, struggling within mainstream secondary schools. This should be seen as part of the graduated response and linked to wider support with its implementation more widely endorsed.

### **5.3 Voice and engagement of service users and families**

It is clear to the peer team that the system as a whole recognises the need to continuously develop their engagement with children, young people and their families so that the voice of service users is heard. There is an ambition to do more and build stronger relationships so that services and processes reflect what you are being told.

The peer team is impressed by the Young Pioneers - they provide clear advocacy and influence. One of the Young Pioneers said, "*Our aim is to create real ambition for young people to start a revolution - life first, services second*". The initiative provides an opportunity for some of those who may otherwise be socially excluded to have a voice and a means for them to be heard. The children in care council is actively inclusive and provides another forum for young people to express their voice.

It is clear that the Council continues to invest to support youth engagement. The "Growing up" initiative has been shaped by input and involvement of young people. The Council recognises that on-going communications are required to ensure the good work being delivered is understood by as wide an audience as possible.

The peer team heard that SENDIASS include children and young people's voice in all mediation.

It is positive that 100% of the children with disabilities and complex health needs looked after in residential special schools had a communication plan. This is an example of the effort that has been put into ensuring that the most vulnerable children and young people do have a voice.

The Council holds 'Meet the Leaders' sessions, so that young people can ask questions and receive first-hand responses – demonstrating a recognition and importance of themselves as individuals. The sessions include a 'You said We did' element to demonstrate how the concerns of young people are listened to and addressed.

The Council is redesigning section A of EHCP. This is now encouraging even greater emphasis on describing the young person and their aspirations and provides the individual child and families with more opportunity to include their own input.

There was clear passion from all those attending the SEND board that they represent the voice of children and young people. There is also an opportunity for children and young people to represent themselves and enhance the overall clarity of 'voice'. The Young Pioneers provide an opportunity for the board to hear about the lived experience of young adults. The board should assure itself that non-verbal children are fully communicated with and that they are also seen to be heard.

#### **5.4 The neurodevelopmental pathway in Wiltshire – process and lived experience for children and young people in Wiltshire**

The peer team heard from a wide range of people about the culture of the local area system and the ambition to be needs led, not diagnosis led. This approach is a significant strength going forward as it speaks of the cohesive and collaborative approach to supporting children and their families, although it is not yet embedded in day-to-day practice it is supporting an important cultural change. The ability to work together through the multi-agency partnership is leading to increased effectiveness. However, the local area partnership recognises that there is more to do and that there are significant demand pressures in the system.

The neurodevelopmental pathway has been thoughtfully coproduced with young people, parents and carers. This has ensured that young people are given a way of expressing themselves within the diagnostic pathway and are provided with clear communication about what will happen and are signposted to support whilst they are waiting. The application of a needs led approach demonstrates understanding of the local population, including forces families. The approach also recognises the need for consistency across local area providers by ensuring that information given to families is consistent across respective service provider access points. This project is now in its third year, it is essential that pace is now increased to identify and communicate a sustainable support offer with effective pathways. The peer team was told that gaps existed in both early years and preparing for adulthood (PFA) phases. Communicating how things should work and testing the lived experience, including SEN Support, will build confidence and resilience within families and across the system.

The peer team heard from some mainstream schools and parents that they are not yet feeling the impact of the changes in access to the pathway. More could be done to communicate the changes, increase understanding and manage expectations, and to ensure there is consistency in application of the pathway.

### **5.5 Joint commissioning arrangements across the local area in Wiltshire**

The local area partnership is focused on understanding the lived experience of children, young people and their families. There is clear ambition to maximise the collaboration of partners and build on the strong informal arrangements so that they are even more clearly supported through the formal joint commissioning processes.

ICB leadership is committed to meeting the statutory requirements around SEND and is also actively engaged in the SEND agenda. There is strong ICB representation at the board and joint engagement in taking forward its business. The SEND board is driving the approach to joint commissioning. However, more could be done to articulate the joint commissioning arrangements and the outcomes that these lead to. Some partners were able to describe the part of the commissioning arrangements they were engaged in but not how the whole functions together. A clear statement of what joint commissioning is and how it functions in Wiltshire would be helpful.

The peer team were told that the short breaks offer is in the process of recommissioning, with the new scheme scheduled to be in place for April 2024. The Council works closely with parents and carers on the development of the offer and receives high levels of satisfaction (over 95% are satisfied or very satisfied with the scheme). The Council is currently reviewing the communication of the offer as part of the recommissioning process, which will be co-produced with parents and carers to ensure that it continues to meet their needs.

Currently there appear to be different methods for measuring impact of jointly commissioned SEND interventions. These need bringing together into one agreed tool, saving time and resources in data collection and analysis. With one agreed tool the SEND board can more readily hold partners to account and celebrate achievements more widely. The local area partnership has stated that the Joint Commissioning Group will develop a more consistent approach and use the Strategy to support the articulation of the approach to measuring impact.

