

Agenda

Children's Services and Education Scrutiny Board

Monday 9 January 2023 at 6.00 pm
in the Council Chamber - Sandwell Council House, Oldbury

- 1 Apologies for Absence** 5 - 6
To receive any apologies for absence.

- 2 Declarations of Interest** 7 - 8
Members to declare any interests in matters to be discussed at the meeting.

- 3 Minutes** 9 - 16
To confirm the minutes of the meeting held on 14 November 2022 as a correct record.

- 4 Urgent Additional Items of Business**
To determine whether there are any additional items of business to be considered as a matter of urgency.

- 5 Child and Adolescent Mental Health Service (CAMHS) - Transformation and Changes in Demand** 17 - 42
To consider and comment on the recent transformation and changes in demand on emotional well-being and mental health in Sandwell.



6	Early Help in Sandwell	43 - 70
	To consider and comment on the Early Help provision in Sandwell and its impact on those who access the service.	
7	Impact of the Lockdown on Children and Families Working Group Report and Recommendations	71 - 164
	Consideration of the final draft report and recommendations to the Executive.	
8	Scrutiny Action Tracker	165 - 170
	Standing item to consider and note progress on implementation of actions and recommendations.	
9	Work Programme and Cabinet Forward Plan	171 - 178
	Standing item to consider the Children's Services and Education Work Programme and future items on the Forward Plan.	

Kim Bromley-Derry CBE DL
Managing Director Commissioner
Sandwell Council House
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Oldbury
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Distribution

Councillors Hinchliff, Akhtar, Chambers, Dhariwal, Dunn, W Gill, Mayo, McVittie, Preece, Uddin and K Heeley

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Children's Services and Education Scrutiny Board

Apologies for Absence

To receive any apologies for absence from the members of the Board.



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Children's Services and Education Scrutiny Board

Declarations of Interests

Members to declare any interests in matters to be discussed at the meeting.



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Minutes of Children's Services and Education Scrutiny Board

Monday 14 November at 5.30pm
in the Council Chamber, Sandwell Council House, Oldbury

Present: Councillor Hinchliff (Vice-Chair)
Councillor Akhtar, Chambers, Dunn, W Gill, McVittie, Preece,
Uddin.
Kelly Heeley (Co-opted Member)

In Attendance: Councillor Hackett (Cabinet Member for Children and
Education) and Councillor Millar.

Officers: Michael Jarrett (Director of Children and Education)
Sue Moore (Assistant Director Education and Support)
Balwant Bains (Head of Sandwell Virtual School)
Stephnie Hancock (Deputy Democratic Services Manager)
Connor Robinson (Democratic Services Officer)

31/22 **Apologies for Absence**

An apology was received from Councillor Shackleton (Chair).

32/22 **Declarations of Interest**

Co-opted member Kelly Heeley declared a non-pecuniary interest in the matter referred to at Minute No. 37/22 – Scrutiny Action Tracker as she was a user of the SEND Transport service.



33/22 Minutes

Resolved that the minutes of the meeting held on 10 October 2022 are approved as a correct record.

34/22 Additional Item of Business

There were no additional items of business to consider.

35/22 Sandwell Transition Education Partnership Service

The Board received a presentation outlining the impact of the Sandwell Transition Education Partnership Service (STEPS) in supporting those children and families who were new to the United Kingdom.

Launched in February 2017 as a local authority pilot scheme to tackle the challenges of getting international arrivals into school, STEPS provided a school-like setting that catered for up to 75 children aged 5-16. STEPS acted as frontline service that provided continuity in learning. Early intervention helped safeguard vulnerable children and families and prevented exploitation. Since its introduction more than 2,000 children, representing 64 nationalities, had attended the Centre and there had been over 4000 service users.

The following work of the Centre in supporting the most vulnerable families was highlighted:-

- Issuing of food bank vouchers to families in need.
- Emergency donations of £20 had been issued for utilities and emergency food.
- Referrals to Welfare Rights Advisers.
- Support with homeless housing applications.
- Signposted families towards Disability Living Allowance applications.
- Uniform bought for Ukrainian and Afghani refugees.



- Supported applications for travel assistance for families.
- Supported Free School Meal applications for children and young people moving into mainstream setting.
- Ensuring schools were aware of those children affected by having No Recourse to Public Funds to provide free school meals, as these were the most vulnerable to the cost of living crisis.

The Centre had remained open for families throughout the pandemic.

A cost benefit analysis had indicated that with an investment of £868,667 into STEPS over a 32-month period, the saving to the public purse had been over £8 million in truancy aversion and improved families' and children's wellbeing.

STEPS was also Sandwell's front-line service supporting the Afghan Relocations and Assistance Policy (ARAP scheme, launched April 2021); relocation or assistance to former UK employed staff in Afghanistan. The service had been instrumental in supporting 85 individuals placed by the Home Office in a "holding hotel", having sourced schooling/education for:-

- 5 reception aged children
- 14 primary aged children
- 10 secondary aged pupils
- 2 post-16 pupils

STEPS had also hosted 9 Ukrainian children who had fled the 2022 war.

The initial pilot (February to December 2017) had been funded by the Department for Education. Based on the success of the pilot, STEPS had been recognised by the Ministry of Housing, Communities and Local Government in February 2018, with a 32-month funding grant of £868,667 through the Migration Fund.

The work of STEPS had been recognised at the National Municipal Journal Awards where it was awarded winner in the category Innovation in Children's Service's. The result of a nomination for a further award was also awaited.



Following comments and questions from members of the Board, the following responses were made, and issues highlighted:-

- The STEPS Centre was somewhat unique to Sandwell, with Bolton Council the only other local authority to operate a similar scheme.
- The benefits had been visible in the local community, the provision had had positive effects both in terms of education and socially for those children and families receiving the service.
- The service STEPS had delivered was important and ensuring the funding for the service was an ongoing discussion.
- The service was non-statutory, funding had been secured up to September 2023. Long term funding solutions were being considered.
- Around 450 children a year attended the STEPS Centre. Those children unable to attend due to the centre being at capacity received daily wellbeing calls.
- The service was a stop gap for children awaiting a school place. If a mainstream school place was available, the children could go straight to school.
- 12 children who had attended STEPS had been referred for an EHCP.
- The majority of children attended STEPS for around four weeks, however in some cases children had attended for two months. The safety of the children was the first consideration.
- The service as a concept had the potential to be a service model that could be made commercial and mirrored across other local authorities.
- The Centre was known to Ofsted and the Council was proactive in engaging with Ofsted.
- The funding for the service came through the dedicated schools grant underspend. There was also a specific grant that the Council received in respect of the Virtual School, as a statutory service, which was funded separately from the DfE and from the dedicated schools grant.



36/22

Scrutiny Review - Impact of the Lockdown on Children and Families – Final Report and Recommendations

The Director of Children and Education recommended that consideration of this item be deferred to enable further discussion on the proposed recommendations with relevant partners and the Cabinet Member for Children and Education.

Members thanked the officers and members involved in the review for their hard work in gathering evidence.

Resolved that consideration of the final report and recommendations following the Board's review on The Impact of Lockdown on Children and Families is deferred.

37/22

Scrutiny Action Tracker

The Board noted the progress on the delivery of recommendations it had made to the Executive.

In relation to the Board's review into the provision of transport for children with Special Educational Needs and Disabilities (SEND) it was reported that a new procurement exercise had been in place with effect from 1 September 2022. Work had also already commenced on procurement for September 2024.

The new framework, which utilised a range of operators, provided additional resilience in the service. The service continued to evolve, to improve and respond to increasing demand, and service users continued to be engaged to identify areas for improvement.

Following comments and questions from members of the Board, the following responses were made, and issues highlighted:-

- The start time for the contracts was being reviewed, noting the pressure on the service beginning in September and the impact on service users.
- Basic first aid training had been requested. There was no first aid training specific for the SEND transport industry and



consideration was being given to developing something bespoke.

- Drivers were required to obtain a Travel Assistance Service (TAS) badge and no driver could obtain a badge without proof of a satisfactory DBS check, sign up to the DBS update service and proof of completion of first aid training and safeguarding and demonstration of basic English skills. This was an annual requirement.
- Different councils had their own criteria and Sandwell's requirements were notably higher. All companies on the framework met Sandwell's criteria.
- There was an ongoing arrangement with the Taxi Licensing department which allowed records to be shared and any issues communicated.
- Access to the National Licensing Database had been requested for the SEND team via the Licensing team.
- Random compliance checks were undertaken on a quarterly basis with operators.
- Consideration was being given to the development of an in-house SEND Transport service.
- A number of parents had experienced a lack of communication at the start of the new contracts and this was acknowledged and had been a consequence of tight timescales.
- Sandwell Parents of Disabled Children had been engaged and issues had been fed back to the SEND Service and operators to ensure lessons were learned. There would be closer engagement with parents in the future.
- Operators and drivers were required to undertake Passenger Assistant Training (PAT) training on a three-yearly basis, however the course was now dated so an in-house course was being considered.
- The Council was committed to continually improving the service to ensure that it was stable and met the needs of all children, particularly those with more complex needs. Operators were also aware of the importance and impact of the service to service users and were also committed to ongoing improvements.

[Councillor Preece left the meeting.]



38/22

Work Programme and Cabinet Forward Plan

The Board noted the Cabinet Forward Plan and its Work Programme for 2022/23.

Officers undertook to review the previous work undertaken by the Board in relation to childhood obesity and youth services to ensure that any future work was appropriately timed and focused.

The Board was assured that a corporate approach was being taken to the monitoring and management of the impact of the cost of living crisis on the borough, with the Budget and Corporate Scrutiny Management Board leading on scrutiny's involvement.

Resolved that the Black Country Healthcare NHS Foundation Trust is invited to the Board's next meeting to provide an overview of the Child and Adolescent Mental Health Service, including changes to services since the Trust took on the lead provider role, data on demand and how it is being addressed.

39/22

Councillor Shackleton

Members made reference to the ongoing ill health of Councillor Shackleton and agreed to send her a card and flowers to wish her well.

Meeting ended at 7.21pm

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Report to Children’s Services and Education Scrutiny Board

Monday 9 January 2023

Subject:	Child and Adolescent Mental Health Service (CAMHS) – Transformation and Changes in Demand
Director:	Director of Children and Education Michael Jarrett
Contact Officer:	Sarah Hogan (CAMHS - Deputy Divisional Director, Children Young People and Families) Mags Courts (Head of CAMHS Commissioning)

1 Recommendations


- 1.1 That the Board considers and comments on the presentation from the Child and Adolescent Mental Health Service.

2 Reasons for Recommendations

The Board, aware of the continued growing pressure on its own and partnership services and the increase in the number of children and young people who require to access mental health services, requested representatives from the Black Country Healthcare NHS Foundation Trust attend the meeting to provide an overview of the CAMHS service and how it is managing the increased demand.



3 How does this deliver objectives of the Corporate Plan?

	<p>Best start in life for children and young people Sandwell Council was committed to understanding the impact of adverse childhood experiences and trauma. Services and partners work to provide the necessary support with compassion and understanding to enable children and young people to thrive and have successful adult lives.</p>
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4 Context and Key Issues

- 4.1 The increase in the number of children and young people requiring mental health support has led to the Board requesting information relating to the support offered by Council services and partners.
- 4.2 The report and presentation gives details on the services offered by CAMHS and in particular the strategies, challenges and ongoing concerns faced within Sandwell and the wider Black Country.

5 Appendices

CAMHS Report





Recent transformation and changes in demand on emotional well-being and mental health

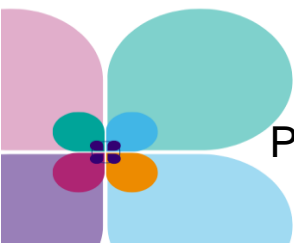
Specialist Sandwell CAMHS for Scrutiny Review

Written and Presented by:

Sarah Hogan, Deputy Divisional Director, Children Young People and Families

Mags Courts, Head of CAMHS Commissioning

Black Country Healthcare NHS Foundation Trust



Introduction

Please find below our response to questions for the Sandwell scrutiny review.

Our CAMHS Services

Our child and adolescent (CAMHS) services work with children and young people who are experiencing moderate to severe difficulties with their mental health. We have CAMHS services in each of the boroughs of the Black Country. Our service consists of a range of professionals from community psychiatric nurses, family therapists, occupational therapists, psychiatrists, psychologists and psychotherapists who have skills and experience working with children and young people. We work closely with a range of agencies including social workers, schools and healthcare agencies.

Recent changes to CAMHS Services across the Black Country since the merger and taking on the Lead Provider role

A key aim of the Black Country Integrated Care System (ICS) has been to bring commissioning and service provision closer together to increase collaboration across system partners to improve outcomes for our children, young people and families. Black Country Healthcare Foundation Trust (BCHFT) has taken over a Lead provider role from 1st July 2022 for commissioning and providing mental health services across the system which includes Sandwell place.

BCHFT is committed to improving collaboration with Voluntary Community Sector (VCS) partners, Primary Care Networks (PCNs) Local Authorities (LAs) and children, young people and their families, in order to shift towards easier and more equitable access to services across the Black Country; an exceptional experience for all; and improved health outcomes across the Black Country population.

Across the system there are a number of strategic drivers for change, arising from both the national direction of travel for mental health, learning disability and autism services, as well as the system challenges arising from the legacy of differentiated arrangements between commissioning and provision across the four places, with a number of areas of unwarranted variation. Mental health has been identified as a public health priority in The Black Country and there has also been some recent additional investment and transformation work that is listed below:

CAMHS transformation – core service

- Baseline uplift 21/22 and 22/23 – This allowed for the age range of Dudley and Walsall up to 18 years in Core CAMHS. Sandwell has operated up to 18 since its conception. The service now works with young people up to the age of 18 years across the Black Country.
- Blended approach to service delivery using a mixture of face to face and virtual support. This is discussed with the young person and families to ensure the best approach that works for them

- Closer working with school and educational settings and introducing Wave 8 of Mental Health Support Teams in Schools increasing access to support for young people within their educational setting in Sandwell.

CAMHS transformation – crisis support

- Significant investment in crisis support. We have created a crisis service (CIHTT) with the aim of keeping young people out of hospital and support to manage crisis in the community.
- The service runs 7 days a week, 8am – 8pm and service users can also access the 24/7 crisis helpline out of hours.
- The service works across a range of agencies.

CAMHS transformation – In patient mental health beds for children and young people.

Black Country Healthcare Foundation NHS Trust is part of the West Midlands CAMHS Provider Collaborative. Birmingham Women's and Children's Hospital Trust are the lead partner for this collaborative.

Aim to:

- Reduce use of out of area inpatient beds
- Reduce unnecessary admissions through a robust gatekeeping process which ensures consistency.
- Reduce length of stays
- Improve continuity of care
- Increase investment into community services

Eating Disorders

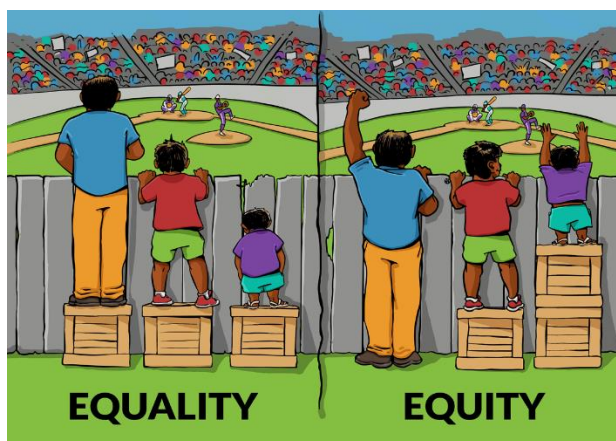
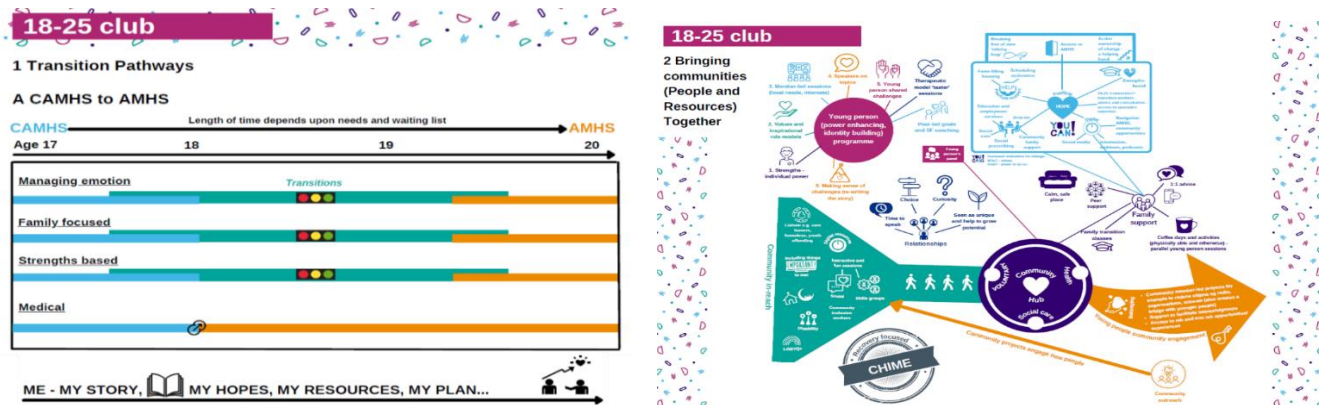
Utilising baseline uplift 21/22 funding has allowed for development of an all age eating disorders service in Dudley and Walsall which is already in place in Sandwell and Wolverhampton. All age eating disorder provision will interface with CAMHS services to offer provision out of hours when required.

As part of the Community Transformation Programme, an all-age Eating Disorder outreach pathway has been developed to support people in the community. Funding is being provided over 3 years. During year 1 and year 2, ED outreach team has been mobilised in Wolverhampton and Sandwell localities with plans underway to implement this team in Dudley and Walsall in year 3. Within Sandwell this has ensured liaison with primary care services to ensure earlier access to ED pathways for young people, ensuring young people are seen in their home environment and support in the acute hospitals when a young person is physically compromised.

18-25 Younger adult's transition

Service development funding 21/22 and 22/23 and funding available over 3 years under Community Transformation Programme has enabled us to establish a wraparound service for Young Adults aged 18-25 and to provide a seamless transition from CAMHS to AMHS services

when Young adult turn 18. Clinical model has been coproduced with young people fully, with work underway to recruit to implement the model. Currently we are identifying estates in Sandwell to support this model and work collaboratively with other agencies.



CYPF Intensive Support Team

Funding is available under Transforming Care Programme (CYP who have a diagnosis of Learning Disabilities and/or Autism who are at risk of admission to tier 4 bed or criminal justice system) to mobilise an intensive support team across Black Country for CYP with Learning Disability and Autism in crisis or requiring intensive support to avoid inpatient admission. The team is operational and working with the adult IST to ensure an all age approach.

Mental Health Supports teams (MHST) in Schools

We have been recruiting and mobilising MHST teams to provide mental health support CYP in schools across Black Country. Funding varies locally for each wave. Wave 2, and 4 funding has been available in Sandwell for the last few years. We have been sent confirmation for wave 8 as well with recruitment completed to mobilise this wave in January 2023 with schools in Sandwell identified. There are a number of initiatives in Sandwell regarding Emotional Mental Health and wellbeing and it is the intention that these should all be working in alignment with rather than independently of one another. This means that the Senior Mental Health Lead Training, Link

Programme and Chartermark will all be a feature of the MHST using a common language for greater consistency and effectiveness.

Tier 4 delayed discharge programme

We have received non-recurrent funding in Q4 in 21/22 from NHSE which has been moved into 22/23 to support admission avoidance and early discharges for young people with eating disorders. The aim will be identifying the system population cohort in CAMHS Tier 4 hospital provision, as well as those young people in the community who have been identified as being at risk of admission to a tier 4 inpatient bed as a result of their eating disorder without more intensive support. As a result of this programme being in place, it has enabled more young people to remain at home and receive community interventions for their eating disorders. BCHFT have plans for the coming years to invest in STAR workers to continue this pilot scheme across the Black Country.

Acute Hospital and Local Authority – Barnados Keyworkers Roles Pilot

We are piloting a project to put some keyworker roles which will work as a conduit between CAMHS Crisis Team, acute hospitals, and social care when there is a social reason for a CYP remaining in an acute hospital aiming to reduce the length of stay for C&YP on paediatric wards across the Black Country and to provide 1:1 support if CYP require this during an admission. These roles have been used in Sandwell General Hospital for CYP who have been admitted in distress for a short period of time.