### **5.6 Cross-cutting issues**

Wiltshire Council has three committed, engaged and passionate elected members, who together with the local area's senior leaders champion the support for children with SEND and their families. The political arrangements may not be what is usually seen elsewhere, they are specific for Wiltshire and appear to work well. Roles are defined with beneficial links into adults and active engagement with the community to reflect lived experience, whilst maintaining a clear understanding of who holds the statutory responsibility. The three elected members involved with SEND should all access the

training available to ensure that their knowledge is equally held and continues to be kept up to date.

In the peer team's view, the ICB has made impressive progress and gained traction around SEND. There is a palpable values-based culture through and across the local area which is shared by all partners, including parents and carers and this provides a strong base from which to further develop the whole system.

Across the system people are open, enthusiastic and positively welcome challenge. The local area partners have a commitment to invest in and develop staff and the peer team heard a few examples of professional curiosity driving improvement, including where children's social care completed the nationally mandated review of children with the most complex needs in residential care and then took this as a prompt to further consider those children in other settings.

The local area partnership is aware that there is a high number of unregistered AP. The local area system needs to be assured that all children are accessing their full education entitlement. The decision-making regarding the placing of children in this provision needs to be clearly set out, considering the planned outcomes for all the children in AP. There also needs to be clearer evidence of mainstream secondary school engagement in driving outcomes for SEND. A single method for collecting outcomes information which is monitored by the SEND board should help promote further secondary school engagement.

## **6 Key recommendations**

**6.1 Find your "conductor/s" and balance the education, health and care elements of SEND:** be clear and give higher profile to the designated individuals who are responsible for driving SEND. Acknowledging the collaborative nature of the local area system in Wiltshire this may be more than one person

**6.2 Be bold in articulating your story and drive forward ambitions already identified with pace:** considerable work is being undertaken to support SEND and there are plans as to how these can be improved further. Building on the point above, this needs to be presented and actioned in a way that young people and their families know that their needs are recognized and are being addressed in a timely way

**6.3 Embrace schools and settings and bring them on your journey:** use the SEND board even more to bring a focus on the work of secondary schools and settings. Consider ways of greater coproduction

**6.4 Coproduce a local area outcomes framework to further align commissioning activity:** it is already acknowledged that there should be one dashboard, and this now needs to be swiftly agreed and produced. The SEND board should use the dashboard to monitor progress of aligned or jointly commissioned services and to evidence a clearly articulated outcomes framework

**6.5 Create a workforce strategy for the whole system and across all settings:**

consider the whole system workforce requirements and not just individual settings needs. Recruitment and development should be more efficiently and effectively matched to current and future needs.

**7 Conclusion**

7.1 The peer review process has been beneficial to the SEND and AP Partnership. It has highlighted many strengths in this area and, importantly, it has validated the partnership's self-assessment. The key recommendations have been accepted by the partnership and plans are being developed to address these.

**Author:**

Helean Hughes – Director Education and Skills

Contact details: [Helean.hughes@wiltshire.gov.uk](mailto:Helean.hughes@wiltshire.gov.uk)

<b>TITLE:</b>	<b>CHILDREN MISSING EDUCATION (CME) 2022-2023</b>
<b>FOR CONSIDERATION BY:</b>	<b>Children's Select Committee</b>
<b>REPORT DATED:</b>	<b>1<sup>st</sup> September 2023</b>
<b>DIRECTOR:</b>	<b>Helean Hughes Education and Skills</b>
<b>REPORT AUTHORS:</b>	<b>Kathryn Davis Head of Service, Targeted Education</b>  <b>Karen Green Team Manager, Education Welfare</b>

## 1. Purpose of Report

- 1.1 To provide an update on Children Missing Education, as part of the Council's monitoring arrangements of its statutory duties under Section 436A of the Education Act (1996).

## 2. The Statutory Context for CME

- 2.1 Children Missing Education (CME) are defined in Section 436A of the Education Act (1996) as children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school.

This definition encompasses children who are awaiting a school place and children in receipt of unsuitable education, including those children local authorities are supporting to place into suitable education. It also includes children who have left a school roll and whose destination is unknown.

- 2.2 On 9<sup>th</sup> August 2023, Dame Rachel De Souza, the Children's Commissioner for England, contacted every Director of Children's Services requesting support for engagement with a new statutory data return 'Journeys of Children Out of Education', in an attempt to create the first-ever national child-level data set of children who have dropped off school rolls, and the characteristics and journeys of these children.