Digital Offer

Currently BCHFT commission Kooth as part of the 'signposting and getting advice services and the getting help services as part of the Thrive model to provide an online digital offer for emotional mental health and wellbeing for young people and this will include a number of children in care and care leavers, although not specifically for this group. The offer includes a

- A chat function for a young person to drop in to speak to a readily available counsellor
- A messaging function for young people to contact the service
- A schedule function to provide booked sessions with a named counsellor on a regular basis
- A range of forums, all of which are pre-moderated, to offer facilitated peer support for CYP. They also provide crucial first steps towards getting further therapeutic support
- Live discussion groups – run by professionals (with all comments moderated) to enable groups of CYP to interact with each other in a safe environment
- An online magazine will full content moderation, creation and editing which includes opportunities for CYP to submit their stories or write articles, all of which is moderated
- Information, activities and self-care tools and resources on the site for CYP to download.

The current digital offer is to be reviewed in the Black Country in light of the increased number of providers and their range of offers that have emerged following the COVID-19 pandemic to ensure that our provision at this level is appropriate and meeting the needs of our young people in the Black Country including our underserved communities.

Embedding I thrive Model

The i-Thrive model replaces the currently recognised tier-based system with a whole system approach. It is based on the identified needs of children, young people (CYP) and their families. It advocates the effective use of data to inform delivery and meet needs. It also helps to identify groups of CYP and the range of support they may benefit from. The i-thrive model also ensures CYP and their families are active decision makers in the process. We are looking to embed the I Thrive model across Sandwell ensuring that we understand and map all commissioned and non-commissioned services that support young people and their emotional mental health and wellbeing.

Getting Help services

In each of our 4 areas of the Black Country 'Getting Help' services are either commissioned by BCHFT alone or with the Local Authority (in some of the areas). In Sandwell, the 'Getting Help' services, recurrently funded, are commissioned via BCHFT from local voluntary sector organisations. Other services are commissioned in some of the local authorities/ children's trust but are non-recurrent. There are significant differences across the Black Country in terms of the commissioning arrangements and work is to be undertaken to clearly understand what is available and what is required following a needs led assessment.

Children in care/care leaver services

A full review of services for children in care and care leavers commissioned through the lead provider model is going to be undertaken across the Black Country. This will include the following steps:

- Scoping of Specialist of MH Support for CiC in Black Country
- Research Models of Good Practice
- Review Findings of Scoping Material
- Identify any gaps in provision or funding across the Black Country
- Developing a Black Country Emotional Mental Health and Wellbeing CiC Service
- Operationalising the New Model
- Review and Evaluation

Youth Justice Services

A full review of the current offer for Children and Young People who are part of the Criminal Justice system commissioned through the lead provider model is going to be undertaken across the Black Country. This will include the following steps:

- Scope out current provision from CAMHS to the criminal justice system in all areas
- Liaise with stakeholders
- Identification of finances associated with each of the CAMHS posts into the criminal justice system
- Liaising with contract re SLA

- Identification of best practice in the country for CYP who are part of the criminal justice system
- Developing the New Offer from CAMHS to the Criminal Justice System across Black Country
- Advocating in each place based for additional health offers that will support the rehabilitation process as part of the criminal justice system.

CAMHS Strategy

We are also in process of developing a Black Country wide CAMHS strategy that is informed by national and local policy guidance; and builds on the good practice already provided locally. It considers the views and experiences of a wide range of stakeholders, including children and young people, their families, and carers and we have consulted with some of our partners in Sandwell

Changes in the demand and how we are addressing it

Sandwell CAMHS Services - Average Waiting Times Summary - Pre Covid/During Covid/Current Position		
Sandwell CAMHS SPA	First Appointment Waits: Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	Second Appointment Waits: Average Waiting Times in Weeks (Initial Appointment to Treatment Commencement)
Pre Covid (March 2020)	11 Weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
During Covid (May 2021)	5 Weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
Position (January 2022)	11 Weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
Current Position (8th December 2022)	7.7 weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
Sandwell Core CAMHS	First Appointment Waits: Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	Second Appointment Waits: Average Waiting Times in Weeks (Initial Appointment to Treatment Commencement)
Pre Covid (March 2020)	N/A - Referrals are triaged from SPA (Second Appointments only)	14 weeks
During Covid (May 2021)	N/A - Referrals are triaged from SPA (Second Appointments only)	22 weeks
Position (January 2022)	N/A - Referrals are triaged from SPA (Second Appointments only)	18 weeks
Current Position (8th December 2022)	N/A - Referrals are triaged from SPA (Second Appointments only)	39.7 weeks
Sandwell CAMHS Outpatients	First Appointment Waits: Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	Second Appointment Waits: Average Waiting Times in Weeks (Initial Appointment to Treatment Commencement)
Pre Covid (March 2020)	6 weeks	9 weeks
During Covid (May 2021)	12 weeks	21 weeks
Position (January 2022)	10 weeks	13 weeks
Current Position (8th December 2022)	15 weeks	41.5 weeks

All Sandwell emotional mental health and well-being referrals should be triaged through the main front access door of Sandwell CAMHS SPA (single point of access) for an initial review and triage to determine where best the patient pathway for treatment will commence. They could be directed either to specialist CAMHS, Murray Hall, Kaleidoscope or Relate or to other services which may be better placed to meet the issues identified. The decision is based on the paper referral information and information obtained from other agencies and the referred families via telephone contact.

Average waiting times for a first initial assessment within specialist Sandwell CAMHS was 11 weeks pre COVID, 5 weeks during COVID increased to 11 weeks in January 2022 and currently sits at 7.7 weeks.

Second appointment waiting times went from 14 weeks in March 2020 to 22 weeks in May 2021, 18 weeks in January 2022, rising to 39.7 weeks currently.

The wait to see a Psychiatrist for a first appointment was 6 weeks pre COVID, 12 weeks during COVID and in January 2022 was at 10 weeks. Currently it is at 15 weeks. The wait to see a consultant for a second appointment went from 9 weeks to 21 weeks during COVID, reduced to 13 weeks in January 2022 and is currently 41.5 weeks.

We are closely scrutinising our waiting times on a weekly and monthly basis through performance oversight with clinical service leads, plans are in place to improve flow from initial appointments to the commencement of treatments. We are currently running a waiting list initiative for initial assessment to support reduction in the waiting times in Core CAMHS to 12 weeks. This initiative has been running over the first two weeks of December and the data and impact of this will not be available until after Christmas when it will be shared at the next available Thrive board.

There has been a significant increase in referrals, outlined in the table below 3 Assessment Team Practitioners have been employed who are senior professionals, on a 12 month basis to support our waiting times performance. This would provide us with more assessment opportunities per week. We are also using our therapeutic professionals to offer more assessments and working to balance the need to have those providing treatment as well as assessment.

If a child, young person and/or family require urgent and immediate intervention due to risk, severity and consequence of the difficulties they are managed as a priority and seen quicker.

Referral Management

Referrals received from April 2019 to March 2020 (12 month summary)

Team Description	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
CAMHS OUTPATIENTS SANDWELL	16	66	44	46	20	26	36	38	17	50	36	32	427
CAMHS SANDWELL	33	29	26	84	44	33	31	22	43	38	26	27	436
CAMHS SPA SANDWELL	150	251	228	231	128	208	277	212	145	210	206	198	2444
Total	199	346	298	361	192	267	344	272	205	298	268	257	3307

Referrals received from April 2020 to March 2021 (12 month summary)

Team Description	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
CAMHS OUTPATIENTS SANDWELL	28	16	25	33	13	21	24	21	22	15	36	23	277
CAMHS SANDWELL	12	13	32	24	13	22	22	23	46	22	51	41	321
CAMHS SPA SANDWELL	77	73	138	164	112	165	181	161	181	87	132	261	1732
Total	117	102	195	221	138	208	227	205	249	124	219	325	2330

Referrals received from April 2021 to March 2022 (12 month summary)

Team Description	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
CAMHS OUTPATIENTS SANDWELL	31	34	39	44	17	42	33	62	45	34	41	56	478
CAMHS SANDWELL	22	17	25	42	16	31	34	26	20	31	26	26	316
CAMHS SPA SANDWELL	202	288	262	244	108	214	230	271	221	236	281	308	2865
Total	255	339	326	330	141	287	297	359	286	301	348	390	3659

Referrals received from April 2022 to November 2022 (April 2022/YTD)

Team Description	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Total
CAMHS OUTPATIENTS SANDWELL	82	65	43	42	17	34	25	26	334
CAMHS SANDWELL	17	27	26	21	14	15	15	13	148
CAMHS SPA SANDWELL	234	280	260	292	165	246	349	409	2235
Total	333	372	329	355	196	295	389	448	2717

Referrals into the service at the beginning of the pandemic decreased initially, factors including the government response which the general public had to adjust to. Referrals increased month on month from the June 2020 onwards, with seasonal patterns of half terms having the usual impact on services. The demand in engagement has since continued to grow from April 2021 on a continued steady upwards trajectory. In addition to the evident growth in demand coming into Specialist CAMHS via the SPA our CAMHS Crisis team have worked to protect acute hospitals capacity by seeking to divert children from accident and emergency if no physical need for them to be in acute hospital and the mental health risk allows this. We have sought to grow awareness of the Single Point of Access through participation in the Anna Freud Link Program and our liaison with partner services and education. We have commenced our Mental Health Support in Schools project all of which has increased opportunity for children and families to access our service and consequently this has increased the demand upon our Single Point of Access to triage, sign post and offer advice.

Evidence of Issues that children and young people are facing or practitioners are worried about, particularly our most vulnerable children

Through monitoring referral reasons into the SPA we are able to see an increased amount of referrals for children and young people (C&YP) who are presenting with either; severe anxiety, anxiety with school refusal and parental concerns around if their child has a disorder on the autistic spectrum continuum. Predominately these referrals are being signposted to specialist CAMHS and the multi-agency pathway for autism assessment. Consequently this multi-agency pathway is accruing a longer waiting list. Many families have reported to us that there have been many positives about families spending time together during the pandemic; they feel they have got to know their children better and in some cases family functioning has improved.

In terms of process of referrals into Sandwell SPA a concern expressed by parents has been around losing of the richness of information that they share with referring professionals, such as GPs. We are in the process of exploring how to enable families to share that information with us at point of referral to support triage and appropriate signposting.

What has worked well during the pandemic/continues to work well (and how we know)

Within specialist CAMHS we have both C&YP and parent/carer participation groups. Feedback received from these around the use of technology to enable remote assessment and treatment has been positive and offers an improvement in access. However, we are aware of the need for a balanced approach and that individual choice is an important part in deciding whether to use remote technology or complete work in person or use a mix. We are also aware of the need to access more silent groups within the Sandwell community and how digital poverty impacts on this approach.

Despite the picture described above with increasing numbers of families needing assessment and access to specialist CAMHS and a profound challenge with recruitment and retention which has been experienced across the region we have continued to meet the urgent needs of families and continued to deliver routine treatment.

What we are concerned about (and how we know)

We are concerned about the increasing demand in young people whom are having their challenges and difficulties understood through the lens of mental ill health as the first approach. We are concerned about the impact of the children and young persons and families' awareness of the availability of other wellbeing/support services in Sandwell and the development of this approach.

Early Help in Sandwell is under review and Sandwell Children's Trust is also going through a period of change, both services are reported to have high turnovers of staff and managers which makes relationship building more challenging. We are concerned that children are being referred to us for mental health support when they don't even have their basic needs met and that there appears to be an absence of services addressing the environmental factors impacting on a child's wellbeing or families are failing to access these services.

Accessing CAMHS in these circumstances is not always helpful for the families and has limited success.

Likewise we have been concerned about the challenge of recruitment. We have had to advertise many positions many times prior to being able to recruit and some positions have remained vacant for much longer periods than we would like. Obviously focus on multiple recruitment campaigns takes workforce away from direct working with families and we currently find ourselves in this vicious cycle of where best to focus our attention. Some of the challenges with recruitment and retention of staff are as a result of the number of opportunities that are available in the emotional mental health and wellbeing services across the system within the Black Country.

What the next steps are

We are in the midst of a transformation project which has seen financial investment in Sandwell CAMHS to support increase in therapeutic positions. Although there are the challenges in recruitment highlighted in our above concerns we are seeing a slightly more positive response to adverts now that society is 'opening up'.

We continue to work with both our acute hospital colleagues, Sandwell children's Trust colleagues and other area's social care colleagues to look at how we support the acute hospitals with managing presentations to them; especially children in care who just arrive within Sandwell unknown to any services.

We will continue to run our CAMHS summits which is an opportunity for all agencies across the Black Country to touch base with each other and develop specific joint work streams of priority areas.

We continue to build on the positives of our CAMHS crisis teams and working towards 24/7 via our 24/7 crisis telephone support.

We are working with our adult mental health teams and other community agencies to develop a dedicated pathway for 18 to 25 year olds; this we know will offer alternatives for young people leaving care.



We have throughout lockdown developed a key worker project to support C&YP up to the age of 25 years with learning disabilities and/or autism. This is not a clinical provision but an advocacy provision for such families. We now have a dedicated C&YP intensive support team for the same cohort of C&YP. We are concerned about the lack of service provision around pre-diagnostic and post diagnostic support from local authorities for C&YP with autism including appropriate short break provision.

We continue to strengthen our all aged eating disorder provision across the Black Country.

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Recent transformation and changes in demand on emotional mental health and well-being Specialist Sandwell CAMHS Children's Services and Education Scrutiny Board January 2023

Sarah Hogan, Deputy Director
Mags Courts, Head of CAMHS Commissioning
Kuli Kaur Wilson, Chief Strategy & Partnerships Officer
Black Country Healthcare NHS Foundation Trust

Recent changes to CAMHS Services across the Black Country since the merger and taking on the Lead Provider role

Black Country Healthcare Foundation Trust (BCHFT) has taken over a Lead provider role from 1st July 2022 for commissioning and providing mental health services across the system which includes Sandwell place.

What does this mean for Sandwell young people in particular?

Better collaboration with Voluntary Community Sector (VCS) partners, Primary Care Networks (PCNs) Local Authorities (LAs) and children, young people and their families

Shifting towards easier and more equitable access to services across the Black Country;

Better patient experience for all;

improved health outcomes across the Black Country population.

CAMHS Transformation

- Core service
- Crisis support
- In patient mental health beds for CYP
- Eating Disorders
- 18-25 Younger Adult's transition
- CYPF Intensive Support Team
- Mental Health Supports teams (MHST) in Schools
- Tier 4 delayed discharge programme

CAMHS Transformation - continued

- Acute Hospital and Local Authority – Barnados Keyworkers Roles Pilot
- Digital Offer
- Embedding I thrive Model
- Getting Help Services
- Children in care/care leaver services
- Youth Justice Services
- CAMHS Strategy

Changes in the demand and how we are addressing it

Sandwell CAMHS Services - Average Waiting Times Summary - Pre Covid/During Covid/Current Position		
Sandwell CAMHS SPA	First Appointment Waits: Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	Second Appointment Waits: Average Waiting Times in Weeks (Initial Appointment to Treatment Commencement)
Pre Covid (March 2020)	11 Weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
During Covid (May 2021)	5 Weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
Position (January 2022)	11 Weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
Current Position (8th December 2022)	7.7 weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
Sandwell Core CAMHS	First Appointment Waits: Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	Second Appointment Waits: Average Waiting Times in Weeks (Initial Appointment to Treatment Commencement)
Pre Covid (March 2020)	N/A - Referrals are triaged from SPA (Second Appointments only)	14 weeks
During Covid (May 2021)	N/A - Referrals are triaged from SPA (Second Appointments only)	22 weeks
Position (January 2022)	N/A - Referrals are triaged from SPA (Second Appointments only)	18 weeks
Current Position (8th December 2022)	N/A - Referrals are triaged from SPA (Second Appointments only)	39.7 weeks
Sandwell CAMHS Outpatients	First Appointment Waits: Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	Second Appointment Waits: Average Waiting Times in Weeks (Initial Appointment to Treatment Commencement)
Pre Covid (March 2020)	6 weeks	9 weeks
During Covid (May 2021)	12 weeks	21 weeks
Position (January 2022)	10 weeks	13 weeks
Current Position (8th December 2022)	15 weeks	41.5 weeks

Referral Management

Referrals received from April 2019 to March 2020 (12 month summary)

Team Description	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
CAMHS OUTPATIENTS SANDWELL	16	66	44	46	20	26	36	38	17	50	36	32	427
CAMHS SANDWELL	33	29	26	84	44	33	31	22	43	38	26	27	436
CAMHS SPA SANDWELL	150	251	228	231	128	208	277	212	145	210	206	198	2444
Total	199	346	298	361	192	267	344	272	205	298	268	257	3307

Referrals received from April 2020 to March 2021 (12 month summary)

Team Description	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
CAMHS OUTPATIENTS SANDWELL	28	16	25	33	13	21	24	21	22	15	36	23	277
CAMHS SANDWELL	12	13	32	24	13	22	22	23	46	22	51	41	321
CAMHS SPA SANDWELL	77	73	138	164	112	165	181	161	181	87	132	261	1732
Total	117	102	195	221	138	208	227	205	249	124	219	325	2330

Referrals received from April 2021 to March 2022 (12 month summary)

Team Description	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
CAMHS OUTPATIENTS SANDWELL	31	34	39	44	17	42	33	62	45	34	41	56	478
CAMHS SANDWELL	22	17	25	42	16	31	34	26	20	31	26	26	316
CAMHS SPA SANDWELL	202	288	262	244	108	214	230	271	221	236	281	308	2865
Total	255	339	326	330	141	287	297	359	286	301	348	390	3659

Referrals received from April 2022 to November 2022 (April 2022/YTD)

Team Description	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Total
CAMHS OUTPATIENTS SANDWELL	82	65	43	42	17	34	25	26	334
CAMHS SANDWELL	17	27	26	21	14	15	15	13	148
CAMHS SPA SANDWELL	234	280	260	292	165	246	349	409	2235
Total	333	372	329	355	196	295	389	448	2717

Evidence of Issues that children and young people are facing or practitioners are worried about, particularly our most vulnerable children

An increase in referrals for children and young people (C&YP) who are presenting with

- severe anxiety,
- anxiety with school refusal and
- parental concerns around if their child has a disorder on the autistic spectrum continuum.
- Many families have reported to us that there have been many positives about families spending time together during the pandemic; they feel they have got to know their children better and in some cases family functioning has improved.
- A concern expressed by parents has been around loss of the richness of information that they share with referring professionals, such as GPs. We are currently exploring how to enable families to share that information with us at point of referral to support triage and appropriate signposting.

What has worked well during the pandemic/continues to work well (and how we know)

- Remote assessment and treatment has been positive and offers an improvement in access. However, there is a need for a balanced approach and that individual choice is an important part in deciding whether to use remote technology or complete work in person or use a mix.
- Consideration of how digital poverty impacts on access for some of the young people who are part of the silent groups in Sandwell.
- CAMHS have continued to meet the urgent needs of families and continued to deliver routine treatment.

What we are concerned about (and how we know)

- The increasing demand in young people whom are having their challenges and difficulties understood through the lens of mental ill health as the first approach.
- Availability of other wellbeing/support services in Sandwell and the development of this approach which children, young people and their families and carers are aware of.
- Early Help in Sandwell is under review and Sandwell Children's Trust is also going through a period of change, both services are reported to have high turnovers of staff and managers which makes relationship building between these services and CAMHS more challenging.

What we are concerned about (and how we know) – continued

- Children are being referred for mental health support when they don't even have their basic needs met and there appears to be an absence of services addressing the environmental factors impacting on a child's wellbeing or families are failing to access these services.
- Limited success when accessing CAMHS.
- Challenge of recruitment into specialist CAMHS.

Next steps

- Financial investment in Sandwell CAMHS to support increase in therapeutic positions. There has been a more positive response to adverts now that society is 'opening up'.
- Build on the positives of our CAMHS crisis teams and working towards 24/7 via our 24/7 crisis telephone support.
- Continue to work with the acute hospital colleagues, Sandwell children's Trust colleagues and other area's social care colleagues to look at how we support the acute hospitals with managing presentations to them; especially children in care who just arrive within Sandwell unknown to any services.

Next steps – continued

- Continue to run CAMHS summits to continue to touch base with each other and develop specific joint work streams of priority areas.
- Development of a key worker project to support C&YP up to the age of 25 years with learning disabilities and/or autism. This is not a clinical provision but an advocacy provision for such families.
- Strengthen our all aged eating disorder provision across the Black Country.

Report to Children and Education Scrutiny Board

9 January 2023

Not for Publication

[Exempt Information – insert exemption clause applicable by speaking to Democratic Services Unit, delete if not applicable]

Subject:	Early Help in Sandwell
Director:	Director of Children and Education Michael Jarrett
Contact Officer:	Assistant Director Children’s Commissioning, Partnerships and Improvement, Sally Giles Sally_giles@sandwell.gov.uk Strategic Lead Early Help, SCT, Kate Griffiths Kate_griffiths@sandwellchildrenstrust.org Mark Davis, Chief Executive, SCVO Mark@scvo.info Chief Executive, Krunch, Jon Grant JonGrant@krunch.org.uk

1 Recommendations







- 1.1 That the Board considers and comments upon the update on Early Help work in Sandwell.