As part of the Attendance Action Alliance, the Children's Commissioner's Office will also deliver a new research programme investigating the range of journeys children take to become CME and what effective action can be undertaken by schools, local authorities, and other agencies to get children into education. This research will combine new analysis of national data with qualitative research with children and services, placing their stories at the heart of the analysis. In Wiltshire we are fully supportive of this intention and will be providing the local data return to the children's commissioner's office by the deadline of 29<sup>th</sup> September 2023.

- 2.3** The DfE opened a call for evidence between May and July 2023, seeking answers to a range of questions in an effort to empower local authorities, schools and others to identify and support children missing education more effectively. This is to ensure every child gets an education, wherever they live and whatever their background.

In the call for evidence, the DfE sought views on:

- how children missing education are identified and supported
- the challenges in identifying and supporting children missing education
- how to address those challenges

Wiltshire responded to the call for evidence, sharing insight from the education welfare service and the wider education & skills directorate. The DfE is now analysing all evidence received nationally and we await publication of the feedback; no date has yet been given.

### 3 The Wiltshire Context and Data Set

- 3.1** In Wiltshire, the CME process is delivered by the ‘pupil move’ officers in the council’s performance and insights team, alongside the education welfare service which manages the tracking and investigation activity by making ‘reasonable enquiries to establish the whereabouts of the pupil’ as defined by the DfE.

- 3.2** There were 217 CME referrals made in the 2022-23 academic year, compared to 135 referrals in the previous academic year.

There are 73 active Children Missing Education cases (at 1<sup>st</sup> September 2023).

66% of CME referrals made in 2022-23 have been resolved.

Historical Comparison Of CME Cases Opened and Closed by Month and Academic Year												
Type	September	October	November	December	January	February	March	April	May	June	July	August
<b>Total CME Closed - Current Academic Year</b>	45	25	17	6	18	10	17	7	35	20	19	7
<b>Total CME Closed - Previous Academic Year</b>	42	11	17	3	17	4	22	9	7	11	11	6
<b>Total CME Started - Current Academic Year</b>	38	12	25	7	16	14	28	13	27	17	17	3
Total CME Started - Current Academic Year - Current CIN			2	1					1			
Total CME Started - Current Academic Year - Current CLA									1			
Total CME Started - Current Academic Year - Current CP	1								1			
Total CME Started - Current Academic Year - Current EHCP		1	2	1			1		3	3	1	1
Total CME Started - Current Academic Year - Current EHE	2				1		4	1	1	2		1
Total CME Started - Current Academic Year - Current FSM Pupil Premium	7	6	19	4	5	2	13		12	5	3	
Total CME Started - Current Academic Year - Current SEN Support	2	3	1			2	2	1	3	3		
Total CME Started - Current Academic Year - Current Support Case				1		1	3		1	1		
<b>Total CME Started - Previous Academic Year</b>	20	12	10	19	12	4	16	7	12	7	15	1

- 3.3** There are 33 CME cases that have been open for 12 months or longer. This is 45% of the CME cohort. Of the 33 cases, 17 (51%) are believed to have returned overseas but have not been successfully traced.

Current Caseload by Type	
Type	Total
Current CME Caseload - Current EHCP	2
Current CME Caseload - Current EHE Case	0
Current CME Caseload - Current FSM Pupil Premium	13
Current CME Caseload - Current SEN Support	1
Current CME Caseload - Current Social Care CIN	0
Current CME Caseload - Current Social Care CLA	0
Current CME Caseload - Current Social Care CP	0
Current CME Caseload - Current Social Care Open Support	1
Current CME Caseload - Open 0 - 3 Months	10
Current CME Caseload - Open 3 - 6 Months	13
Current CME Caseload - Open 6 - 12 months	17
Current CME Caseload - Open More than a Year	33
Current CME Caseload - Potentially On Roll	19
Current CME Caseload - Service Child	5
<b>Total Current CME Caseload</b>	<b>73</b>

14 pupils open for more than a year are from Gypsy Roma Traveller (GRT) communities, 10 of whom are of Irish Traveller heritage and believed to be in Ireland. The number of GRT pupils who are unlocated remains high, as contact and tracking arrangements can be difficult.

31% of the total cohort of CME are pupils who are from GRT communities.

9 pupils who are currently CME are Services children; they have left their school but no information has been received in regard to their destination address or new school.

5 pupils who have been reported CME this academic year are believed to be from Ukraine and were in Wiltshire under the Homes for Ukraine scheme. Tracking of these pupils is undertaken using Home Office information and contact with individual parents.

- 3.4** If a pupil is not able to be located by the education welfare service or through agency checks then they remain as an active case. They will stay as CME until they cease to be of statutory school age or are located (whichever is soonest).

Schools have been provided with clear national (statutory) and local guidance regarding actions to be taken for leavers and this, together with scrutiny of leaver data submitted to the local authority, ensures that pupils are flagged as CME promptly where appropriate.

## **4 Benchmarking of CME Data**

- 4.1** Benchmarking of Wiltshire CME data is possible for the first time this year as the DfE has asked all Local Authorities to submit CME information as part of a national data collection exercise.

National benchmarking data was published by DfE for the first time on 18<sup>th</sup> May 2023, reporting on the autumn and spring returns. The CME data returns to the DfE are not yet

statutory, so not all LAs have responded. In Wiltshire we have made all 3 submissions to DfE this year.

**4.2** The published data shows that Wiltshire’s CME rates in the autumn and the spring were lower than the national and South West CME rates:

CME at census date for 'Children missing education at census date' in England, South West and Wiltshire between 2022/23 Autumn term and 2022/23 Spring term						
Authority area	Cohort size	2022/23 Autumn term	22/23 Autumn Rate per 1k	2022/23 Spring term	22/23 Spring Rate per 1k	
Wiltshire	70,702	60	0.85	70	0.99	
South West	770,044	1340	1.74	1170	1.52	
England	8,427,070	24700	2.93	24700	2.93	

**4.3** In the summer term of 2023, the DfE confirmed the need to record as CME any pupils awaiting a school place from day 1 of an in-year transfer application rather than the 15 school days set out in statutory admissions guidance. Therefore, the Wiltshire autumn term CME data return will, for the first time, include any children who meet this criteria.

## **5 Duties on Schools and the Local Authority**

**5.1** Schools have a statutory duty to make reasonable enquiries to establish a pupil’s whereabouts and to notify the local authority of any child who may be missing, via a CME referral process, at day 10 of unsuccessful enquiries.

**5.2** In Wiltshire, the local authority fulfils its statutory CME duties by:

- Having in place a robust CME policy.
- Having in place a robust enquiry and tracking system to identify the whereabouts of children.
- Having a clear pathway for schools and agencies to make CME referrals.
- Giving consideration to the reasons and circumstances that can lead to CME.

The local authority also takes action when it appears to the LA’s attention that a child is not receiving a suitable education, by:

- Serving notice on parents requiring them to satisfy the local authority that the child is receiving suitable education<sup>1</sup>.
- Issuing School Attendance Orders (SAOs) to parents who fail to satisfy the local authority that their child is receiving suitable education, if the local authority deems it appropriate for the child to attend school.
- Prosecuting parents who do not comply with a SAO.
- Prosecuting or issuing penalty notices to parents who fail to ensure their school-registered child attends school regularly.

Schools and families are provided with attendance support as set out in the March 2022 DfE guidance ‘Working Together to Improve School Attendance’.

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<sup>1</sup> Suitable education is not defined in the 1996 Education Act, but has been described in case law as one that ‘primarily equips a child for life in the community of which he/she is a member’.

- 5.3** In Wiltshire, we also monitor and take action for children at risk of missing out of education, beyond the CME definition.

Children Absent From Education (CAFE, previously Children Missing Out of Education) refers to those who are those missing out on education for reasons of exclusion, illness or otherwise. It also includes children who may be at risk of being absent from education due to other vulnerabilities, including those with a social worker and those known to the Youth Justice Service.

In Wiltshire a strategic Children Absent From Education (CAFE) meeting is held termly (6 times per year) to engage with activity and performance reports on children missing education, including those who may be absent from education due to reduced educational provision, high suspension rates, permanent exclusion, medical needs, or for reasons otherwise. In addition, weekly operational CAFE meetings are held with rotational priorities to focus on individual children where CAFE risks require multi-professional oversight and resolution. Themes for the operational groups are:

- Reduced Educational Provision
- Suspension and Permanent Exclusion
- CME and Elective Home Education
- Early Help and Children's Social Care
- Education Other Than In School (EOTIS) and Statutory SEND

## **6 Development**

- 6.1** Priorities for development in 2023-24 include:

- Utilisation of the newly published DfE data set for benchmarking and understanding our CME profile in Wiltshire, compared to national and regional comparators.
- Continue to provide robust follow up with schools where practice in relation to leaver file submission/CME referrals needs strengthening.
- Utilisation of Early Years data to identify potential CME/EHE, where children are electively home educated without ever having been on roll of a school.
- Strengthening links with the Ministry of Defence (MoD) Children's Education Advisory Service (CEAS) for tracking missing children.
- Education Welfare to work alongside colleagues in children's social care to develop effective processes for applying to court for an Education Supervision Order (ESO) for a child to support them to go to school.
- Utilisation of a new case note function within the management system to track operational CAFE activity to enhance impact monitoring and performance reporting.
- Exploration of portal functionality within the children's case management system for CME referrals, to replace the email process currently used by schools and agencies.

## **7 Recommendation**

- 7.1** The committee is recommended to accept this report as an accurate update on delivery of the Council's duty in relation to Children Missing Education.