2 Reasons for Recommendations

- 2.1 The Board is invited to review progress to date and comment on planned next steps.



3 How does this deliver objectives of the Corporate Plan?

	<p>Best start in life for children and young people</p> <p>The Early Help Strategy is key to achieving the corporate objective of Best Start in Life for Children and Young People. Without an effective Early Help offer and effective multi-agency support, families will not receive the right interventions, in the right place at the right time, which could lead to problems escalating and more expensive, intrusive statutory interventions being required.</p>
	<p>People live well and age well</p>
	<p>Strong resilient communities</p> <p>Early Help and prevention helps to build strong and resilient communities.</p>
	<p>Quality homes in thriving neighbourhoods</p>
	<p>A strong and inclusive economy</p>
	<p>A connected and accessible Sandwell</p>

4 Context and Key Issues

What is Early Help?

4.1 Early Help is not a service. Early Help means that if children and families have unmet needs and need additional help, all agencies are responsible for intervening and seeking to meet these needs. Therefore, identifying unmet needs and intervening with the **right support, in the right place, at the right time**, at the earliest possible opportunity when problems emerge, is not optional and is non-negotiable.



Early Help Governance

- 4.2 On 26th June 2021, Sandwell Children’s Safeguarding Partnership recognised Early Help as one of its three key priorities. A new Sandwell Early Help Strategy 2022- 2024 was launched on 17 March 2022. It was shaped by a wide range of local partners and over 180 practitioners and managers from across the partnership attended the launch which signalled a re-invigorated, multi-agency approach to the way help and support is offered across Sandwell.
- 4.2 Early Help and the implementation of the strategy is overseen by the Early Help Partnership, which is chaired by the voluntary sector, with representatives from SMBC, SCT, Police and Health in attendance. The Early Help Partnership reports to the Children and Families Strategic Partnership, with Sandwell Children’s Safeguarding Partnership receiving regular updates and assurance of progress against the Early Help strategy and action plan.

Early Help – How it Fits into the Windscreen of Help and Support

- 4.3 In March 2022, Sandwell Children’s Safeguarding Partnership (SCSP) refreshed its windscreen of help and support to ensure there is a shared language and consistent approach across the agencies to how help and support is provided to children and families. This is set out at Appendix A. The windscreen, also known as the continuum of need, is set out in the SCSP’s thresholds document.
- 4.4 Most children’s needs are met by their family and support networks or **universal services** available to everyone. Where a child or family has **an additional need**, their needs should be assessed, and an offer of additional support may be provided by a single organisation through a single agency plan, this tier of support is known as **Early Help**.
- 4.5 **Multi-agency Early Help** is available for children and families whose needs and circumstances make them more vulnerable and **who have two or more unmet needs** which requires input from more than one organisation or agency. A coordinated multi-disciplinary approach should be adopted.



- 4.6 This involves an Early Help Assessment, which is a tool for any practitioner to complete with a family to identify their needs and devise a plan for support. The assessment and plan are co-ordinated by an identified Lead Professional who works closely with the child and family and other professionals through Team Around the Family (TAF) meetings. A Lead Professional can be someone from any agency - paid or voluntary - who knows the family well and is best-placed to bring other partners together to co-ordinate the response. All multi-agency Early Help interventions should be recorded on the Early Help Module (EHM), a multi-agency database that allows practitioners to share information and make decisions about families based on an overview of all the work that is being undertaken with them. Families have to give consent to receive Early Help. Two case studies of effective multi-agency Early Help are provided at Appendix C.
- 4.7 The final tier of help and support that exceeds Early Help support (in situations where Early Help has not been sufficient to address the needs), is **Statutory Social work**. This is the point at which Sandwell Children's Trust - Children's Social Care will become involved with children and families as children are deemed at risk of significant harm. Families can be 'stepped up' to social care if their needs cannot be met or they escalate, or 'stepped down' from social care if their needs reduce and support can be appropriately provided through Early Help.

Who Delivers Early Help?

- 4.8 Early Help is 'everybody's business' and is delivered by all organisations and sectors - health, education, social care, police, housing, adult services and the voluntary sector – collaborating under the statutory guidance Working Together 2018. It is important that this 'system' of assessment and interventions works together effectively so children and families can access the appropriate help to meet their needs. Families should be able to access different types of support quickly and easily, preventing more intrusive interventions from statutory services. **Early Help is an approach and not a service**, offered by the Sandwell Partnership to ensure the right support, at the right time, in the right place. All agencies in Sandwell providing support and help to children and families are part of the Early Help community.



Progress and Achievement

- 4.9 The Early Help Partnership launched the new Sandwell Early Help Strategy and action plan in April 2022. A new Early Help Assessment (EHA) has been co-designed with partners and went live in October 2022. This will more robustly identify the support that families need and will help to engage them more effectively. It is important to note that an EHA is not a referral into Sandwell Children’s Trust. Referrals are made through the Multi-agency Referral Form (MARF).
- 4.10 In order to develop a common understanding and ownership of Early Help, the three modules that make up the current early help training offer have been reviewed and updated. Early Help training historically sat with Sandwell Children’s Trust but to ensure its widest reach across the partnership the Sandwell Children’s Safeguarding Partnership have now incorporated Early Help training into their training offer. An Early Help e-learning module is currently being developed to reach all front-line children and family practitioners in Sandwell. Messages about Early Help and links to training and new developments are also now held and updated on the Sandwell Children’s Safeguarding Partnership website, so there is a central point for up to date Early Help information.
- 4.11 The Early Help Partnership also host two websites – www.sandwellfamilylife.info and www.sandwellearlyhelp.info: the first offers support directly to families and allows them to search for activities in their locality by simply searching the service they require e.g. football club. The second website, which has recently been developed, is for practitioners and allows them to search for services by locality that can support families and offer intervention on specific needs.
- 4.12 Four partnership events were run in November and December 2022 to promote and remind partners of the shared commitment to improve the Sandwell early help offer and focussing specifically on the role of Lead Professional. 167 practitioners and managers from across the partnership



attended. Case studies were used to show how partners can more effectively work together, and children and parents' voices were used to show the impact that Multi-agency Early Help can have on families.

Impact and Progress

- 4.13 A multi-agency Early Help dashboard has been developed to provide evidence on impact. A copy is set out at Appendix B. Quarterly updates on 10 key performance indicators provide data and information to SMBC and the wider partnership so that progress can be measured. Sandwell is also contributing to a regional early help workstream chaired by the Sandwell DCS.
- 4.14 There has been a greater ownership of early help across the partnership. This summer, Sandwell Policing Unit have created and employed three Early Help Police Officers, with another three expected to join in the coming months. The Police are supporting and assisting in diverting children and young people away from offending and crime. Colleagues from across the Health Trust have been working to get key messages across the front-line practitioners in School Nursing, Health Visiting and GP Practices.
- 4.15 The demand for multi-agency Early Help support has increased by 25% in the last 12 months, with more children and young people receiving Early Help, including those who have been stepped down from statutory social work to Early Help services. If children's outcomes improve as a result of multi-agency Early Help interventions, this should lead to fewer children and families requiring intrusive and costly social care interventions.
- 4.16 The number of Early Help Assessments completed across the partnership has remained consistent at approximately 1,000 per quarter. EHAs are completed per family, so whilst assessments have remained stable, the number of children receiving Early Help has increased, as indicated above. The number of allocated Lead Professionals from different organisations has increased by 3% in the last 12 months. In addition, there have been 400 fewer children open to social care across the partnership compared to this time last year.



4.17 During the last three months the demand for partnership Early Help training has increased to such an extent that 4 additional training sessions have been added to meet demand which is positive in terms of evidencing growing partnership interest and commitment.

Areas for Development

4.18 Although there are 'green shoots' of improvement, the task involved in improving how partners work together through multi-agency Early Help and thus reduce the need for statutory intervention should not be underestimated. There is an ongoing need to promote the strategy and the messaging around Early Help to ensure commitment and engagement from all partners. The Data Dashboard will be used by the Early Help Partnership to proactively challenge partners and hold them to account to ensure that the Sandwell approach of 'right support, at the right time, in the right place' is being delivered. For a number of years, services in Sandwell have believed that any concerns for a child should result in a contact to Sandwell Children's Trust, which has resulted in a large number of contacts and referrals which do not meet statutory social work thresholds, and with no evidence of previous Early Help intervention being undertaken. Cultural change across the partnership is required to alter this narrative, to break down the barriers between agencies and organisations and to build up practitioners' skills and confidence. It will take time to see the impact of the Early Help strategy in practice. Further partnership working, learning and training is required to bring about long-lasting cultural and systemic change.

Next steps

- Consultation and engagement with children, young people and families to seek their views on the Sandwell early help offer and how this can be further improved to make it more accessible for them.
- Ensure all Early Help literature and websites explaining Early Help support available are up to date, family friendly and are promoted actively to families across Sandwell.



- Continue to promote the need for diversity in the take up of Lead Professionals from across the partnership to ensure families are supported by the most appropriate professional.
- Improved analysis of the Early Help data dashboard to ensure areas of development are actioned swiftly and appropriate challenge is made in a timely way.
- Bespoke discussions with Adult Services and CAMHS planned for early January 2023 to ensure understanding of the Early Help strategy and the contribution they can make in particular, though not limited to, transitions.
- Complete and launch the new Early Help e-learning module.
- In March 23, hold a 'year on' partnership event to look at progress made within the last 12 months following the launch of the Early Help Strategy.

5 Implications

Resources:	<p>Financial, staffing, land/building implications</p> <p>The Early Help Strategy requires all partners to contribute effectively to the deliver of multi-agency Early Help in the Borough, enabling and ensuring that their staff undertake Early Help training, contribute or undertaken Early Help Assessment, act as Lead Professionals where appropriate and record interventions on the Early Help module.</p>
Legal and Governance:	<p>Legal implications including regulations/law under which proposals are required/permitted and constitutional provisions</p> <p>The requirement and tools to be used for Early Help are set out in the statutory guidance Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (July 2018)</p>
Risk:	<p>Risk implications, including any mitigating measures planned/taken, health and safety, insurance implications</p>



	If Early Help is not delivered effectively, families will not receive support in a timely fashion and there is a risk that their outcomes will not improve and demand for more intensive social care services will increase.
Equality:	<p>Implications for equality (all aspects and characteristics) including how meeting Equality Duty, equality impact assessments</p> <p>Early Help supports families where there are unmet needs. Work is currently being undertaken to understand how effectively it is meeting the needs of certain groups such as families from BAME groups.</p>
Health and Wellbeing:	<p>Implications of the proposals on health and wellbeing of our communities</p> <p>Early Help has a critical impact on the health and wellbeing of communities: it supports families who are dealing with mental health issues, domestic abuse, neglect, child exploitation etc.</p>
Social Value:	<p>Implications for social value and how the proposals are meeting this (for e.g. employment of local traders, young people)</p> <p>None</p>
Climate Change:	<p>Implications for climate change outcomes and any potential impact on the environment (e.g. impact on emissions, resource use, or the natural environment)</p> <p>None</p>

6 Appendices

Appendix A – Windscreen of Help and Support
 Appendix B - Early Help Data Dashboard
 Appendix C – Early Help Case Studies

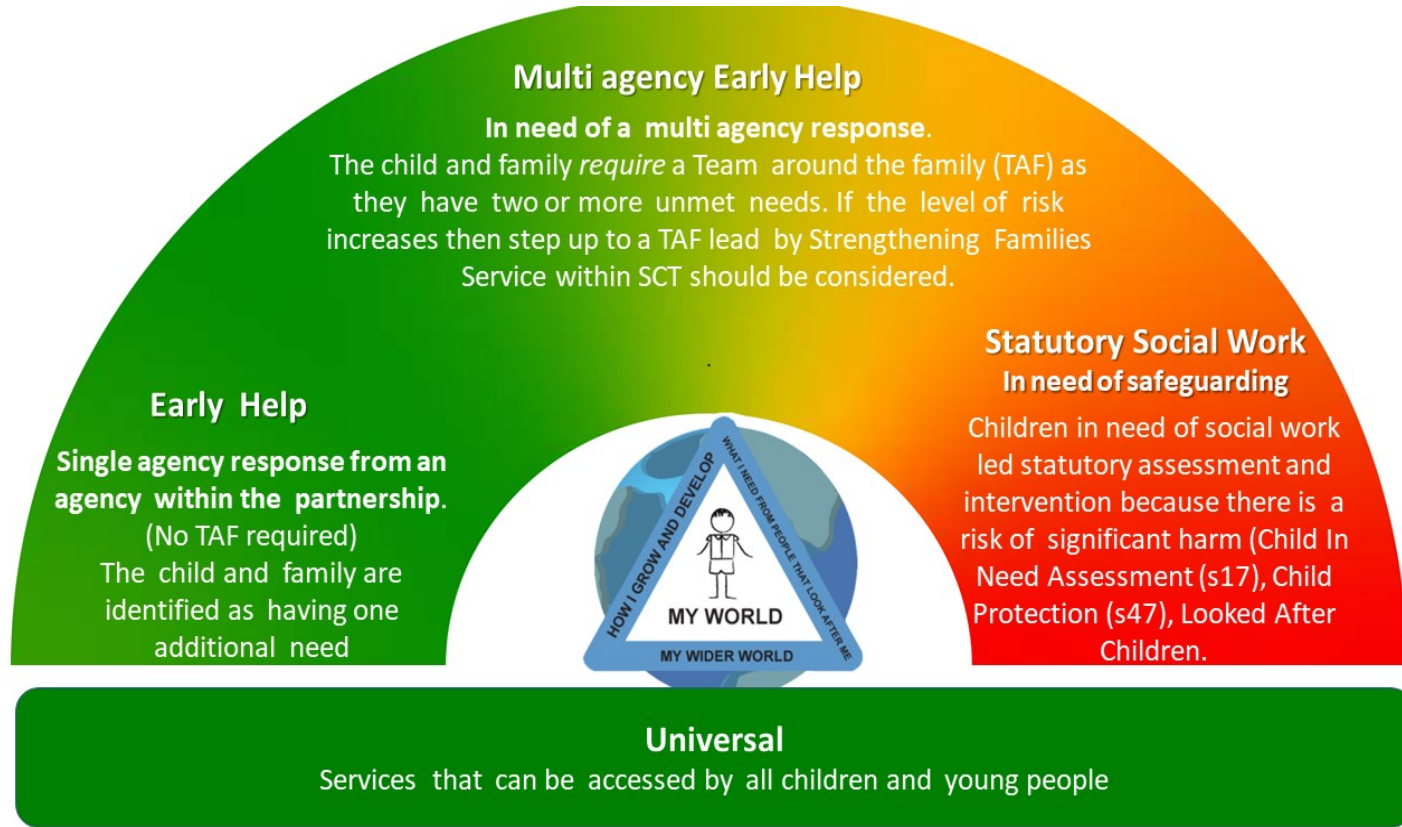
7. Background Papers

None





Appendix A – Windscreen of Help and Support



Appendix B - Early Help Data Dashboard

1. Early Help training take-up
2. Number of partners undertaking Early Help Assessments
3. Number of Lead Professionals per organisation/sector
4. Number of families receiving multi-agency Early Help who do not return within 12 months
5. Number of step downs to multi-agency Early Help that do not return to Social Care within 12 months
6. Referrals to Social Care with no evidence of Strengthening Families Service intervention or multi-agency Early Help in the prior 12 months
7. Number of contacts into Sandwell Children's Trust received, source, and conversion to referral or that meet threshold for Early Help
8. Number of children and young People receiving intervention/support



Appendix C – Case Studies

Case Study 1

Single mum SB has 3 children and the family came into the service in July 2021 due to a traumatic bereavement in 2020. The oldest child had discovered her father deceased as a result of suicide. Since that time, mum had struggled with her mental health and was using alcohol as a way of coping. The children were all sleeping in the same bed and the house was quite cluttered with their father's belongings. The oldest child was spending increasing amounts of time with her grandmother as she was upset at the home address. The initial requested was support for SB to de-clutter upstairs as soon as possible and to get the children's bedrooms back to how they were.

The initial plan was to provide a support to Mom and the children, but Mom didn't want this. Mom agreed to have some help to support the children's emotional wellbeing and to clear the garden for the children. The main thing Mom wanted was a house move so that the family could live together and begin to recover from their loss. Due to Housing Benefit debt which was accrued, the family were not going to be offered the house move.

Contact with SB was maintained although she had said she didn't want more support than a garden clearance. Strengthening Families Service worked with a charity Safe families and a volunteer was identified to try to help her to sort out the garden. Whilst initial wishes and feelings work was undertaken with the children, Mom shared she was in debt and agreed to additional support.

"I just want to thank you for all your help. I wouldn't have got where I am without you and I really appreciate it... I feel so proud of myself." – **Mum, June**

Once SB was receiving consistent and proactive support from her family support worker, as well increased support from Safe Families, she began to make significant steps forward.

In September 2022, SB and the children moved into a new property. The change in her is remarkable. She presents as very happy. She has addressed her drinking and said, "I haven't even thought about a drink since I moved here".



She has asked her GP for a hospital referral regarding her diabetes in order to improve her care and control and is awaiting an appointment. SB's new home is tidy and clean, and she feels very proud of it. The family are all living back together, and the children are happy to go to bed rather than being upset.

There were significant challenges in the support of this family however, this is a real example of excellent partnership working, resulting in significant and sustainable change for this family.

Case Study 2

Mum of four Amy lives in with her husband Steve and her children Abigail, Charlotte, Jack and Ava in Wednesbury. In 2007, an accident at work left Amy's husband Steve severely injured and unable to walk. During this time, Amy worked night shifts whilst also taking on childcare duties during the day: "I would often work, take the children to school, and fall asleep in the car when it came to pick them up. Then at night I would be back at work. The kids were sometimes late for school, sometimes unkempt, but that was just life."

In the following years, the financial strain took its toll on the family as their reduced income had to meet the growing needs of a family of six. Amy says "Even though we both worked, there were years where we slept just on mattresses on the floor. The kids all slept in one bedroom with blankets on the windows because we couldn't afford the heating. The money was just never enough to make ends meet."

As their financial situation began to steadily improve, Amy suffered a huge knockback when she lost her supermarket manager's job after 13 years. This had a devastating impact on her mental health, bringing back the negative emotions, fears and anxieties of the previous years. The family were under huge financial strain and Amy's mental and physical health deteriorated, and she had a flare up of her Fibromyalgia. It was at this point that Amy was referred to Children's Centre family support practitioner, who has improved family relationships by helping the family communicate with one another more effectively, stabilised their tenancy by clearing the garden, provided help with gas and electricity bills and enabled them to access to food banks.

"She's been a massive support for my kids, and they're really confident with her. She's helped me with CBT and talking therapy, and now I'm starting DBT. I didn't



tell Steve about what I was experiencing at work, so he didn't understand why I was angry all the time. She's broken down that barrier, and I've become stronger.” “It sounds silly, but it’s the little things like that which makes life so much easier. Just having that skip [to clear the garden] has made a huge difference. There are families that don't know where to start, and things like that have a massive impact.”

Now, with Jack, Charlotte and Ava all seeing improvements in their schoolwork, the future is looking brighter. “Now, we no longer need to have the meetings with the school - the children are doing fine, they're above achieving, and Jack is set to get As and Bs for his GCSEs. “ Of the continued support they have received, Amy says “Without our family support worker we'd be in a much worse situation than we are now. I wouldn't have had the communication with my husband and children the way I do now, and I'd still be living on a knife's edge. Our support worker has broken that out of me, and she's helping me to become a better person.”



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Early Help in Sandwell

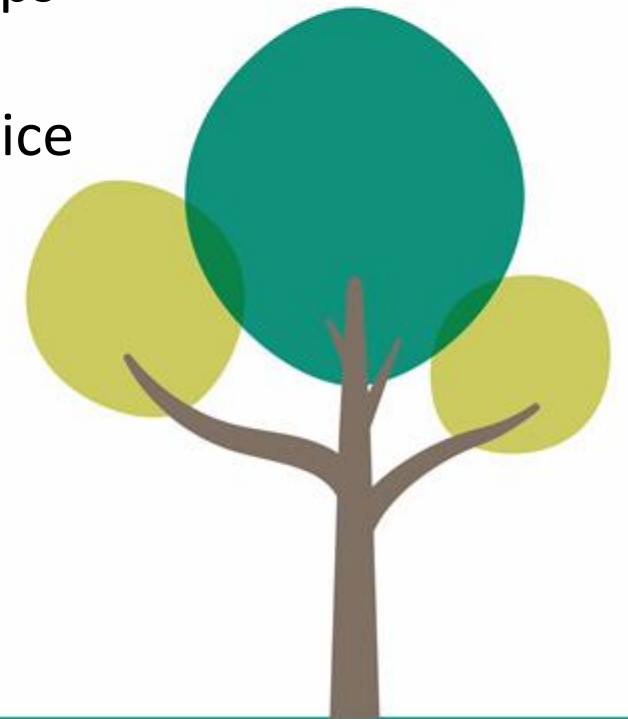
Jon Grant CEO of Krunch and Chair of the Early Help Partnership

Sally Giles Assistant Director, Children's Commissioning, Partnerships and Improvement, SMBC

Jonathan Hewett Education Partnership Officer, west Midlands Police

Yvonne Copeland SWBH Clinical Lead for Health Visiting, NHS

Kate Griffiths Strategic Lead Early Help, Sandwell Children's Trust



Sandwell's Early Help Strategy

- A key strategy: Grant Thornton Review, LGA Peer Challenge Report, feedback from Ofsted 2022
- Identifying and addressing children's needs early in their lives or in the onset of a problem
- Prevent problems from escalating into statutory arena – intrusive, inflexible, expensive
- Too many contacts/referrals do not progress to a social care service
- Everyone who comes into contact with children and families has a role to play (Section 10 of Children Act; Working Together 2018)



What is Early Help?

- Early Help is not a service, it is a collaborative approach.
- Early Help seeks to identify unmet needs of children and families, intervening to address these needs
- Early Help means providing the ***right support, in the right place, at the right time***, at the earliest possible opportunity.
- Early Help is the responsibility, and should be delivered, by all agencies who work with children and families within Sandwell.
- Statutory guidance is provided through Working together 2018

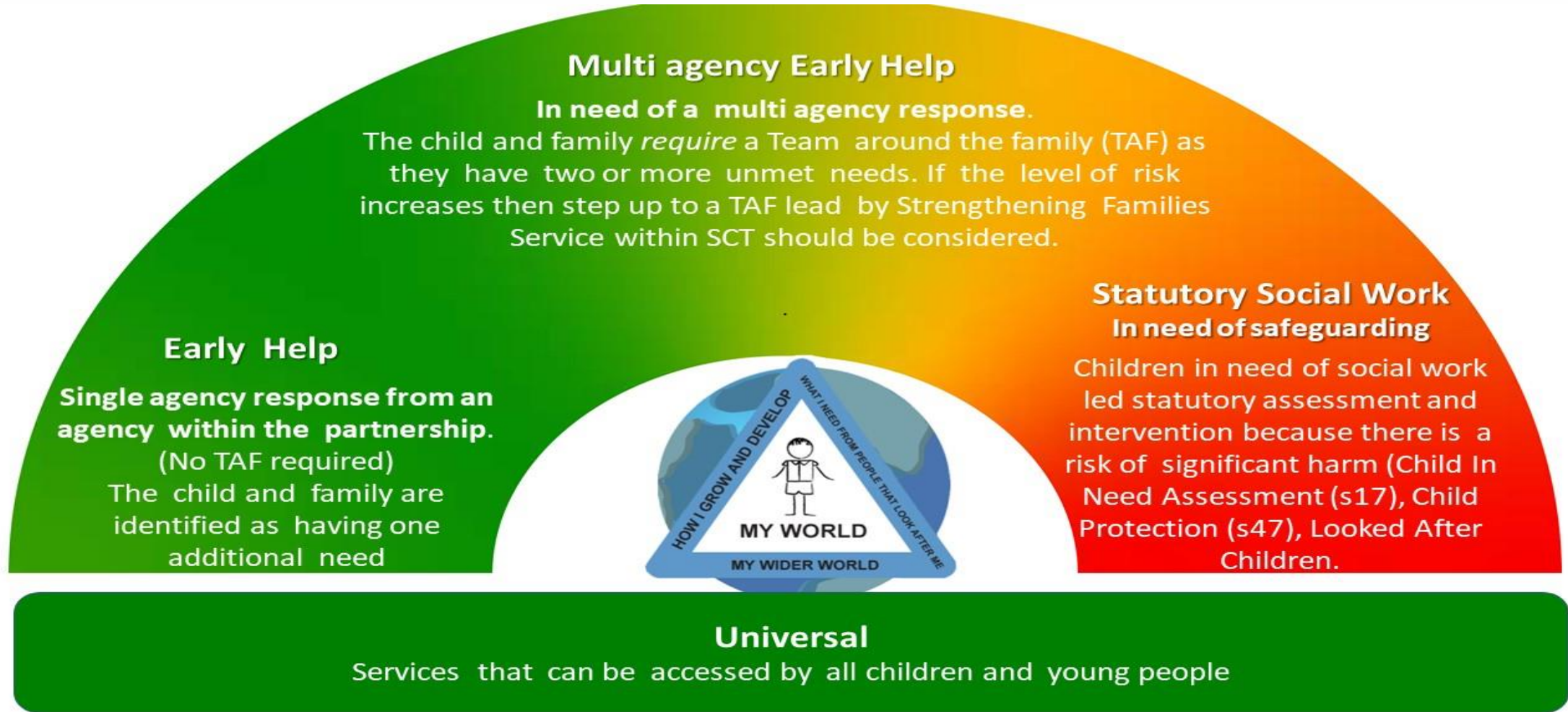


Early Help Governance

- Early Help and the implementation of the strategy is overseen by the Early Help Partnership, chaired by the voluntary sector, with representatives from SMBC, SCT, Education, Police and Health
- The Early Help Partnership reports to the Children and Families Strategic Partnership
- Sandwell Childrens Safeguarding Partnership receives regular updates and assurance of progress against the Early Help strategy and action plan



The windscreen of help and support



Tools to support the delivery of multi agency Early Help

- **Early Help Assessment (EHA)** – assessment to be completed with families to identify needs and develop a plan.
- **Early Help Module (EHM)** – electronic system to record all multi agency early help intervention.
- **Team Around the Family (TAF)** – multi agency meeting attended by the child and family to develop and monitor the plan.
- **The Lead professional (LP) role** – professional that leads support and is the main point of contact for the family.



Progress and achievements

- ✓ Early Help Strategy launch – February 2022
- ✓ Partnership training made up of three modules embedded – a fourth being added from January 2023.
- ✓ The Early Help Partnership host two website for families and professionals to search for early help support in Sandwell.
- ✓ Sandwell’s Early Help data DASHBOARD developed and went live in September 2022
- ✓ Refreshed Early Help Assessment (EHA) – October 2022
- ✓ Four partnership events took place during November confirming the priorities
- ✓ An Early Help e-Learning package has been written and is being developed to go live in March 2023

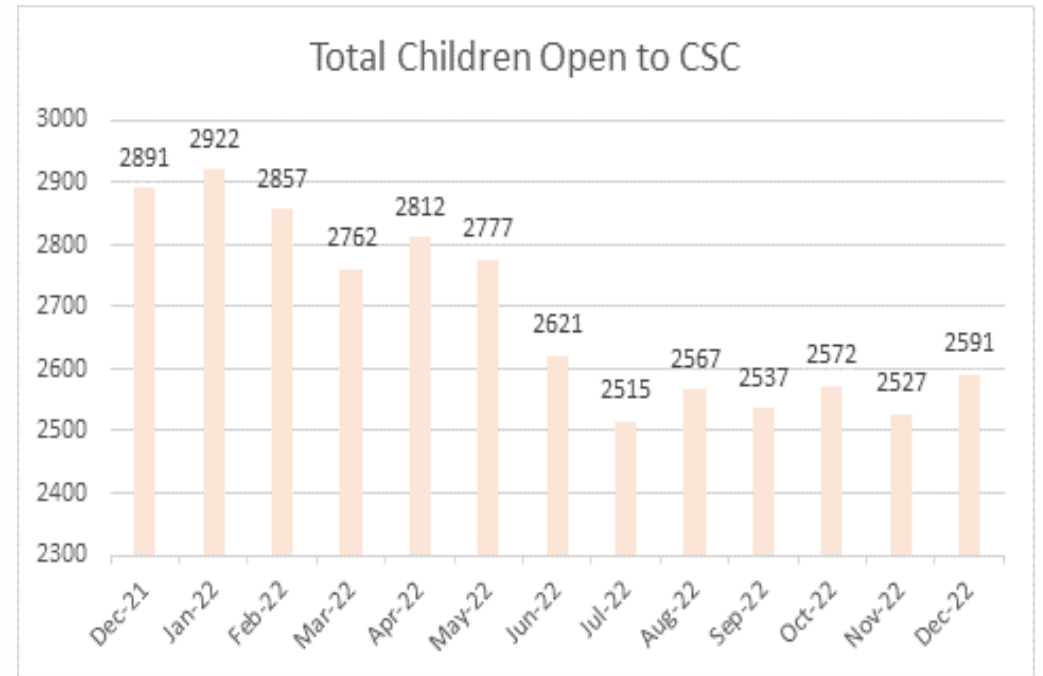
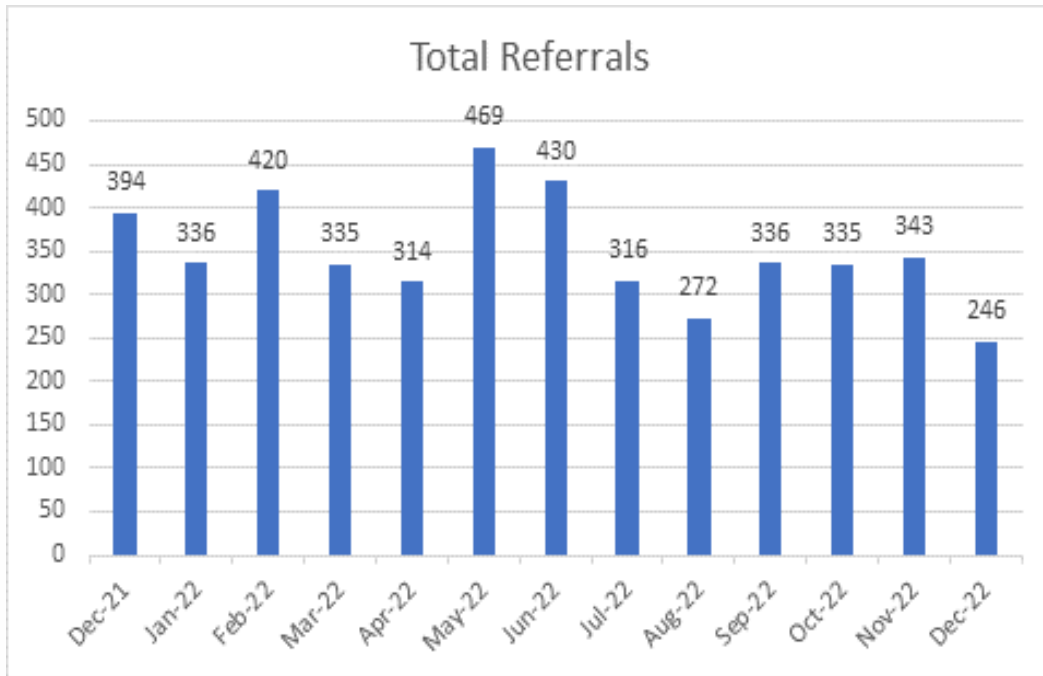


Impact and Progress

- 3% increase in multi agency early help led by agencies across the partnership since July 2022 (36-38.6%). Further increase in November 22, with Police taking lead professional role for two families
- There has been 20% increase in the number of families the Strengthening Families Service work with that would suggest more families are being supported in the early help arena
- 400 fewer children open to social care compared to this time last year
- Demand for early help training has increased with 4 additional sessions held to meet demand in the last 2 months



Impact and Progress on Childrens Social Care



Areas for Development

- Ongoing promotion of the strategy and the messaging around Early Help to ensure commitment and engagement from all partners
- The Early Help data dashboard to be used to proactively challenge partners and ensure we are providing ***'right support, at the right time, in the right place'***
- Further reduction in the amount of MARFs received by Sandwell Children's Trust that result in no statutory social work intervention
- Ongoing cultural change across the partnership to ensure as a partnership we think 'prevention' at every level.



The next steps

- Consultation with children and families to ensure the Early Help message is known and understood in communities across Sandwell.
- Continue to promote the need for diversity in the take up of Lead Professional
- Improved analysis of the Early Help data dashboard, leading to constructive challenge where required.
- Bespoke discussions e.g. with Adult Services, Sandwell Healthy Minds and CAMHS planned for January 2023 to confirm their contribution to the Early Help approach
- Complete and launch the new Early Help e-Learning module.
- A 'year on' partnership event to look at progress made within the last 12 months and confirmation next steps.



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Children's Services and Education Scrutiny Scrutiny Board

9 January 2023

Subject:	Scrutiny Review on the Impact of Lockdown on Children and Families
Director:	Law and Governance Surjit Tour Surjir_tour@sandwell.gov.uk
Contact Officer:	Connor Robinson Democratic Services Officer Connor1_Robinson@sandwell.gov.uk Democratic Services Unit

1 Recommendation


That the Board considers the final draft report following its review on the Impact of Lockdown on Children and Families along with an accompanying presentation from the Director of Children and Education, and determines the recommendations it wishes to make to the Executive.

2 Reasons for Recommendations

A working group was established to carry out the review. The Scrutiny Board now needs to consider the final draft report of the Working Group and the recommendations it wishes to submit to the Executive, in accordance with Scrutiny Procedure Rules.



3 How does this deliver objectives of the Corporate Plan?

	<p>Best start in life for children and young people</p>	<p>Best start in life for children and young people.</p> <p>The Covid-19 pandemic had and continues to have an impact upon children and families across Sandwell. The Scrutiny Board wanted to examine the impact of the pandemic and understand the key pressures now facing children and young people.</p>
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4 Context and Key Issues

- 4.1 The Board decided to carry out this review at its work programming event in June 2021. Subsequently, a working group was established to carry out the review.
- 4.2 The working group has engaged with multiple stakeholders to gain further understanding of the issues within the education sector.
- 4.3 The attached report sets out the findings of the working group. At the time of publication discussions were ongoing with the Director of Children and Education and his assistant directors on the draft recommendations, following deferral of the matter at the Board’s meeting on 14 November 2022. The Director will give a presentation at the meeting on the final draft recommendations for the Board to consider.
- 4.4 The approved final report and recommendations will be presented to the Cabinet in February 2023.



5 Implications

Resources:	There are no specific financial implications arising from this report. Any financial implications as a result of the recommendations will be considered by the Executive, should they be approved.
Legal and Governance:	Scrutiny Procedure Rules require the Board to prepare a report following a review and submit it to the Executive.
Risk:	There are no specific risk implications arising from this report. Any risk implications as a result of the recommendations will be considered by the Executive, should they be approved.
Equality:	There are no specific equality implications arising from this report. Any implications as a result of the recommendations will be considered by the Executive, should they be approved.
Health and Wellbeing:	There are no specific health and wellbeing implications arising from this report. Any implications as a result of the recommendations will be considered by the Executive, should they be approved.
Social Value	There are no specific social value implications arising from this report. Any implications as a result of the recommendations will be considered by the Executive, should they be approved.

6 Appendices

Impact of the Lockdown on Children and Families Working Group – Final Report



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Impact of the Lockdown on Children and Families



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Children's Services and Education Scrutiny Board

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1

Chairs Foreword

The Impact of the Lockdown on Children and Families Working Group was established to investigate the impact of the national lockdown on children and families. It was both crucial and timely for Scrutiny to focus on this issue to fully understand the impact on our young people's development and education.

The Group investigated several topics including impact of the lockdown on exam results, child poverty and social care. Members each had a specific work-stream on which to focus and were able to interview relevant officers and key witnesses to help their research.

The gap in educational achievement has widened for our most disadvantaged children particularly in the Early Years Foundation Stage and it is hoped that the recommendations will help, without delay, to reduce this gap.

We would like to thank everyone who contributed to discussions and evidence gathering.

Councillors Ann Shackleton and William Gill
Co-Chairs of the Impact of the Lockdown on Children and Families Working Group

2

Introduction

Scrutiny work programming workshops in June 2021 identified the need to conduct this review. The Board subsequently received a presentation, which highlighted that essential services had continued to operate during the lockdown, however, members felt that recovery across multiple areas in education and social care needed to be investigated, through the lens of uplifting standards and attainment, the Board, therefore established a Working Group (the Group) to carry out the review.

Scope

The Board approved the scope for the review (Appendix 1) at its meeting on 29th November 2021.

Lead Officers

The Group was supported by primarily the following officers:

Matt Powis	Senior Democratic Services Officer
Connor Robinson	Democratic Services Officer
Melanie Barnett	Group Head of Inclusive Learning

Membership

The Group consisted of the following Councillors:

Councillor Ann Shackleton (Co-Chair)

Councillor William Gill (Co-Chair)

Councillor Ian Chambers

Councillor Elizabeth Giles

Councillor Nicky Hinchliff

Councillor Richard McVittie

Councillor Kay Millar

Councillor Vicki Smith

Councillor Julie Webb

Kelly Heeley – Primary School Governor Representative

Kate Kujawa-Sogbesan – Secondary School Governor Representative

3

Methodology

The Group has held three meetings during its investigation. Each member was assigned an individual workstream to investigate. The Group also conducted interviews with a number of witnesses, and conducted a survey..

The working group met on the following dates:-

21 February 2022

Developments from member workstreams and providing feedback from witness interviews.

28 March 2022

The Group received reports from Youth Services and Learning Advisory Support and provided questions.

25 April 2022

The Group received presentations from Child and Adolescent Mental Health Services (CAHMS) and Sandwell Children's Trust.

Parent Questionnaire

The Group commissioned a survey on the educational impact of the national lockdown on students, schools and parents since the start the Covid-19 pandemic. Full responses can be found at Appendix 2.

Additional statistical information in relation children returning to school can be found in the 'Return to School Survey' in Appendix 3.

4.1 Background and Context

In 2020, the UK was plunged into a national lockdown due to the Coronavirus (Covid-19) outbreak. Whilst all Local Authorities and education providers across the country struggled with the continuation of education for children, the disruption caused was clear and profound.

On 23 August 2021, the Children's Services and Education Scrutiny Board considered a presentation on the Council's pandemic response and the wider impact of the national lockdown on children and families.

Whilst the report and presentation highlighted the proactive response from the Council and education providers to support children and families, there was still an appetite to understand the wider impact of the lockdown. This included interviewing and surveying children and families at the ground level. Therefore, there was a consensus that a working group was required in order to investigate and review recovery activity across multiple areas in education and social care.

The scope for the review identified the following lines of enquiry:-

- To understand and capture how the Council and Schools have progressed with recovery plans to improve standards and educational attainment.
- Identify methods and strategies employed by schools/academies to shrink
- The educational attainment gap and uplift standards.
- To understand the impact of the lockdown on exam results.
- To get a crosscutting picture of the impact of the lockdown on education attainment from a wide range of stakeholders.
- To investigate child poverty rates and mitigating measures.
- To understand the increasing pressure on Special Educational Needs and Disability (SEND) and those children and young people requiring EHCPs.

The Group expressed its gratitude to all the witnesses and officers that gave their time to support and help produce this report. This report is a broad summary of the group's findings and conclusions.

4.2 Education Attainment

Education attainment was a particular concern for the Group due to the long period of disruption in the education system.

Due to the pandemic, all primary assessments in 2020 and 2021 were cancelled. In addition, examination results in Key Stage 4 and 5 were based on centre assessment grades. This had meant that there was no performance tables or data officially available. The Group, therefore, relied on information and data provided by school leaders which was collated by the National Foundation for Educational Research (NFER) in March 2022¹.

The Group acknowledged general trends from the NFER which investigated several studies conducted on Covid-19 impacts on educational attainment. The following key findings were identified:

- At Key Stage 1, there was consistently a greater negative impact on Year 1 pupils. This emphasises the need for time and resources to be focused on the early literacy and numeracy skills of the youngest children at this critical stage in their development.
- In Key Stage 2, it was mathematics attainment that was impacted the most and which also showed slower recovery than reading.
- The evidence suggests that interventions and resources would be best targeted at the development of reading in Key Stage 1 and identifying areas of the Key Stage 2 mathematics curriculum with which pupils are struggling.
- There should be a renewed focus on reducing the disadvantage gap. There is strong evidence that this disadvantage gap has widened. This appears to have been greater in mathematics than in reading in most primary year groups.
- There is limited evidence concerning the impact of the pandemic on secondary-aged pupils, and in particular Key Stage 3.

By the Summer of 2022, the Government had introduced key policies to respond to attainment challenges such as a funding package to target and transform education opportunities for the most disadvantaged. In addition, the Government designated 55 local authorities as Education Investment Areas, which included Sandwell.

¹https://www.nfer.ac.uk/media/4877/the_impact_of_covid_19_on_pupil_attainment.pdf - The Impact of Covid-19 on pupil attainment, Published in March 2022.

Juniper Education conducted research on behalf of 6,000 schools which compared the attainment of primary school children in autumn 2019 with data from autumn 2021². The Group noted the key findings:

- All primary year groups have been affected by the prolonged disruption. However, it is the youngest children whose learning has been hit the hardest (a particular reference to Year 3 pupils).
- All year groups have seen bigger drops in writing than in the other subjects. The biggest fall in writing attainment was for Year 3.
- The gap between disadvantaged and non-disadvantaged pupils has widened over the course of the pandemic, with the attainment gaps growing for all primary cohorts, and wider gaps forming for Year 3.
- The gap between younger children with SEN and their classmates has widened during the pandemic (a particular reference to Year 3). Some of the gaps for children with SEN are closing, particularly for children in Year 6.
- It is the Year 6 cohort which has shown the greatest resilience in learning, where there have been some signs of improvement.