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<b>TITLE:</b>	<b>ELECTIVE HOME EDUCATION (EHE) 2022-2023</b>
<b>FOR CONSIDERATION BY:</b>	<b>Children’s Select</b>
<b>REPORT DATED:</b>	<b>1<sup>st</sup> September 2023</b>
<b>DIRECTOR:</b>	<b>Helean Hughes and Richard Hanks Education and Skills</b>
<b>REPORT AUTHORS:</b>	<b>Kathryn Davis Head of Service, Targeted Education</b>  <b>Karen Green Team Manager, Education Welfare</b>

## 1. Purpose of Report

1.1 Parents have a right to educate their children at home (Section 7 of the Education Act, 1996). This report provides an update on the Council’s role in relation to Elective Home Education (EHE Guidance for Local Authorities, DfE, 2019), current data and future development priorities.

## 2. The Wiltshire Context for EHE

The information below is based on academic years.

### 2.1

Academic Year	EHE Actual
2015-16	385
2016-17	437
2017-18	619
2018-19	640
2019-20	648
2020-21	731
2021-22	811
30 <sup>th</sup> May 2023	909
1 <sup>st</sup> September 2023	876

Highest numbers of EHE children are represented in years 8, 9, 10 and 11 (Key Stages 3 and 4), which is typical of the national profile.

There continues to be significant mobility within the EHE cohort, with 549 new EHE notifications in the 22-23 academic year and 400 EHE notifications ended.

On 1<sup>st</sup> September 2023, there were 876 EHE children in Wiltshire.

**2.2** There are 73 EHE children with an EHCP, an increase of 12 from the previous year.

The Children Absent from Education (CAFE) group has identified an increase in the number of EHE children with cases open to children's social care, with Child in Need cases increasing by 6 from the previous academic year and Child Protection cases also increasing by 6.

The Education Welfare Officers who monitor EHE, work closely with colleagues in Support and Safeguarding teams where there are Child in Need and Child Protection concerns and contribute to any statutory meetings, including strategy discussions, CP conferences and Core Group meetings where appropriate. The EWS progresses with legal interventions in cases where suitable education provision is not being made by the family.

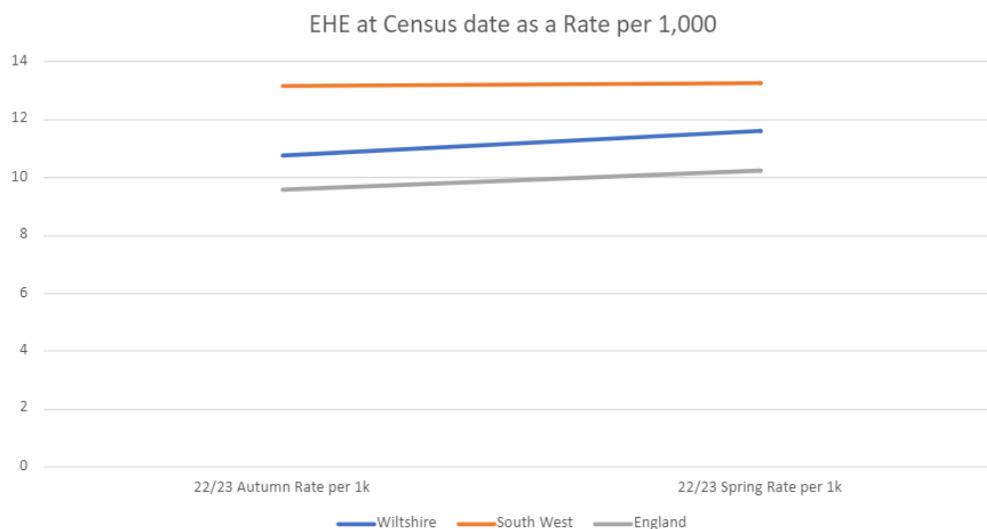
<b>Current Caseload by Type</b>	
<b>Type</b>	<b>Total</b>
Current EHE Caseload - Current EHCP Final Plan	73
Current EHE Caseload - Current EHCP Under Assessment	14
Current EHE Caseload - Current FSM Pupil Premium	99
Current EHE Caseload - Current SEN Support	231
Current EHE Caseload - Current Social Care CIN	22
Current EHE Caseload - Current Social Care CLA	0
Current EHE Caseload - Current Social Care CP	6
Current EHE Caseload - Current Social Care Support	16
<b>Total Current EHE Caseload</b>	<b>952</b> *

\* Total before Y11 leavers removed

**2.3** Benchmarking of Wiltshire EHE data is possible for the first time this year as the DfE has asked all Local Authorities to submit EHE information as part of a national data collection exercise.

National benchmarking data was published by DfE for the first time on 18<sup>th</sup> May 2023, reporting on the autumn and spring returns. The EHE data returns to the DfE are not yet statutory, so not all LAs have responded. In Wiltshire we have made all 3 submissions to DfE this year.

The published data shows that Wiltshire's EHE rate in the autumn and the spring were approximately 1% higher than the England rate, but 2-3% lower than the South West rate.



### 3 Reasons for EHE

**3.1** There are no significant patterns relating to geographical area for pupils being removed from roll. There are some schools where the total number of pupils removed from roll is higher than others with a similar demographic. This is explored and addressed through TASC meetings with School Effectiveness.

**3.2** We ask parents to provide a reason for EHE, although not all families will choose to respond. Typically, reasons provided for wanting to remove their child from the roll of a school, include:

- School refusal (emotionally based school avoidance)
- Avoiding prosecution for non-attendance
- Bullying
- Dissatisfaction with school
- Lifestyle/philosophical belief
- Medical needs of the child
- Choice related to home learning experience during pandemic and improved mental health of their child
- Advice of the school (*where this is the case there is robust challenge to the school by LA services*)

**3.3** Reasons for EHE now form part of the DfE data collection, although this part of the data set has not yet been published. Once available, we will use this data to inform further development of support and advice for schools and families.

## **4 EHE Causing Concern**

**4.1** 23 pupils currently have a red RAG rating indicating that they are not receiving a suitable education.<sup>1</sup> In these cases, the Education Welfare Officer will provide timely support to families to help them make improvements where provision is a concern, or to take steps to secure education through a school placement.

**4.2** Where support has been offered but not engaged with, or where necessary improvements have not been made, the Education Welfare Service initiates a warning process, or the Local Authority consults with governing boards to commence School Attendance Order proceedings.

A small number of pupils have School Attendance Orders in place. In some instances, pupils are now registered with a school but are not attending and enforcement action has commenced. In other instances, pupils have not been registered at a school and prosecution for a breach of the School Attendance Order has commenced, with appropriate involvement of children's social care.

**4.3** Any child not receiving suitable EHE is recorded as a Child Missing Education (CME) by the Local Authority.

## **5 EWS Actions**

**5.1** New EHE referrals are followed up by an Education Welfare Officer to establish that efficient and suitable education is in place.

Parents and carers must inform the school if they intend to withdraw their child in order to educate at home. The school then has the duty to inform the Local Authority. Apart from those circumstances, the decision to inform the local authority or not is entirely for the parents/carers to make. There is no statutory requirement for parents and carers to inform the local authority that they have elected to home educate.

**5.2** The government's schools bill included a legal duty for councils to maintain a register of children not in school and for parents to supply information for it. The schools bill did not proceed, however the DfE has said it remains committed to statutory registers.

There is no statutory requirement for the Local Authority to provide ongoing reviews of suitability of elective home education, unless a concern is raised. However, in Wiltshire, annual checks are made with home educating families by the Education Welfare Service.

## **6 Additional Support**

**6.1** A resource has been developed alongside colleagues in Health to enable EHE families to access advice and information about voluntary services who can provide support where there are health/mental health concerns. Regular discussion between Education

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<sup>1</sup> Suitable education is not defined in the 1996 Education Act, but has been described in case law as one that 'primarily equips a child for life in the community of which he/she is a member'.

Welfare and colleagues in specialist health services takes place to ensure that children with additional needs are receiving their full entitlement.

- 6.2** An offer remains in place for schools and families to meet with an EWO to discuss implications of EHE prior to the child being removed from roll. There is limited uptake of this offer as parents will often explicitly state in their correspondence to schools that they wish to decline any such meeting.

## **7 Development**

- 7.1** Priorities for development in 2023-24 include:

- Utilisation of the newly published DfE data set for benchmarking and understanding our EHE drivers in Wiltshire.
- Conclusion of the CAFE exploration of case data and review recommendations in light of increase in EHE children open to social care after leaving school roll.
- Access category of need reporting for SEN Support cases.
- Analysis of cases to understand why pupil movement in and out of EHE is significant.
- Work with Wiltshire Parent Carer Council to better understand parent/carer reasons for choosing EHE for their child with SEND, to inform local practice.
- Work with Wiltshire Centre for Independent Living to ensure that the voices of our EHE children with SEND are heard and that we can respond to what they tell us about their experiences.
- Support development of thresholds in neglect strategy for 'educational neglect' and any implications in relation to EHE, e.g. CIN and CP cases.

## **8 Recommendation**

- 8.1** The committee is recommended to accept this report as an accurate update on delivery of the Council's duty in relation to Elective Home Education.