The Group recognised the importance of elective home education and noted the previous scrutiny review into the matter. During the pandemic, many parents chose to home educate their children, and many have continued to do so, despite the return to normal schooling. This would reduce childcare costs where parents were working from home. It was highlighted that the increase in home-schooled children was replicated nationally. However, the Group welcomed proposals for a national register of children registered as home educated.

The Group was informed of the impact as a result of the changes to educational assessments in 2020 and 2021. It was noted that there was a record pass rate for GCSE English and Maths not only for England but for Sandwell.

² <https://junipereducation.org/blog/the-national-dataset-report-2022/> - Published 16 March 2022

Percentage achieving 9-4 in English & mathematics (from 2016/17 (academic) to 2020/21 (academic)) for Sandwell

Period	% achieving 9-4 in English and maths			
	%			
	Sandwell	Minimum for All English single tier local authorities	Mean for All English single tier local authorities	Maximum for All English single tier local authorities
2015/16 (academic)	no value	no value	no value	no value
2016/17 (academic)	52.2	47.5	63.6	84.2
2017/18 (academic)	50.7	41.9	64.0	93.3
2018/19 (academic)	54.4	40.8	64.2	80.1
2019/20 (academic)	61.2	0.0	70.1	84.4
2020/21 (academic)	61.6	51.9	71.8	84.8

Source:
Department for Education

Powered by LG Inform

There was an acknowledgement that the increased pass rates in both core subjects could encourage more students to progress onto A-Level and vocational courses. Pandemic challenges had also impacted apprenticeship availability for post-16 students due to the pressures on the labour market.

4.3 Child Development Journey and Virtual School

There was a view that the Covid-19 pandemic has exacerbated general inequalities in education. There was a consensus that parents in the Borough were overwhelmed by the prospect of supporting children with their schoolwork, some did nothing, and there was the reality that not every school-aged pupil had access to online learning materials.

Feedback provided to the Group highlighted that many parents working from home had mixed loyalties to either help their children or to work from home and maintain their employment status, so many children were left to their own devices to spend the day, sometimes without getting dressed, on phones, playing games or communicating with their friends.

The Group recognise that the aforementioned issues usually relate to low-income families which can have a direct correlation to attainment results overall. An article from *The Guardian* from August 2022 highlighted that 'despite decades of policy attention, there has been virtually no changes in the disadvantage gap in GCSE attainment over

the past 20 years. While GCSE attainment has been increasing over time, 16-year-olds who are eligible for free school meals are still around 27 percentage points less likely to achieve good GCSE grades than less disadvantaged peers.’

The article goes on to explain that ‘the Covid-19 pandemic put the education system under enormous strain, with significant learning loss overall and a huge increase in educational inequalities.’³

This was echoed by research carried out by the London School of Economics, Centre for Economic Performance, which confirmed ‘pupils across the UK have lost out on a third of their learning time since the pandemic started, even once learning at home is taken into account. Learning loss accounted for 61 days of schooling on average between March 2020 and April 2021’.⁴

In response to the challenges faced by the pandemic, the Government announced a package worth £4.9 billion for school recovery. A large proportion of the funding was earmarked for 15-hour tutoring courses for disadvantaged pupils. Subsequently in the Autumn Spending Review, funding was allocated to Recovery Premium to invest in non-academic programmes. Of particular significance is the launch of the National Tutoring Programme to further assist young people most affected by the pandemic.

The Group had concerns and questions relating to the Government’s recovery fund and National Tutoring Programme. As such there was a consensus for the Council to receive assurances on the following issues:

- Effective monitoring of the success of programmes related to the National Tutoring Programme.
- Personnel specifications and qualification requirements of the tutors.
- Identification of the most affected age groups.
- Identification of where the gaps in learning have been identified and responded to positively and funds used appropriately and at the other end of the scale where monies and support packages have not been successful.
- Evaluation of existing Government initiatives and use of Council resources.
- Benchmarking other local authorities.

³ <https://www.theguardian.com/education/2022/aug/16/no-improvement-in-school-attainment-gap-in-england-for-20-years-report-says> - Published, 16 August 2022

⁴ <https://cep.lse.ac.uk/new/publications/abstract.asp?index=8228> – Learning loss since lockdown: variation across the home nations – Published, July 2021

The Group then considered the impact of Virtual School. It was noted that this was a statutory service which exists to support and challenge all those that are involved in supporting the education of looked after children. The Sandwell Virtual School was paramount to the success of making sure that staff, children, families and the Borough's looked after children were supported during the lockdown. This success was highlighted as follows:

- Assessments took place as usual with an emphasis on the most vulnerable children.
- 380 looked after children of school age were prioritised for computers and 170 were distributed to children outside of Sandwell.
- Education Resource Packs were delivered to 16 homes.
- Year 11 were supported with College applications.
- Personal Education Plans (PEP) continued in and out of Borough with over 90% of the plans completed.
- Pupils falling behind before the national lockdown had the opportunity to liaise with Social Workers, carers and school staff.
- Government Grants helped with the purchase of laptops and tutors.
- 92 children received packs for creative activities based on 'laziness.'
- Key workers were utilised to effectively support young people. These workers provided consistency, availability and stability during a period of uncertainty.

The Group noted the success of LACE as evidenced by Ofsted and other relevant bodies that continue to praise the work of the Virtual School. This served a consistent and meaningful factor in the lives of so many children and families. There was recognition of the Government's White Paper on 'opportunity for all: strong schools with great teachers for your child'. This paper suggested an increase in the 'school day' to 32.5 hours a week.. The Board would request a report on the implications of such a proposal once formally published by government.

There is no doubt that LACE played a significant role in ensuring that Children in Care (CIC) received the best possible support from all relevant agencies, often face to face but more often through the online process. However, based on feedback obtained, attainment levels suffered, and effort made to get the children back on track.

In addition to Virtual School, the Group recognised the success of the Sandwell Transition Education Partnership Service (STEPS). This service provides necessary support and advice to families coming from overseas to ensure they can integrate and settle into their new life in the Borough. The work of the STEPs centre had been instrumental in

supporting the needs of the community. It was all driven by the needs of the cohort, the context and the community challenge.

It was highlighted that there were noticeable attainment gaps in learning in Year 8 pupils from STEPS. These children had missed out on effective transitioning from primary to secondary school. As a result, building and maintaining relationships with peers presented major challenges and in particular a barrier to learning.

4.4 Education, Health and Care Plans and SEND

Since the introduction of the SEND Reforms in 2014, the number of Education Health and Care Plans (EHCP) has nearly doubled. In 2021 maintained over 2700 EHCP's and this number continues to grow. Over the pandemic, the Council in partnership with Sandwell Children's Trust (SCT) continued to engage with early years providers and education establishments. This engagement was vital, and enabled providers to receive information on risk assessments, remote learning and free school meal arrangements as well as much more.

Due to the pandemic, like many services across the Council, areas of children's services and education had to adapt and innovate. Such innovations included the Council successfully carrying out virtual school admission appeal hearings and developing a Return to School Support Strategy. As a result, the Council was awarded the Municipal Journal's 'Innovation in Children's Services Award 2020' from the MJ Awards.

Despite the success of the Council's streamlining services, if the current growth in population continues it was predicted that there could be an estimated 3500 children or young people, in Sandwell, with an EHCP by 2025. Whilst this increase was a national trend and not unique to Sandwell, it remained concerning.

Online Survey

Members were keen to identify personal experiences from parents and carers in the Borough. Using an online survey, the Group began to identify the following themes:

- There was a lack of specialist support available in schools during lockdowns.
- Several children were identified as have struggled with a lack of routine whilst not attending school.
- There was a noticeable regression in speech and language.

- There were noticeable concerns around emotional, social and mental health with children feeling isolated, experiencing anxiety and frustration.
- Children had minimal contact with school staff with some children only interacting with school staff once per week at most.

Whilst there were a number of concerns raised, a small number of parents and carers had positive experiences and said that they enjoyed having their child/children at home and that their child/children actively benefitted from this.

Members of the Group engaged with a number of Council officers and partners on the support available to children, parents and schools during the pandemic. It was noted that most school lessons were held online using Microsoft Teams and Zoom however, for vulnerable children, physical arrangements were put in place as required. For children who did attend school, they experienced:

- a lack of specialised or inconsistency of staff due to Covid-19;
- issues with face masks making lip reading impossible for deaf and hard-of-hearing children;
- a lack of at-home aid equipment which would usually be provided in a school environment;
- increases in social and emotional needs;
- not using hearing aids and screen readers causes further impact on their development.

The Group noted the experiences gathered by Sandwell Children's Trust (SCT) with particular regard to the impact on Special Educational Needs and Disabilities (SEND) and children and families. During the national lockdown, children were unable to access short breaks, personal assistant care support or respite. However, some carers accessed homes, but only for nursing care if medically essential. The inability to access usual care and respite provision put a noticeable strain on parents, carers and families in the Borough.

Whilst all children and young people with SEND/Education, Health and Care Plans (EHCPs) were classed as 'vulnerable' during the lockdown and were able to go to school, this only happened in 20-30% of cases, as attendance was not compulsory in this category. It was noted that all Sandwell special schools remained open during the pandemic.

The Sandwell Parents of Disabled Children group continued throughout the pandemic and adjusted the service accordingly to meet the expectations and requirements of Government guidance. This involved stopping peer-to-peer support, arranging Zoom interactions and offering

one-to-one doorstep support as a replacement. This service had been commended by parents, especially for the use of well-being and activity packs provided to children and carers despite the challenges faced during the pandemic.

An article in The Independent from August 2022 highlighted that the 'National Deaf Children's Society urged the Government to use its review of how children with special educational needs and disabilities are supported in schools'.⁵

There was a consensus in the Group that parents, carers and families with children who have SEND need more support, more quickly and from a variety of sources. The lack of respite and short breaks impacted a decline in the mental health of children and their carers. This is in addition to the wider impact of children with SEND being adversely affected by the Covid-19 pandemic and lockdowns.

The Parent Voice:

"My son is on spectrum of autism and Asperger's. Being away from everybody made him actually quite happy. However, I have felt that progress that school did with him before Covid stopped and actually went back. It is like he lost whole work he done so far".

"Daughter in mainstream secondary school with an EHCP. Initially worksheets sent by school, but these were not age appropriate. Daughter struggled and stopped engaging. A once a week phone call (welfare check) Schools could have done more. Lack of support for SEND kids. January – Easter 2021 Lessons went online, but they were generic lessons, not differentiated. Some teachers lacking in IT equipment and IT skills. Teaching assistant in the background online, but not seen. No contact from SENCO at all. EHCP ignored, no value at all during 2021/2021. The support was not there".

"First lockdown, no online lessons just homework set by email. Not enough structure, my child couldn't cope. He had lots of frustration and meltdowns. Second lockdown better, he had online lessons. Son has EHCP so needed extra support, but missed out on this".

⁵ <https://www.independent.co.uk/news/uk/society-gcse-department-for-education-gcse-results-government-b2151271.html> – Published, 24 August 2022

4.5 Young People (14 to 25 year olds)

The impact on young people was an area of concern for the Group, especially with the difficulties of accessing services as a result of the pandemic. The Group considered the results of the Council's Young People's Survey 2020 which was produced by Shafaq Hussain, Senior Youth Officer for Smethwick and Oldbury.

This report provided a snapshot of the experiences of young people throughout the pandemic which outlined 8 recommendations for the Council and applicable partners:-

1. the Council and partners need to use social media more effectively in supporting young people. Too often Facebook and Twitter are used instead of more popular platforms among young people, such as YouTube, Instagram, TikTok, Whatsapp and Snapchat.
2. There needs to be more opportunities for young people to engage meaningfully in decision making processes, where they can see their value and influence in shaping and making changes to services. It may be worthwhile doing a follow up survey in the autumn with young people as they return to full time education, to see how they are feeling and what their support needs are during this transition period.
3. To establish a digital leaders group for young people to shape digital communication strategies and how services engage with them.
4. Organisations and services should take account of how young people value family and friends and how services work holistically with the individual and their support networks.
5. The recommendation is for partners who have lead responsibility around loneliness, mental health and wellbeing to lead further work around tackling this problem and a working group initiated to discuss ways partners can work more effectively together to tackle this issue and support young people. Another recommendation is to build on resilience and independence within both the schools' Personal, Social and Health Education (PSHE) and youth service curriculum but also in other settings, where young people may be able to enhance these skills.
6. The recommendation is for school leaders to acknowledge that for some young people the education gap will be wider than for others as a result of the pandemic and the lack of home schooling and access to resources and therefore a more concerted effort will need to

support these young people to catch up. A partnership approach will also need to look at wrap around support for young people outside of school to ensure the needs of young people and families are identified and addressed.

7. Partners need to look at providing a joint up offer of support during the summer and beyond to ensure access to services. This should include fun, enjoyable, sports, arts, youth and play activities with support on ways to cope with Coronavirus and its effect and impact on people's lives. The Council and partners should look at how they embed this new-found passion for the arts, culture and sports in future youth programmes and strategies. Services need to improve how they market and promote themselves to young people using existing and new mechanisms to enable this to happen.
8. The Council needs to continue investing in detached youth work to reach those young people who choose not to engage in other youth work settings. Often youth workers may be the only significant other 'trusted' adult in a young person's life and the positive relationship between young person and youth worker should be utilised to provide support and address issues and concerns at the earliest opportunity, to avoid escalation of need. It is evident that those young people that access youth provision value this and the relationship they have with workers. Further work needs to be done around promoting and marketing the youth offer, identifying gaps and maximising resources to provide the right provision in the right locations in collaboration with young people.

Whilst the Group welcomed the continued engagement with young people, there was a desire to investigate the long-term impact of the pandemic on young people. Following research, interviews and discoveries carried out by the Group are outlined as follows:

Youth Impact

- Youth unemployment during the pandemic had increased significantly due to the industries that were particular vulnerable e.g. hospitality sector.
- There was a consensus that more young people stayed in education due to the uncertain employment situation and reduction in the number of apprenticeships, work experience placements and internships.
- Acknowledged and welcomed the Government's Youth Review response which confirmed that 'by 2025 every young person will have

access to regular clubs and activities, adventures away from home and volunteering opportunities'⁶.

- Research carried out by Brock University and the University of Glasgow concluded that 'digital platforms don't in themselves bridge geographical, socio-economic or cultural differences. The way people navigate digital spaces – their experience of being online doing something - depends on their experiences, their geographical locations or contexts and their preferred way of expressing themselves'⁷.
- Youth work and engagement were vital in ensuring many children and young people have the best start in life. In this respect, the Group supported the recommendations from UK Youth's Benefits of youth work to current Government priorities: August 2021⁸

Sandwell Connexions

- There had been reductions in usual marketing and career fayre activity.
- There had been some positive examples of cross partnerships working to offer work experience to young people. Project Search was highlighted as an example of good practice.
- Some education providers were not prioritising career advice.
- Connexion advisors still remained in every Borough secondary academy and maintained school.
- The Connexions service adapted its virtual service offer and working practices for schools.

Mental Health

- There were concerns that the increase of social isolation had increased peer group pressure, digital exclusion, poverty and issues of self-worth.

⁶ <https://www.gov.uk/government/publications/youth-review-summary-findings-and-government-response/youth-review-summary-findings-and-government-response> – Published, 1 February 2022

⁷ <https://theconversation.com/digital-platforms-alone-dont-bridge-youth-divides-121222> - Published, 3 May 2020

⁸ <https://www.ukyouth.org/wp-content/uploads/2021/08/Benefits-of-youth-work-to-current-govt-priorities.pdf> – Published, August 2021.

- Uncertainty around work experience, internships and apprenticeship placements had increased anxiety amongst young people.
- Impact on wider mental health as a result of the Covid-19 restrictions ending.
- Concerns around wider societal pressures and alienation with hybrid work.

The Group acknowledged that the full effects of the pandemic with young people had still yet to be fully understood. However, there was a consensus that the changes within the education system, increased cost of living, education costs especially in higher education and changes in qualifications would further distance young people from mainstream services and work opportunities.

Therefore, it was recommended that the Council identify pathways to support, mentor and encourage young people in the Borough.

4.6 Emotional Health and Wellbeing Support

Emotional health and wellbeing support was highlighted as a concern for the Group given the increased prominence of mental health issues amongst children and young people. A recent Government survey found that in 2020 one in six young people identified as having a probable mental health disorder⁹. The Group sought to understand the correlation between mental health referrals and the wider impact of local and national lockdowns.

The University of Strathclyde Glasgow published a study on the impacts of lockdown on the mental health and wellbeing of children and young people, which found that:-

1. Direct impacts on children and young people's mental health and wellbeing – the evidence on the direct impact of lockdown on mental health and wellbeing of children and young people yields mixed findings, with some studies indicating an increased likelihood of post traumatic stress disorder (PTSD) symptoms in quarantined children. Overall, studies point to increased levels of distress, worry and anxiety. Some likely reasons include increased feelings of loneliness and worries about school and the future.

⁹ <https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/17/report.html> – Published, 9

2. Impacts within the family context – the evidence on the mental health and wellbeing impacts for parents/carers points to family contexts where the experiences of lockdown may have been particularly difficult for children and young people. These groups include families where parents/carers are key workers, are younger, and have a history of mental health/physical health conditions. More generally, those families within disadvantaged communities, black, Asian and minority ethnic (BAME) groups, and those affected by violence are more likely to be negatively affected by lockdown.
3. Impacts within the context of education – the evidence reviewed suggests that many of the worries and anxieties children and young people have been experiencing relate to returning to school, missing school, and the future. Moreover, some evidence suggests that engagement with the curriculum has been disrupted for many children and young people, including those without sufficient digital access, physical space, and other resources to support their learning.

Child and Adolescent Mental Health Service (CAMHS)

Pre- and post-analysis of CAMHS referrals was conducted which identified that referrals into mental health services such as Kaleidoscope and Kooth had increased month on month from June 2020 onwards. This had been a direct result of general increases in referrals into the service as well as turnovers of specialist staff members. This meant that average waiting times for a first initial assessment within specialist Sandwell CAMHS was 11 weeks before March 2020, this then decreased to 5 weeks during Covid-19 and increased to 11 weeks in January 2022. Whilst referral rates had fluctuated across the Borough, increases had mirrored a national picture of increases across mental health services.

Since the publication of the transforming children and young people's mental health green paper in 2017, the Government expanded the reach of mental health services into education environments. This allowed new Educational Mental Health Practitioners (EMHP) to be created and trained on how to handle evidence-based interventions in school environments. Interventions would work in tandem with counselling, inclusion, school nurse services and CAMHs. Whilst the full deployment of EMHP staffing was ongoing, there were areas of concern on the viability of the deployment of the practitioners as there were delays in the rollout due to the pandemic, recruitment shortages in the sector and consistency of the delivery model.

There was some progress in alleviating some of the issues to address recruitment shortages such as changing the delivery model to integrating Educational Psychologists and establishing a Sandwell Steering Group for Mental Health Support Teams which would comprise School Representatives, School Nursing and other relevant officers.

Feedback received from both practitioners, children and young people, highlighted the following post Covid-19 concerns across the sector:-

- Increases in the number of referrals lead to excessive wait times across mental health services.
- Struggles to recruit and maintain long-term practitioners in the sector.
- Worries about the limitation of mental health services to only virtual appointments.
- Children and young people have increases in anxiety and a reduction in confidence levels since the national lockdown.
- Young people report worries about self-esteem and isolation as a result of the national lockdown, relationships and general insecurities.
- The establishment of the Department for Education (DfE) Link Programme delivered by the Anna Freud Centre was highlighted as a success by bringing partner agencies together to improve awareness of services and build relationships to improve outcomes for children and young people.

The Group received assurances from the Black Country and West Birmingham Clinical Commissioning Group (CCG) about its commitment to learn from the national lockdown and improve the outcomes for children and young families. An example included the promotion of learning from the National Panel of Child Safeguarding Practice Reviews and Local Child Safeguarding Practice Reviews.

There had been some progress made within the sector on adapting and using more virtual and telephone solutions for appointments, especially with prevention and early intervention services. The Group noted the Voluntary Sector Emotional Wellbeing Programme which was established from June 2021 to August 2022 with the intention of delivering targeting support to children and young people. The programme had the following delivery requirements:

- Emotional well-being support strategies to children and young people in Sandwell through personal strategies to build confidence and resilience.
- Targeting children and young people with additional support requirements that are not currently accessing services.

- Providing support for children and young people identified as being impacted by domestic abuse including family support.
- Delivering immediate support to ensure pace keeps up with the demand of the service.

This programme encompassed a number of funded projects (detailed in Appendix 4) within the Borough that were successfully delivering emotional health and well-being support for children and young people. Whilst there had been successful programme delivery for mental health services in Sandwell, concerns still remained on the increased prominence of mental health among children and young people.

The Parent Voice:

“I’ve lost both of my parents to Covid. They died within a month from each other. My son had difficulty with processing this. Then three months after we lost my dad, I become poorly with Covid. I did not have to go to hospital just isolated at home. My son was so scared that something is going to happen to me that he slept on the floor by my bedroom doors. Even now year after recovery if I cough or say I am not feeling very well he is panicking and want to call ambulance. He became very clingy and anxious”.

4.7 Child Poverty and Pupil Premium

The Group noted that child poverty rates have increased generally across Sandwell since 2015 according to *Action for Children*. The West Midlands in particular had the third highest child poverty rates in 2019/20 in England with Birmingham and London identified as cities with the greatest concentration of child poverty. Given the proximity of Birmingham to Sandwell, there were that parts of the Borough that had above-average child poverty rates.

In particular, the constituency of Warley had more than 11,445 children living in poverty between 2019 - 20 which represented more than 48% of children living in the constituency¹⁰.

Due to the pandemic and the limited ability to collate data, it remained unclear whether overall poverty rates across Sandwell and the UK had continued to increase post-2020 pandemic. The Joseph Roundtree Foundation outlined the key risk areas between 2020 and 2024 with child poverty¹¹:

¹⁰https://take.actionforchildren.org.uk/page/82559/action/1?ea.tracking.id=afc_website_blog&ga=2.157051323.1242259437.1655302672-813208746.1655302672 – Published July 2022

¹¹<https://www.jrf.org.uk/report/uk-poverty-2022> - Published January 2022

Driver	Effect of increase	2020/21	2021/22	2022/23
Employment	Generally, poverty reducing	Increasing rents but eviction freezes and falling mortgage costs because of falling interest rates and mortgage holidays	Small increases In employment but still below 2019/20, with a limited further reduction in employment expected from furlough ending	Uncertain but Office for Budget Responsibility (OBR) projections show rising employment throughout the year
Earnings	Ambiguous – can increase poverty if benefitting middle income households more than low-income	Broadly flat on average in real terms, protected by furlough scheme	Broadly flat on average in real terms, protected by furlough scheme	Increasing in cash terms with a high increase in the National Living Wage, but increases eaten away by high inflation and increases in National Insurance
Benefits	Generally poverty reducing	Increased especially £20 uplift to Universal Credit and Working Tax Credits, and Local Housing Allowance (LHA) reset to actual rents	Six months of increased Universal Credit, followed by improved Universal Credit rates for working families but cut for workless families, reset LHA frozen	Improved Universal Credit rates for working families, Universal Credit cut for workless families means those rates are lowest for 30 years in real terms, mitigations in Northern Ireland and the introduction of new benefits in Scotland reduce further increases in poverty, reset LHA frozen
Housing Costs	Generally poverty increasing	Increasing rents but eviction	Ending or rolling	Rents continuing to increase and mortgages

		freezes and falling mortgage costs because of falling interest rates and mortgage holidays	back of temporary pandemic measures, support towards rent arrears introduced, rents continuing to increase	increasing due to likely higher interest rates
Inflation	Limited effect on relative poverty but will increase cost of living	Overall rate flat, but key components of food, housing and utility costs rising	Large increases projected to over 4% by end of period	Projected to remain above 3% throughout year

The £20 increase to Universal Credit (UC) and other benefits which was implemented from March 2020 to October 2021 was positively received by many families across the country. Given the period during the pandemic, the number of new claimants for UC had increased from less than 200,000 to over 1.2m. Whilst the numbers of new claimants of UC have dropped to pre-pandemic levels, the overall number of those of UC remains high compared to pre-pandemic levels with 5.6 million claimants as of January 2022 compared to 3 million in March 2020¹².

The Group was mindful of the link between the rate of UC claimant numbers with the levels of child poverty and pupil premium figures.

The National Foundation for Educational Research (NFER)¹³ undertook research in respect of the pandemic's impact on pupil disadvantage. This study investigated pupil premium and free school meals (FSM) data, key findings of this study included: -

- The transitional arrangements introduced by the Government to smooth the roll-out of UC are significantly increasing the number of FSM-eligible pupils.
- The Covid-19 pandemic precipitated a sharp increase in the number of families in poverty, with the number of FSM eligible pupils increasing by almost 300,000 between January 2020 and 2021.

¹² <https://www.gov.uk/government/statistics/universal-credit-statistics-29-april-2013-to-13-january-2022/universal-credit-statistics-29-april-2013-to-13-january-2022#people-on-uc-header> – Published 15 February 2022

¹³ <https://www.nfer.ac.uk/investigating-the-changing-landscape-of-pupil-disadvantage/> - Published 18 January 2022

- The pupils who became newly FSM eligible in January 2021 were mainly from families in the lower half of the income distribution.

The Government announcement of the Covid-19 Winter Scheme at the end of 2020 allocated £1.4m to the Borough's most vulnerable households. The scheme ring-fenced 80% of the Borough's allocation to vulnerable households with children. This support enabled families to cover the cost of food, utilities and other essentials. In addition to the Winter Scheme, the Council took the decision to approve the provision of free school meal vouchers during the October 2021 half-term holiday.

Whilst the Group noted the work carried out by the Government and the Council to reduce child poverty, concerns remained on the long-term impact of social security funding, national inflation and cost of living.

The Parent Voice:

"My kids did not have proper hot meal for good six months. We were so broke that I could not afford to buy good quality of food. All we had was school meal vouchers. Did you ever try to feed family of 4 for £30 a week? And 2 of them are growing teenagers?"

"My husband was only breadwinner in our family and when he lost his job we found our self in very difficult situation. Before Covid we never lived expensive life, but I never was scared how I will pay all our bills or will I have food for my kids. Now we were struggling. There were times when I had to make decision will we eat or have bill paid. Kids could see it and even though we did not speak about this with them they knew we are not doing great. At some point we were unable to pay for out internet bill and we were cut off for nearly a month. Kids later admit to us that they were made fun of as someone guessed why they were absent in online classes".

4.8 Children's Social Care

Since 2018, Children's Social Care in Sandwell has been managed by the Sandwell Children's Trust (SCT) following a statutory direction by Government. The Council supports the Trust to deliver the necessary responsibilities for children's social care and targeted early help services. However, the Council remains overall statutory responsibility for the delivery of children's social care. As a result, the Council maintains a close working relationship to ensure all children and young people remain safe. This responsibility was particularly imperative during the pandemic. The Group noted the following success stories from the Council's and SCT cooperation during the pandemic:-

- The Council enabled the Trust to access its various grants to support increased costs as a result of the pandemic and fast-tracked agile IT for social workers.
- Services across the Council and SCT continued their engagement work with children and young people despite pandemic challenges.
- Additional resources were allocated to services to support domestic abuse, emotional health and wellbeing and internet safety training.
- In addition to the Department for Education (DfE) funding for remote education technology, an additional 1800 IT devices were allocated to vulnerable children who had not accessed DfE equipment.
- Services across the Council and Trust innovated as a result of the pandemic and in some cases, improved service performance.
- The Corporate Parenting Board continued to engage throughout the pandemic via virtual communication channels.
- Ofsted Assurance Visits in 2021 highlighted improvements to the Trust's technology offer and support to Foster Carers.

The Group was keen to ascertain information on SCT's recovery planning following the challenges of the pandemic and to understand the longer-term impact of social care.

The challenges that faced SCT had mirrored those faced by local authorities nationally and the issue of remaining in contact with children to ensure their overall wellbeing. The Group noted the following points highlighted by the Trust as part of its recovery plans:

- Recruitment and retention of qualified social workers was an issue which had persisted prior to the pandemic. However, the Trust was working to increase the levels of permanent social workers and decrease the rates of agency staff employed.
- Multi-agency working remains restrictive with services and visits to children continuing to work virtually.
- The Local Offer which identifies SEND provision from across the sector has reduced due to many providers struggling to recruit staff within local communities.
- Review of engagement method with Child Protection Conferences as there was a view from families that felt more engaged with a virtual appointment rather than face to face.
- SCT continues to utilise home working whilst including a phased return into the office.
- Building on the good practices throughout the pandemic, SCT had worked to create staffing rotas to prioritise front-line social work teams.
- Social Workers had reverted to visiting children and families face to face thus improving direct work rather than virtual communication.

- Deep dives into Practice Reviews had been undertaken to test the quality of safeguarding practices.

Whilst challenges remained in the sector, the Council and SCT had demonstrated close partnership working through challenging periods. The Group remained confident that the Trust would recover from the pandemic despite issues arising in relation to social worker agency costs.

In respect of the Corporate Parenting Board, it was noted that the Board continued to ensure that Children in Care and Care Leavers were as far as possible supported during the pandemic. The Group welcomed feedback provided by care leavers and gained useful insight into their experiences from the pandemic. This can be viewed at Appendix 5.

4.9 Early Years

The Group was informed that the number of children attending early years settings had been significantly impacted due to the pandemic.

Following the initial lockdown period in 2020 as the UK was transitioning into Covid-19 restrictions, it took time to reset sessions for families. Attendance figures in children's centres gradually rose and centres across the Borough were inundated with families wanting to gain access, meet other people and socialise. This was particularly important for the Borough's disadvantaged 2-year-old children where it was noted that uptake funding dropped to 56% during the pandemic.

This was a consensus that measures should be put in place to ensure the attainment gap is closed for disadvantaged children that were severely impacted by the pandemic. This task involves partners and organisations reaching out and engaging with families. A study on the implications of Covid-19 for Early Childhood Education and Care in England found that 'the pandemic has highlighted the pivotal role of early education in children's social, emotional and cognitive development. But children from disadvantaged and ethnic minority backgrounds, who are most likely to benefit from formal early learning, are also the children most likely to miss out. The inequality gap has widened, with a likely consequence being that the attainment gap also widens. If this trend is to be reversed, there needs to be more funding from the Government to ensure that disadvantaged children have equity of access to quality early years education, including new statutory responsibilities and funding for local authorities to ensure high-quality and accessible childcare provision

is a key component of the local offer to families with young children – across the country’.¹⁴

Whilst uptake funding had dropped locally, comparative national data identified that take-up funding had decreased from 69% to 62% in the period between January 2020 and January 2021. However, the biggest impact on children could be seen with both personal and social development (PSD) and communication, language and literacy development (CLL).

It was noted that a multi-agency CLL pathway works with speech and language therapy and the Inclusion Support team to ensure children access the necessary interventions they need.

Initiatives such as Wellcomm Toolkit, I Can Early talk boost, Tots Talker and the Nuffield Early Language Toolkit were highlighted as examples of good practice in the sector.

In respect of family support, the Outcomes Star was outlined as a meaningful way of measuring the well-being of families with evidence-based tools. This method was overlaid with internal audits, supervision of staff and regular data collection.

New initiatives were launched such as ‘Train the Trainer’ using National Literacy Trust strategies. This initiative was particularly important to develop the confidence of practitioners and providers as the new Early Years Foundation Stage (EYFS) statutory framework was introduced during this period.

Training and development of intervention strategies have a key role in the early identification of SEND children as a useful tool for practitioners. Practitioners within children’s centres undertake speech and language assessments at around two-years-old, which allows centres to identify those children with potential development delays and support accordingly using the Council’s watchful eye programme. However, when families were not attending as a result of the pandemic, the identification of children that were showing signs of development delay reduced.

Due to the pandemic, virtual screening was carried out with some success by the children’s centre staff and the actual screening sessions were the first to recommence after lockdown. Any highlighted concerns were identified with practitioners such as Special Educational Needs Coordinators (SENCO) and Health Visitors etc and then followed up with families.

¹⁴ <https://www.familyandchildcaretrust.org/concern-inequality-gap-has-increased-children-ethnic-minority-and-disadvantaged-backgrounds-miss-out?page=2> – Published 20 June 2022

The Group noted the following concerns from research and interviews carried out within early years settings:-

- There was a reported rise in the number of speech and language assessments showing red scores (significant delay in development).
- Staff were reporting that children are more anxious due to the lack of socialisation such as being clingier to their parents, reluctant to engage with other children, and gross motor skills are less developed.
- Emphasis on managing children's behaviour – setting routines and boundaries; getting children back to school.
- Providing reassurance to parents and children about the safeguards put in place to reduce infection risks. There was a consensus that some schools found that parents reacted positively to the increased use of videos, text messaging and social media as a form of communication between the school and families.
- Support through Children Centres continued throughout the pandemic with referrals to key partner agencies as appropriate.
- A fragile childcare market was impacted by parents working from home and only taking up 15 hours as opposed to 30 hours. It was noted that some nurseries in the Borough reduced their staffing to term time only.
- There had been a reduction in the number of nurseries which had been seen locally and nationally.
- There had been a significant increase in EHCP requests within the early years group. Before March 2020, there was an average of 12 referrals a week. This figure had increased to an average of 38 requests a week.

A snapshot of specific experiences and issues from Children's Centres can be viewed at Appendix 6.

There was recognition of the Specialist Early and Sensory Support teams which worked incredibly hard to reduce the number of referral caseloads and to ensure that the highest priorities are referred to the Child Development Centre rather than some partner agencies such as NHS bodies. However, this still has not stopped parents from referring children to partner agencies due to backlogs in usual treatments such as ear syringing and grommets which have resulted in more children being given hearing aids or additional support.

The Group noted that the biggest challenge is managing demand in education and health. Increases in caseloads were creating a delay for families to get appropriate professional advice to support children to get

the assessments they need. In addition, Schools are struggling with the increase in demand and need the training to manage this. There was a consensus that the Council and education providers needed to ensure the system can manage the current capacity and that demand does not outweigh capacity, especially with some temporary contact staff.

The Council, schools and children centres across the Borough have utilised learning opportunities and remote software such as Microsoft Teams to engage with professionals and families. In addition, tools such as social media have been fundamental in engaging with families to develop their confidence which has enabled positive communication.

The Group recognised partners have shown the ability to adapt and work within the constraints and restrictions of a national pandemic. Whilst, the impact of Covid-19 will be enduring on children and they need action now. Furthermore, the impact on services in the long term had created a greater need for mental health and well-being support, special school providers and the wider public sector.

Scrutiny Recommendations

1	<ul style="list-style-type: none"> a) that the Director of Children and Education works co-operatively with the Department for Education to improve the education standards of children and young people, utilising Education Investment Area funding; b) that the Director of Children and Education is proactive in working with schools in the area to consider the creation or adoption of multi-academy trusts; c) that the Director of Children and Education is proactive in considering suitable locations in the Borough for specialist sixth-form free schools which are funded by central government; d) that the Council joins the Department for Education's 1-2-1 attendance mentoring pilot to monitor issues in schools across the Borough.
2	<ul style="list-style-type: none"> a) that, the Cabinet Member for Children and Education pledges to improve and increase the Borough's educational assessment data in line with the national average by 2027, in line with the aims and objectives of Vision 2030; b) that the Cabinet Member for Children and Education writes to the Secretary of State for Education, to request that the Government actively engages with education practitioners to understand the long-term problems caused by the national pandemic and prepare appropriate resources to help children and young people recover academically, socially and psychologically. c) That the Chair of the Thrive Board presents a report to the scrutiny Board outlining its work and the impact of, in relation to the impact of the pandemic on students' mental health and well-being.

3	<p>a) That the Director of Children and Education encourages and supports schools in the Borough to provide sports programmes and extracurricular activities to help children catch up in all areas of lost learning and experiences and to improve mental and physical health;</p> <p>b) that the Cabinet Member for Children and Education writes to the Secretary of State for Education, to request that specific monetary assistance is made available to children eligible for free school meals to take part in extracurricular activities;</p> <p>c) that the Director of Children and Education reviews the Council's partnership working with education providers and the Sandwell Children's Trust to ensure that actions, outcomes and best practice work are shared to ensure we are working cohesively together.</p>
4	<p>That representatives of the SEND Strategic Board/SEND Operational Board report to the Board on the services and support provided to SEND children and the impact, including attainment data.</p> <p>That the Director of Children and Education reports to the Board on the progress and outcomes of the national review into the covid-19 response in so much as it relates to education and children's services.</p>
5	<p>That the Cabinet Member for Children and Education investigates ways to connect with young people and offer extra support, mentoring and encouragement including, but not limited to:-</p> <p>a) establishing a peer mentoring programme;</p> <p>b) encouraging social youth work, sports, drama, and outdoor activities;</p> <p>c) engaging with local businesses to improve the number of available apprenticeships;</p> <p>d) supporting a holistic youth services experience which accompanies physical and digital offer;</p> <p>e) supporting and championing the new Eco Bus with young people's involvement.</p>

6	<p>a) that the Cabinet Member for Children and Education writes to the Secretary of State for Education, to lobby for recurrent yearly funding which will allow for consistent support to address young people's emotional wellbeing and (low level) mental health as we recover from COVID and the impact that it caused, whilst supporting the Council's ambition to improve academic performance, socialisation, conversation, mental health and wellbeing;</p> <p>b) That, the Health and Adult Social Care Scrutiny Board is requested to undertake a review and monitors the recovery strategy of mental health services within the Borough.</p>
7	<p>a) The Chair of the Children's Services and Education Board writes to the Sandwell Children's Trust to request details of their plans to address the challenges of recruitment and retention of social workers.</p> <p>b) That the Chair of the Children's Services and Education Board writes to the Chair of the Corporate Parenting Board to request details of their plans to address the challenges faced by children in care and care leavers and to understand how the pandemic has impacted them and what has been done to address this.</p>
8	<p>a) That, the Director of Children and Education works with multi-agency partners to support, engage and monitor the stability within the early years settings;</p> <p>b) That the Director of Children and Education reports to the Board, providing an update on the Councils' Covid-19 Recovery Plan, in as much as it relates to education and children's services.</p>

Scrutiny Review – Scoping Document

Review Title:	Impact of the lockdown on children and families
Scrutiny Board:	Children’s Services and Education
Date of Review:	November 2021 – March 2022

Reasons for undertaking the review:

On 23 August, 2021, the Board considered a presentation on the pandemic response and impact of the national lockdown on children and families.

The report and presentation highlighted that essential services had continued to operate throughout the pandemic including social care services and virtual online school learning. The Council had been proactive with all educational establishments across the Borough and continued to support stakeholders under difficult circumstances. In particular, the Council had provided support to Sandwell Children’s Trust to access various Covid-rated grants to mitigate against increased costs and fast track additional equipment for social workers.

The Council had developed a Return to School strategy to specifically focus on the welfare of children and young people. However, the Board noted that the lockdown had resulted in some negative developments such as increases in free school meal provision, increases in domestic abuse , safeguarding incidents and an increase in demand across services.

There was a consensus that the Board needed to establish a review to investigate and review recovery activity across multiple areas in education and social care with specific focus on uplifting standards and attainment.

Membership of the Working Group will be agreed by the Board and a subsequent project plan will be completed for this review.

Key Lines of Enquiry – Impact of the lockdown on children and families

- a) Recovery plan for education attainment and child development
- b) Recovery plan for Social Care
- c) Response to increased service demand and mitigation planning
- d) Delivery of emotional health and wellbeing support
- e) Rates and management of those requesting Education Health and Care Assessments

f) Impact on child poverty rates and pupil premium children

Intended Outcomes:

to make further recommendations regarding areas in it considered would benefit from further scrutiny or policy development.

- To understand and capture how the Council and Schools have progressed with recovery plans to improve standards and educational attainment.
- Identify methods and strategies employed by schools/academies to shrink the educational attainment gap and uplift standards.
- To understand the impact of the lockdown on exam results
- To get a crosscutting picture on the impact of the lockdown on education attainment from a wide range of stakeholders.
- To investigate child poverty rates and mitigating measures.
- To understand the increasing pressure on Special Educational Needs and Disability (SEND) and those children and young people requiring EHCPs.

**Officer Group
(including partners):**

**Links to Corporate Plan
and Vision 2030:**

Best start in life for children and young people:

Successful recovery from the Covid-19 pandemic will have positive impact on all ambitions contained in the Council's Vision 2030 benefiting communities, stakeholders and children within the Borough.

**Scoping undertaken
by:**

Children's Services and Education Scrutiny Board

**Council Chief Officer
(or partner equivalent):**

Michael Jarrett –Director of Children's Services and Education
Melanie Barnett

Existing data available for consideration:

Reset and Recovery Updates to Children's Services and Education Scrutiny Board on 21 September, 16 November 2020, 11 January 2021 and 15 March 2021.

Report and presentation to Children's Services and Education Scrutiny Board on 23 August 2021.