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AREA BOARD YOUTH GRANTS 2022-23 SUMMARY

Area Board	WC Allocated funds	Grants AWARDED	EOY balance (Grants awarded from allocation)	% not spent in 22/23	Arrangements for Local Youth Network (LYN)/Youth Partnership Group
Bradford on Avon	11,528.00	4,730.00	6,798.00	59%	None
Calne	17,843.00	10,406.00	7,437.00	42%	LYN Area Board led
Chippenham	30,500.00	25,904.00	4,596.00	15%	LYN Area Board led
Corsham	13,816.00	13,816.00	-	0%	LYN Area Board led
Devizes	22,320.00	17,674.00	4,646.00	21%	None
Malmesbury	14,679.00	9,323.00	5,356.00	36%	LYN Area Board led
Marlborough	17,786.00	17,646.00	140.00	1%	Looking to re-establish LYN
Melksham	18,349.00	12,210.00	6,139.00	33%	None.
Pewsey	14,135.00	3,643.00	10,492.00	74%	None
RWB & Cricklade	19,916.00	3,640.00	16,276.00	82%	Youth Forum AB led
Salisbury	24,422.00	23,335.00	1,087.00	4%	Youth Forum AB led
Southern	19,321.00	8,032.00	11,289.00	58%	None
Southwest	21,148.00	13,750.00	7,398.00	35%	Seeds4Success
Stonehenge	22,414.00	22,412.00	2.00	0%	LYN Area Board led
Tidworth	16,710.00	16,708.00	2.00	0%	LYN Area Board led
Trowbridge	30,464.00	24,266.00	6,198.00	20%	Trowbridge Child Wellbeing Partnership
Warminster	19,457.00	6,500.00	12,957.00	67%	None
Westbury	12,892.00	12,890.00	2.00	0%	LYN Area Board led
	<b>347,700.00</b>	<b>246,885.00</b>	<b>100,815.00</b>	<b>29%</b>	

Notes:

This is a summary of the information provided by officers, condensed to view data on one sheet.

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## Children's Select Committee (CSC) – Forward work programme Agenda items for the committee

### Agenda items for CSC

#### Standing items (at all meetings)

Title - Details / purpose	Type	Report author / lead officer
<b>Update from Wiltshire Youth Voice</b> - summary of recent activities	Written	Joe Sutton
<b>School Ofsted Judgements</b> - effectiveness of schools as seen by Ofsted Inspection.	Written	Andrew Best
<b>DfE Changes - Update from Department for Education</b>	Written	David Harris
<b>Working together to improve school attendance</b> - latest requirements of the non-statutory guidance the DfE published in May 2022 to apply from September 2022.	Written	Kathryn Davis
<b>Schools Forum's update</b> - very brief update on key items from the last meeting of Schools Forum	Written	Lisa Pullin
<b>Corporate Parenting Panel update</b> - brief update highlighting key items from the last meeting of the Corporate Parenting Panel	Written	Lisa Pullin
<b>Directors' update</b> <b>Cabinet Member and Portfolio Holders' update</b> <b>Chair's update</b> Verbal updates highlighting any key issues (current or emerging), successes or milestones in their respective areas since the last meeting of the committee, which may not require a full agenda item and are not covered elsewhere on this agenda.	Verbal	All directors Cabinet Members and Portfolio holders Chair

## Future items for consideration by the Children’s Select Committee

<b>Tuesday 31 October 2023, 10.30am</b> <i>Pre-meeting briefing topic: Place sufficiency</i>			
	<b>Title</b> Details / purpose and Timeframe (if applicable)	Origins / history	Report author / lead officer
Substantive	<b>FACT – one-year update</b> , including progress towards the key milestones identified in paragraph 48 of the report	CSC <a href="#">25 October 2022</a>	Simon Thomas
Substantive	<b>Childcare Sufficiency</b>  To receive a report detailing local authority standards for early years and pre-school provision including sufficiency (which is a statutory duty), pupil outcomes and Ofsted grades.	Yearly item – NB may go to Standing Task Group	Lucy-Anne Bryant
Substantive	<b>Young Carers in Wiltshire</b>  To receive information on the services / support offered (or coordinated) by the council for Young Carers. To consider how to best promote the service and ensure that Young Carers and their families are aware of, and access, the support on offer.	<i>This was originally planned as a briefing. Deferred from September meeting.</i>	Jen Salter + commissioning
Substantive	<b>SEND schools provision / SEND place planning</b>  To include information on: <ul style="list-style-type: none"> <li>• EHCPs and EHCNA – catching up with the backlog and keeping up with current demand,</li> <li>• How the council plans for places for SEND schools (including update on new developments / new schools – e.g. Silverwood and SAIL)</li> <li>• Planned development / roll-out of resource bases in secondary schools [NB - agenda item planned for June/July 2024 to review outcome for the first two</li> </ul>	Chair’s briefing on Silverwood 26/04/23  OS/Exec meeting January 2023  <i>Deferred from September meeting.</i>	Melissa Hardwell Cate Mullen