Education Endowment Foundation – Paper on Covid-19 on attainment gap

<p>Potential witnesses</p>	<p>Parents Young people Head Teachers representative Corporate Parenting Board representatives Citizens Advice Sandwell Children's Trust School Admission and Appeals Service Social Care Parent/Carer organisations such as Sandwell Parents Voices United</p>
<p>Activities</p>	<p>Desk top research Survey Focus group(s) Meetings</p>

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Impact of the Lockdown on Children and Families — Parent Questionnaire



Children's Services and Education Scrutiny Board

Introduction

The Covid-19 Pandemic had a wide-reaching impact on the children and families of Sandwell. Coming out of the Pandemic it was a desire of the Children's Scrutiny Board to understand some of the initial impact of the Pandemic on a wide variety of challenges and issues. The Board had identified eight areas for wider consideration and review which covered Children's Centres and Early Years, The Children's Trust and Virtual School, Key Stage 1, Key Stage 2, Secondary Education, Connexions, Health and CAMHS and Vulnerable Children's Groups.

On the 29 November 2021 the Children's Services and Education Scrutiny Board agreed to establish a Working Group to investigate the 'impact of lockdown on children and families' which would look in detail at the eight areas identified.

Through the Working Group the Board received updates from across the Children's service and Trust. Updates allowed the Group to expand on their understanding and develop recommendations that could benefit the people of Sandwell. Once compiled recommendations along with a report would be put before the Board.

As part of this process Democratic Services undertook a questionnaire of Sandwell residents to gauge the impact of the lockdown on their children's education and attainment. Through the Education/Schools Service e-bulletin, the Council consultation page, social media and directly to schools and social groups, the survey was communicated with a range of media to reach as large proportion of Sandwell residents and understand their experience.

The survey was primary aimed at parents and was created to understand what they believed the impact of the Pandemic was on their child's education and attainment.

There were 578 responses to the survey which was open to submissions from 21 January 2021 to 25 February 2022.

The questions asked aimed to understand a response to a statement followed by the option of adding any extra thoughts.

Summery

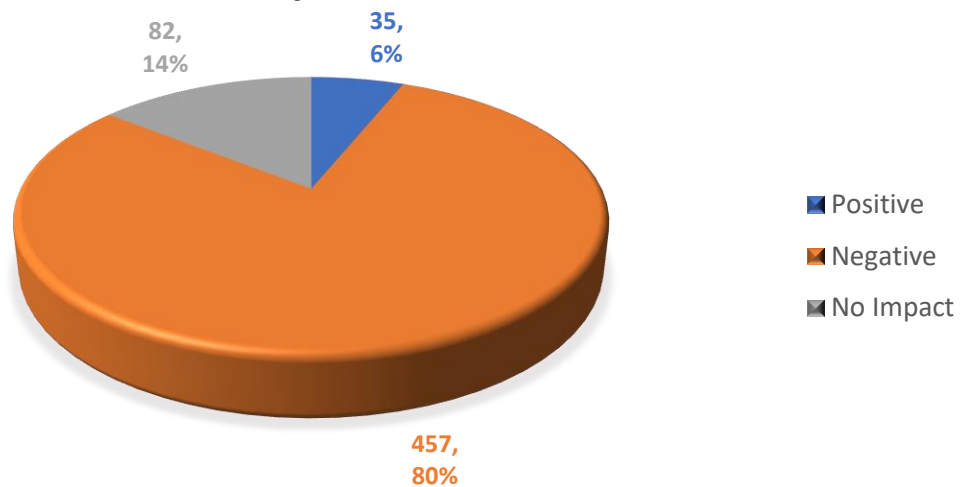
The majority of parents (80%) indicated that their children had had a negative experience in education over the course of the pandemic. While the other 20% had had a positive or no impact. In terms of education while 236 indicated that 236 education had been poor, 146 had indicated that it was good. There were 55 who stated that it had been very good, while 69 had said it was very poor, 50 stated that there was no difference. On whether the Pandemic had disadvantaged their child 73% believed that it had done while 22% did not. In terms of positively or negatively impacting their child's exam preparation 45% indicated their child required additional support to meet their expected grade while 48% did not.

Whether their child had Special Educational Needs (SEND) 20% indicated that they did, of this 20%, 78% stated that their child's needs had not been met during the Pandemic.

The impact of emotional health was considered, for children, 64% of parents indicated that the Pandemic had impacted their child's mental health, similarly 68% of parents stated the Pandemic had impacted their own mental health.

Below is a detailed breakdown of the questionnaire results and a selection of parental responses.

DO YOU FEEL THAT THE COVID-19 PANDEMIC HAS HAD A POSITIVE, NEGATIVE OR NO IMPACT ON YOUR CHILD'S/CHILDREN'S EDUCATION?



Responses

“The pandemic, though tragic, forced us into working from home and providing our daughter with a home education. She was 1 1/2 when lockdown first happened and I was so grateful for the extra time it gave us as a family, and the time it gave me to focus on her development.”

“The pandemic has stopped my child from learning the basics of outdoor life, going to the local shop looking at people's face expressions learning and imitating others have been difficult because we are not allowed to mix with others and people are scared, activities places and community places have been shut due to this, I feel that has delayed my child's development a lot.”

“My children seem to have missed out on so much positive things that happen in the classroom when with peers, they now seem more distracted and less likely to want to do any home based learning or homework. Parents are not qualified teachers we do not have the necessary skills to provide the learning basis that teachers provide at home therefore the quality of learning decreases.”

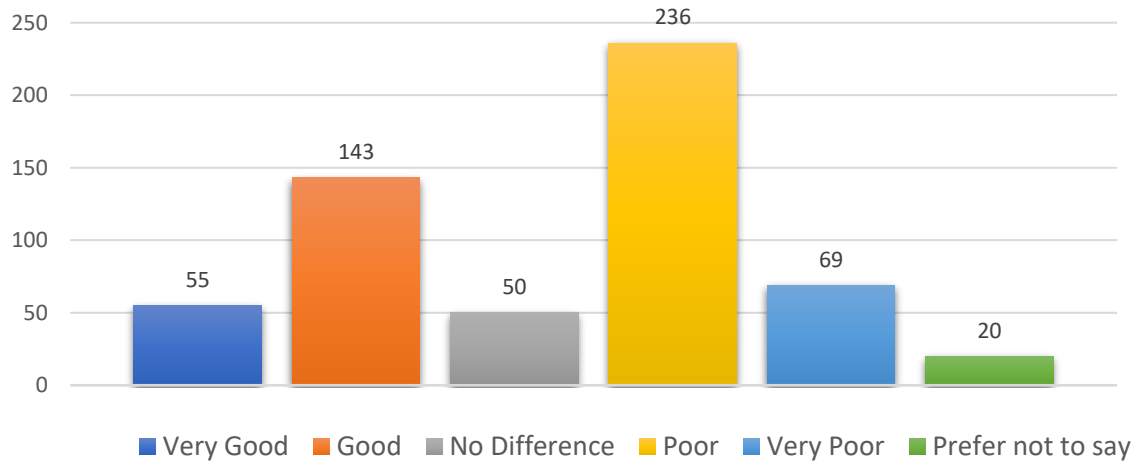
“My child has fell so behind with having so much time away from school and struggles so much with her work.”

“For my daughter who was in yr6 when first lockdown happened, her transition into secondary was very difficult. She still struggles with the concept of secondary even though she is now in yr8. The academic side is now back on track but the social and process of being in secondary side is very difficult.”

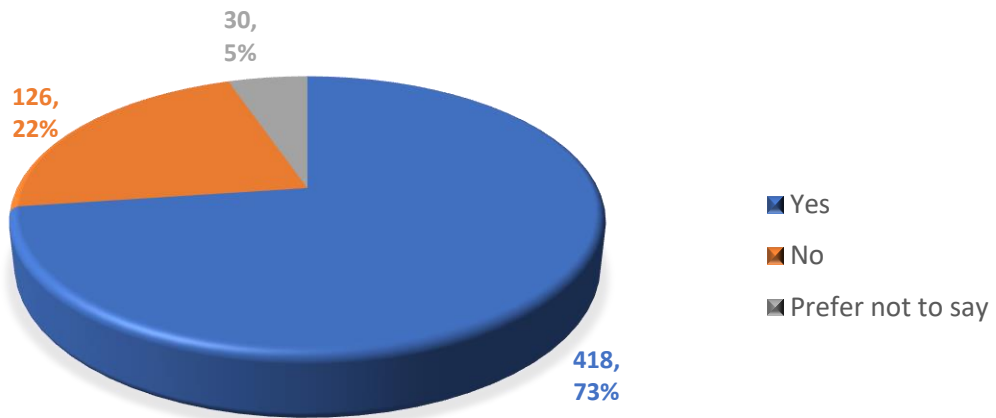
“My daughter started high school, had no transition days and even though she is now in year 8 it feels like she still hasn't settled and hasn't really made any proper friends.”

“They became disengaged from the fun activities and school work that they used to love. They have since struggled immensely getting back into school life.”

How effective do you believe your child's/children's education was during the Covid-19 Pandemic?



DO YOU BELIEVE YOUR CHILD/CHILDREN HAVE BEEN DISADVANTAGED BECAUSE OF THE COVID-19 PANDEMIC?



“I think the disruption to the routine has made children feel unsettled.”

“Social skills, doing the work through lockdown but then finding out most of the other children did not and then having to recap when actually back in the classroom.”

“Again, the education and progress in school has slowed down due to covid. Things I taught him at home are being re-taught at school and my son is bored as he's not learning anything new.”

“The delivery of my child’s learning was fantastic from the school and parents involved with the learning too. The work completed was submitted to the school to demonstrate the learning which was carried out.”

“My son missed the last half of year 6 and all the celebrations of leaving primary school. This was very upsetting, and we will never get that back. These social interactions and celebrations are very important. His first year at secondary school was extremely disruptive and being confined to one area of school meant that starting year 8 was almost like starting in year 7 again in terms of getting to know the school as a place.”

“Both the primary and secondary school did all that they could and my children did attend all remote learning which was to a good standard. They are both performing above ARE/achieving good grades but the loss in terms of social interaction, school trips, assembly celebrations, choir, music and school plays, sporting opportunities etc was significant. I am aware that for more disadvantaged pupils the impact of that loss will have been greater.”

“Negatively due to no social interaction with children her age and also dropping sets which deflated her confidence.”

“My daughter is in year 11 so having year 9 and 10 interrupted has made mastering the curriculum difficult for her particularly in maths and science.”

“Moving from primary to secondary, my child lost out on vital primary school help that she needed she wasn't ready for secondary think they needed more time to prepare them.”

“Slower progress has resulted on average a whole level below where my child should be. Hoping to catch up and improve grades with the use of private tutors. The inconsistency of teachers and having to use agency/substitute teachers due to self isolation had disrupted learning progress (obviously unavoidable).”

“My son has exams at the end of the year, and has so much anxiety that he won't do well due to the teacher stressing the importance of a high test score. The children have missed so much, it is natural that they may be behind, and by giving tests that would've usually been given if we were not in a pandemic, it hasn't been adjusted for how children may be behind. My son is now in CAHMS, due to the massive stress the school are putting on him to achieve a high test score.”

“After a recent spelling test my child scored very low from words that were meant to learn in 1 so now in year 3 my child is trying to catch up from things they should of already know to new year 3 work.”

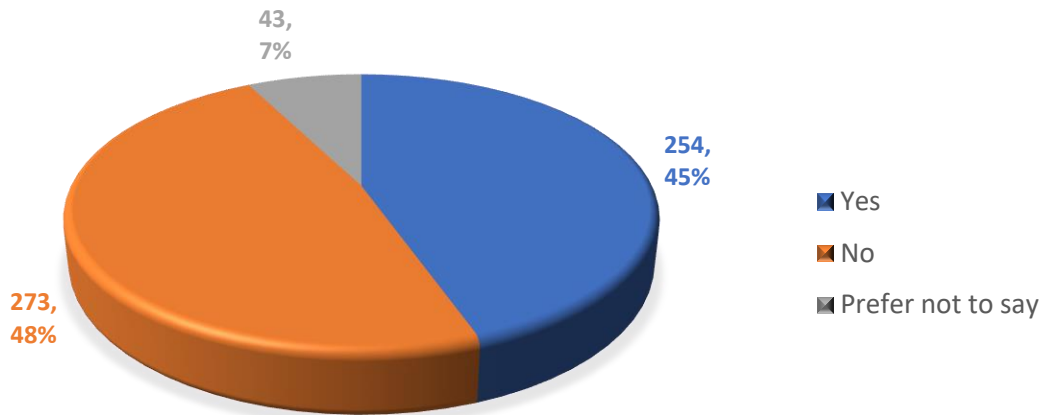
“They have gone back to school and are being told they are behind. Not taking how much missed education that have had into account.”

“He is now years behind in his academic ability. He had last confidence in the subject he once in enjoyed. But now finds extremely difficult and hard to catch up. The government catch up programme against is not being used affectively at schools.”

“My daughter has always been a very high achiever and this year has decreased her motivation for school and her grades due to not enjoying school anymore due to the situation all students have had to go through and adhere too.”

“Again due to a lack of face-to-face teaching because it has been remote learning I feel my child is somewhat behind and underprepared.”

**DOES YOUR CHILD/CHILDREN REQUIRE
ADDITIONAL SUPPORT IN ORDER TO CATCH UP
WITH THEIR EXPECTED SUBJECT LEVEL OR GRADE?**



“I feel all children need to have catch up as previously stated parents are not classroom teachers and the level of teaching at home does not compare to what they gain in a classroom with a qualified teacher.”

“My younger child need massive of help and support to catch up. I dint feel that when schools reopened fully that my child was helped the focus was on the children who were doing well and not on the hidden in the lower 20% who needed the extra support.”

“Extra effort was needed to teach and learn phonics. My education background not from Uk. We learn reading & writing differently. It was tough to teach.”

“My child is now doing better than before covid. Before the lockdown he was very much an average student.”

“Below expected levels in reading, writing & maths. Additional support is required however little feedback is given from the school on whether all children that are below expectation are receiving support.”

“I’m sure she would be more advanced if she had had a normal school experience. We taught her ourselves as well as the online learning as it didn’t fill the normal school learning hours.”

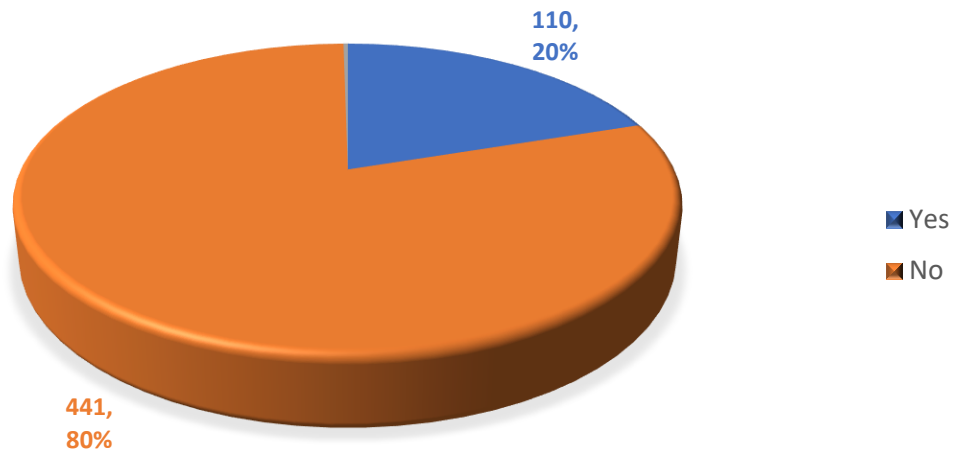
“Of course! Restrictions have meant they've unnecessarily missed out on the best part of 2 years of education and socialisation. How can it not? Lots of catch up needed.”

“We are fortunate that we have had access to educational resources of our own and used this with our children to do extra learning with them outside of school.”

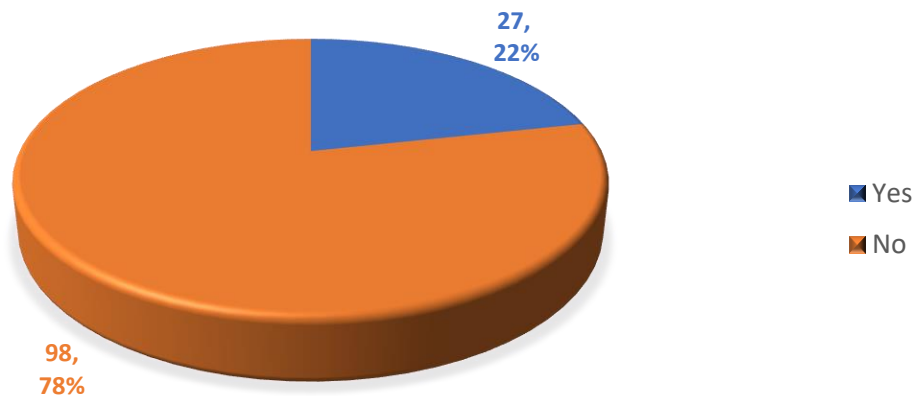
“Yes my son received a lot of support during lockdown from his local school I will praise his school at very highly and they really help me my son and my family and my daughter I really appreciate that their support was amazing.”

“I believe there is a lot of pressure on myself and parents as a whole to support their children with catching up. There’s always so much to do and reading, spelling and homework is sometimes a big load in top of home life without catching up activities etc too!”

DOES YOUR CHILD/CHILDREN HAVE ANY SPECIAL EDUCATIONAL NEEDS (SEND)?



IF YES, HAS YOUR CHILD/CHILDREN'S SEND REQUIREMENTS BEEN MET THROUGHOUT THE COVID-19 PANDEMIC?



“General online school work. Was. Not tailored to her needs and was too hard. Her teacher during 1st lockdown did. Her a. Paper pack to help with this but otherwise she didn't really get any support not understanding the work.”

“At the start of the process to look at possible dyslexia which will take months to complete due to reluctance from both school and council plus long waiting lists. Schools fail dyslexic children and often decline to assess/diagnose as too costly/time consuming and don't follow recommendations when a diagnosis is made. This can have a negative impact lifelong on a child both socially and emotionally. It should be taken serious and each school have specialist dyslexic trained staff as this could be picked up much earlier and support given rather than parents being told that their child will catch up...yet this is never the case nor will be without the right support.”

“Support is sporadic, inconsistent. Access to programs etc suspended or long waitlist.”

“The school did try and support my child in every way possible in this difficult situation”.

“It was hard on everyone teachers including no one was prepared for covid so as a result kids education suffer on a hold by time they got on line school up and running it was presented with a lot of problems.”

“Eldest had speech and language help pre covid for stammer. This was getting better however has slipped again. She is no longer "in the system" as far as I know. However because we have very little information from the high school I have no idea if they are even aware of this! We also believe to be autistic, however have had no chance to even discuss with anyone because there is no information on how to deal with this.”

“No support from the Local Authority. We never received any communication to check how our children were doing or feeling, or even to offer advice and support. My youngest son could not attend school due the EHCP process being long and arduous for no apparent reason other than waiting for different departments to act in a time appropriate manor, which they did not.”

“No groups sessions no one to one sessions no access to all area of the school. My son moved to his school during the pandemic and difficult to settle I an environment that was not normal school life. As a result he become withdrawn and depressed. Needing intervention from mental health services.”

“During the pandemic we were waiting for the panel meeting for a possible autism diagnosis. This was then given over the phone and very much felt like as soon as the diagnosis was given that was it, didnt really have much support or advice after.”

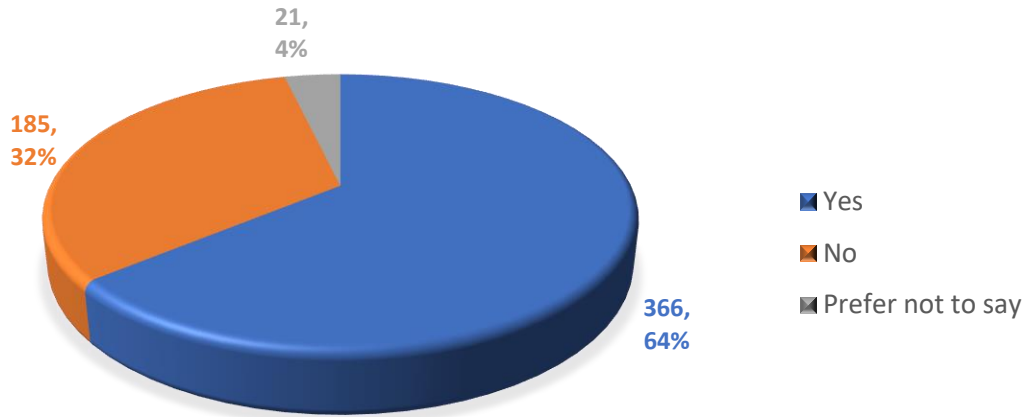
“His EHCP has swimming and regular physio reviews on it. Neither of these could happen. Even when school re-opened, because Archie was not the most vulnerable at home, and not all children could be safely in, [child] remained at home.”

“Yes they were keeping an eye on my son all through lockdown and making sure that they could help him and I can honestly say the school were amazing for that too.”