<b>Tuesday 31 October 2023, 10.30am</b> <i>Pre-meeting briefing topic: Place sufficiency</i>			
	<b>Title</b> Details / purpose and Timeframe (if applicable)	Origins / history	Report author / lead officer
	resource bases in secondary schools opened in September 2023]. <ul style="list-style-type: none"> <li>Keeping children and young people within their local community (avoiding long distance / out of county placements where possible / adequate)</li> </ul>		
Informative	<b>Independent Care Review of Children's Social Care and National Review into the murders of Arthur Labinjo-Hughes and Star Hobson</b> – update once the government has responded formally to both reviews	CSC <a href="#">14 March 2023</a>	Jen Salter
Informative	<b>Early Years Strategy</b>	CSC 6 June 2023	Helean Hughes
<b>Wednesday 24 January 2024, 10.30am</b> <i>Pre-meeting briefing topic: Family Hub – appointed provider(s)</i>			
	<b>Title</b> Details / purpose and Timeframe (if applicable)	Origins / history	Report author / lead officer
Substantive	<b>Family Hub</b>  Details of the services to be provided (update on the hubs, recruitment of Navigators and Family Hub practitioners, etc.), including more information on the Westbury and Warminster pilot project (including measuring of success / efficiency as evaluated by IPC, Oxford Brookes University)	CSC 6 June 2023	Gary Binstead Jen Salter
Substantive	<b>Outcome of the extensive review of the CAMHS contract</b>	CSC 6 June 2023	Jen Salter + commissioning

<b>Wednesday 24 January 2024, 10.30am</b>			
<i>Pre-meeting briefing topic: Family Hub – appointed provider(s)</i>			
	<b>Title</b> Details / purpose and Timeframe (if applicable)	Origins / history	Report author / lead officer
Informative	<b>Business plan and action plan update</b> (every 6 months)	CSC 20 September 2022 CSC 6 June 2023	Directors
Informative	<b>School Health and Wellbeing survey</b>  To receive an update within the next 12 months to inform the committee on actions taken, or plans made, by the council based on the outcome of the survey. NB – identifying schools that have not participated so councillors can lobby them.	CSC 6 July 2022 – deferred to include feedback from strategic colleagues	Sally Johnson

<b>Tuesday 12 March 2024, 10.30am</b>			
<i>Pre-meeting briefing topic: Corporate Parenting Panel – strategic priorities</i>			
	<b>Title</b> Details / purpose and Timeframe (if applicable)	Origins / history	Report author / lead officer
Substantive			
Substantive			
Informative			
Informative			

<b>Longer term items</b>			
	<b>Title</b> Details / purpose and Timeframe (if applicable)	Origins / history	Report author / lead officer
Substantive	Plans for the future commissioning of children and young people's Mental Health services	Proposed by ICB	ICB (Jane Rowland / Fiona Slevin-Brown) / Lucy Townsend / Jen Salter
Substantive	Report on the outcome of the Family Help Programme, including the Westbury and Warminster pilot project.  By September 2024	CSC – 25 October 2022, FACT item	Simon Thomas, FACT lead

### Items considered in the last 12 months

Meeting date (link)	Title Outcome / actions	Origins / history	Report author / lead officer
<a href="#">25 October 2022</a>	FACT update		
<a href="#">17 January 2023</a>	Roadmap to Excellence		Jen Salter
	National Review into Safeguarding Children with Disabilities and Complex Health Needs in Residential Settings		Jen Salter
	Shaping the Future Programme with Schools – verbal update		Helean Hughes
	Outcome of the Rapid Scrutiny on High Needs Block Funding		
<a href="#">14 March 2023</a>	Independent Care Review of Children's Social Care and National Review into the murders of Arthur Labinjo-Hughes and Star Hobson	Requested by officers	Jen Salter  Fiona Hayward
	"Shaping the future" programme with schools - update on the model chosen	CSC 8 June 2022 Schools Ofsted judgements	Andrew Best Helean Hughes
	Standing Advisory Council on Religious Education (SACRE)	Requested by officers	Andrew Best Helean Hughes

	Performance Outcomes Report Academic Year 2021-2022 - Pupil Performance in Public Tests and Examinations	Deferred from January meeting	Andrew Best Helean Hughes
<a href="#">6 June 2023</a>	Family Hub Contract	Cabinet Item	Gary Binstead Jen Salter
	Business plan and action plan update	Regular item (6 monthly)	Directors
	Child Poverty	Current FWP	Lucy Townsend
<b>Wednesday 12 July 2023</b>	FACT – interim report data set and Family Help programme Safeguarding processes – outcome of the review by the Institute of Public Care Update on building developments at Silverwood Corporate Parenting Panel annual report Community Health Services Child, Youth and Family Voice Team annual report		