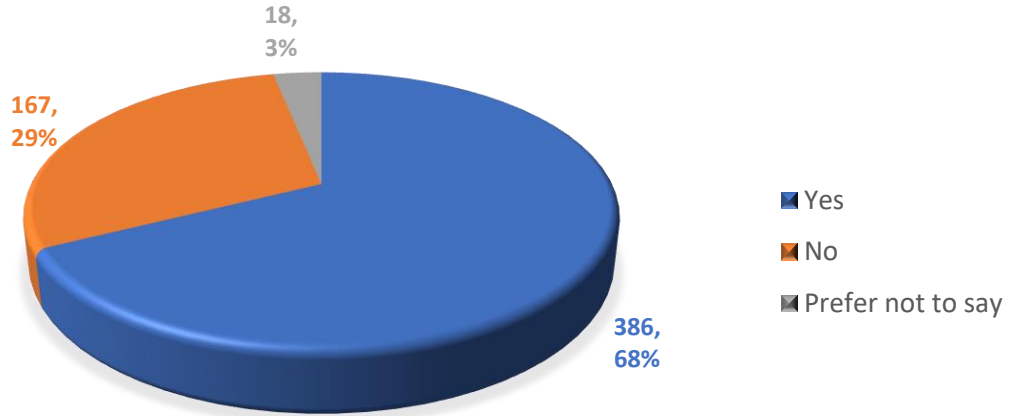
“They have not been able to attend school for significant periods of time. They have also not been able to take part in their usual SEN activities. Earlier on in the pandemic I had no respite which had a negative effect on them. Their needs were not met in many ways.”

“I have a child with SEN and for a long time through first lockdown he was not provided with learning for his level. I also worked in a sandwell school at the time that were providing their children with a fantastic education throughout. The contrast between the two schools was massive. This did lead me to consider changing schools as one of my children was not provided with an effective education.”

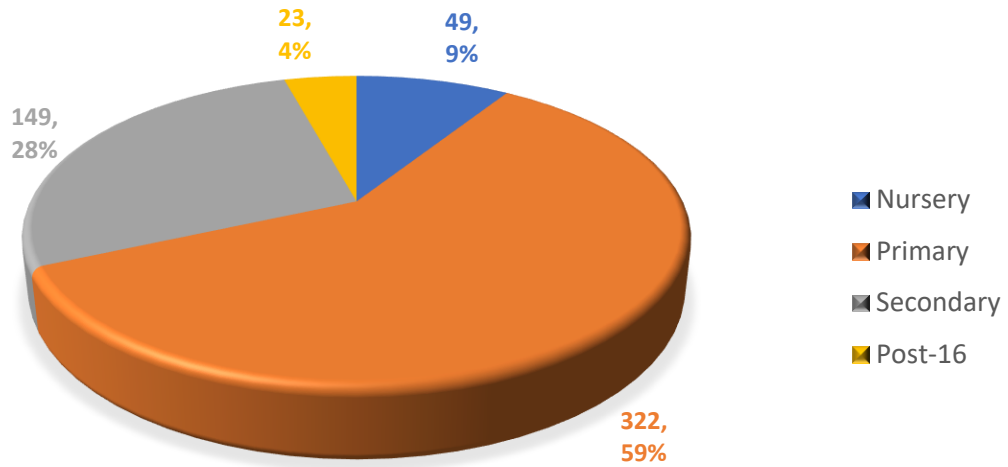
HAS THE PRESSURE OF THE COVID-19 PANDEMIC IMPACTED THE EMOTIONAL HEALTH AND WELLBEING OF YOUR CHILD/CHILDREN?



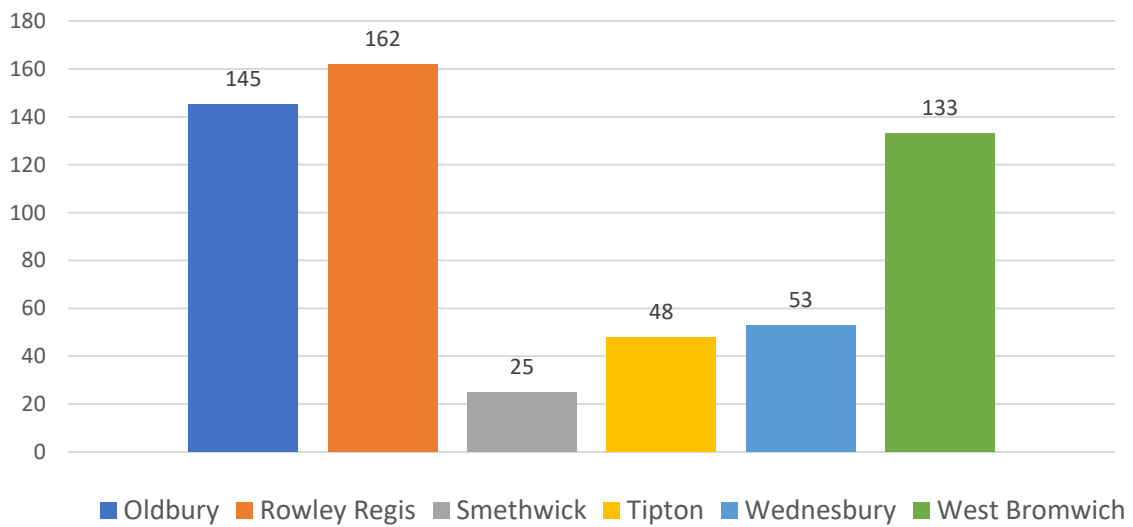
HAS THE PRESSURE ON YOUR CHILD/CHILDREN IMPACTED YOUR EMOTIONAL HEALTH AND WELLBEING DURING THE COVID-19 PANDEMIC?



WHAT SCHOOL STAGE DOES YOUR CHILD/CHILDREN ATTEND?



Please indicate in what town your child/children attend school?



Please detail any information you believe would help the Children's Scrutiny Board in its review of the impact of the lockdown on children and families.

"It is emotionally stressful even with parent trying to help sometimes subjects are not understood by the parent which makes parent feel useless and a failure. Also having time to help as much as possible can be difficult when having other children/work as well as running a home."

"My primary school child is confused - after being home schooled and now back at school in a bubble, she can't eat with other children or play with them, however the whole school has the same start and finish time and other year groups are mixing with my daughters class at these times. The children are confused and they're is no consistency with the rules in our primary school at all."

"Children need stability and routine and not knowing what they was doing from one day to the next being cut off from their friends made it so difficult and emotionally draining upon the return of the schools opening due to anxiety , they are only just starting to settle in ."

"There needs to be help with extra learning for the children who need it, children who have done well in school don't need the extra support, it's the children who are struggling and who have fallen behind who need to be focused on."

"Our children are lucky and actually enjoyed the lockdown. I feel we made the most of a bad situation. However I feel for the countless number of children who are not so lucky. I hope they get the help and support they need."

"Understand that several child are fighting for support for their child and that the ASD pathway is a lengthy process. Because my son wasn't statemented I believe he was failed as all his years at school confirm his difficulties but because he didn't have the correct diagnosis/statement he was left to struggle."

"The vast majority of parents in my son's class lacked even a level 1 qualification. Those children were taught by older siblings. It is patently obvious that the parents education has been the main factor affecting their child (children's) achievement."

"Lockdown had a huge impact on children and families. All normal routine was suddenly pulled from families and we were thrown into working from home - something we had never done. The expectation for full curriculum at home became a lot for working parents and anxious children who had lost contact with their school teachers and peers. Families were forced to accommodate multiple children all learning from home with multiple devices and areas to study - whilst trying to balance home life which had never been so intense!"

"The closure of schools were the worst thing the government did. It has affected all children of all ages. They are all behind and working towards. My child in particular found it hard to interact with other children when she went back to school. She was given after school clubs and other interventions which she feels punished for and has now knocked her confidence. The schools was not equipped enough to teach online, we couldn't access all of the work."

"I was on the edge of a breakdown with stress of schooling and working. I called the school I asked for help, they could not offer me any. They would not accept her in to school as I was not an essential worker."

“My daughter's school handled the pandemic very well. She was given so much support while doing online lessons. Spoke to teacher on a daily basis. She has not fallen behind on any lessons. What a wonderful job in such difficult times.”

“This was not education's fault and dealt with best they could at time, just feel my daughters transition from primary to senior school during pandemic was dreadful and now in year 8 has still not settled, no confidence, struggling with her work, finds it hard to make friends and in hindsight could have been dealt with better. Primary to senior school is a big step as it is without a lockdown.”

“My daughter suffered with significant anxiety when returning back to school. The school were amazing and she is now fully back in all her lessons but it has taken a full school year. Unfortunately other services CAHMS were not helpful. I think this service needs to be looked at more as lots of children have suffered through lockdowns mentally and need some help and support for them.”

“Streamline the EHCP process. Have better communication with parents and other departments. Staff need to know their job and have a good working knowledge of SEN policy and law. We had an out of date data protection law stated on both EHCPs which did not cover GDPR. Spelling was atrocious from plan writers and assessors alike. Terminology was used incorrectly. Statutory requirements were not met. Deadlines were not met. Termination the LAs legal responsibility to SEN children and their EHCPs during lockdown was appalling. The LA washed its hands of responsibility while being paid to work from home on tax payers money. We saw no assistance.”

“I worry that the impact of two years missed will affect my child's ability to socially develop and also her grades will be lower than what she could of potentially achieved. She is constantly saying that she isn't good enough, mostly average and is not noticed for her achievements as she is an average pupil. She also hates being in social situations and finds school very hard.”

“I would do anything for my child to resit all of year 9 & 10 . I am personally worried of the outcome for the future . I really do feel they have not received the best education compared to students pre pandemic.”

“Children missed out on a lot of social interaction, missed out on so events that had to be cancelled. Huge stress within the home with 2 children in separate years both needing support. Anxiety from all the family not knowing what the future holds and worries about family members.”

“It's important to realise the time has gone. They lost all that education but you can't expect the gaps to be magically filled, especially with the huge expectations in the national curriculum in primary. My daughter missed half of year 1 and a chunk of year 2. She's in year 3 and the leap is massive. But the school's expectations of her by the end of year 3 are the same. How is that fair?”

“More communication was needed. I understand it took us all by suprise and there was no way to prepare for it. But I have friends around the country who's school dealt with it much better. No online classrooms, no phone calls / video calls, very basic work set via Facebook and later by other websites which was slightly better. My daughter is like a different child post lockdown. The stress of homeschooling her with no support has impacted our relationship and her relationship towards learning as a whole. It was the worst year of our lives and she still cries when it is bought up in conversation, to the point that she now avoids anything that reminds her of that time, including songs, foods she ate and games she played.”

Return to school Survey March 2021



Introduction

When students returned to school after the first lockdown, no thoughts of parents or students were collected. It was felt that prior to the return to school on 8th March 2021, we wanted students and parents to be able to put forward their views, whether it be positive or concerns or worries. The questions gave everyone the opportunity to answer about the practical side of the return to school, but also the concerns around mental health and wellbeing. The most common responses have been used to formulate results.

Demographics

Primary Students

109 responses were received from students representing 54 schools. The breakdown by year group was as follows:

Reception	9 Responses	Year 4	22 Responses
Year1	15 Responses	Year 5	20 Responses
Year 2	13 Responses	Year 6	21 Responses
Year4	9 Responses		

Secondary Students

441 responses were received from students representing 20 schools. The breakdown by year group was as follows:

Year 7	52 Responses	Year 11	80 Responses
Year 8	106 Responses	Year 12	5 Responses
Year 9	92 Responses	Year 13	6 Responses
Year 10	100 Responses		

Parent Survey

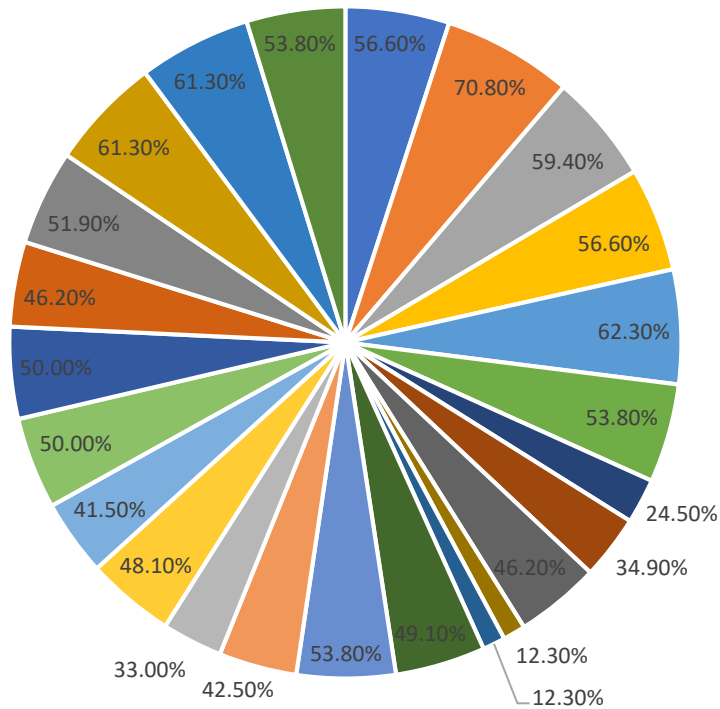
1012 Parents responded

Number with children in Primary	Number with children in Secondary	Number with children at Specialist / Alternative Provision
727	427	22

Parents with 1 child in Primary	452
Parents with 2 children in Primary	232
Parents with 3 children in Primary	39
Parents with 4 children in Primary	2
Parents with 5 children in Primary	2
Parents with 1 child in Secondary	356
Parents with 2 children in Secondary	105
Parents with 3 children in Secondary	10
Parents with 4 children in Secondary	1

RESPONSES FROM PRIMARY STUDENTS

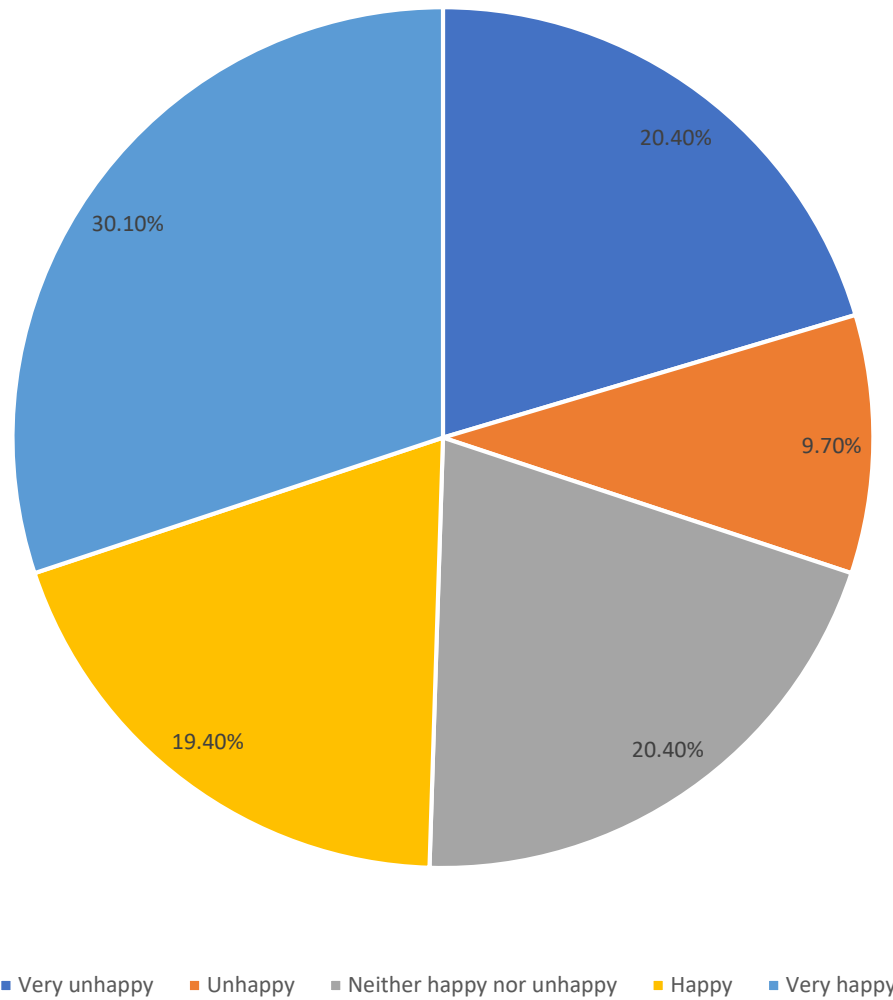
What type of safety measures are in place at your school?



- One-way systems in place
- Staggered start/finish times
- Staggered lunch times
- Staggered break times
- Sanitising stations
- Teachers remaining in one bubble
- Teachers moving around rather than children/young people
- Cleaning kits for workstation/resources
- Regular cleaning throughout the day
- Temperature checks for staff
- Covid 19 testing
- Allocated areas for school dinners
- Allocated entrances/exits
- Allocated toilets
- Allocated resources
- Seating plans/changed classroom layout
- Floor and/or wall markings for social distancing
- Ventilated rooms (open windows and/or doors)
- Regular times for handwashing
- Limits to the number of parents/carers allowed on school site
- Limits to the number of visitors in school
- Adults wearing face coverings
- Smaller/no assemblies
- No changing for PE

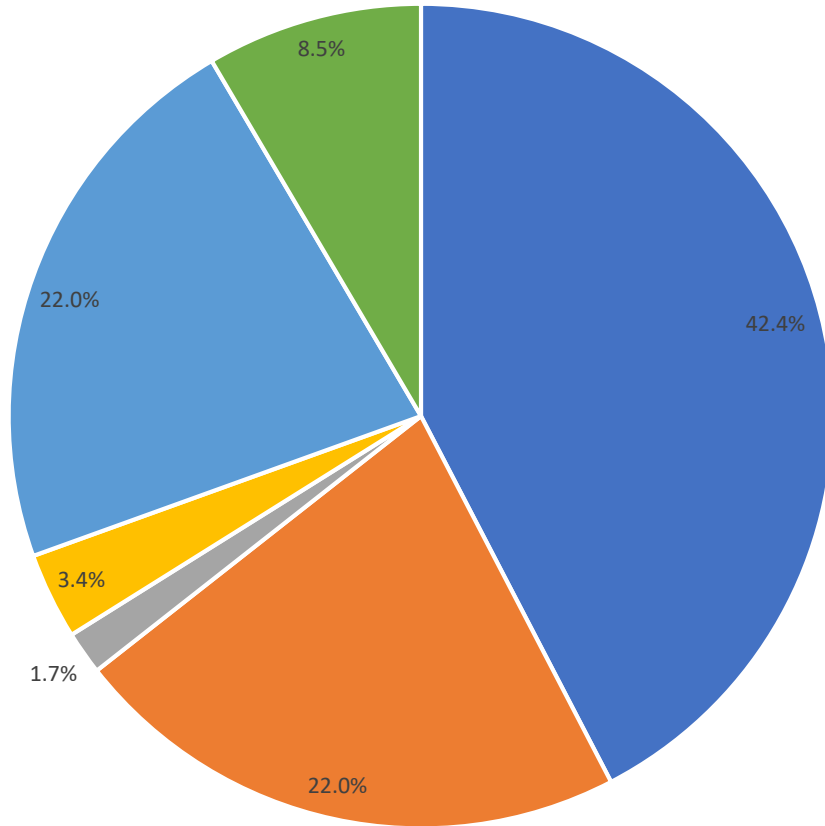
What type of safety measures are in place at your school?		
One-way systems in place	60	56.60%
Staggered start/finish times	75	70.80%
Staggered lunch times	63	59.40%
Staggered break times	60	56.60%
Sanitising stations	66	62.30%
Teachers remaining in one bubble	57	53.80%
Teachers moving around rather than children/young people	26	24.50%
Cleaning kits for workstation/resources	37	34.90%
Regular cleaning throughout the day	49	46.20%
Temperature checks for staff	13	12.30%
Covid 19 testing	13	12.30%
Allocated areas for school dinners	52	49.10%
Allocated entrances/exits	57	53.80%
Allocated toilets	45	42.50%
Allocated resources	35	33.00%
Seating plans/changed classroom layout	51	48.10%
Floor and/or wall markings for social distancing	44	41.50%
Ventilated rooms (open windows and/or doors)	53	50.00%
Regular times for handwashing	53	50.00%
Limits to the number of parents/carers allowed on school site	49	46.20%
Limits to the number of visitors in school	55	51.90%
Adults wearing face coverings	65	61.30%
Smaller/no assemblies	65	61.30%
No changing for PE	57	53.80%

How do you feel about going back to school on March 8th?



How do you feel about going back to school on March 8th?		
Very unhappy	21	20.40%
Unhappy	10	9.70%
Neither happy nor unhappy	21	20.40%
Happy	20	19.40%
Very happy	31	30.10%

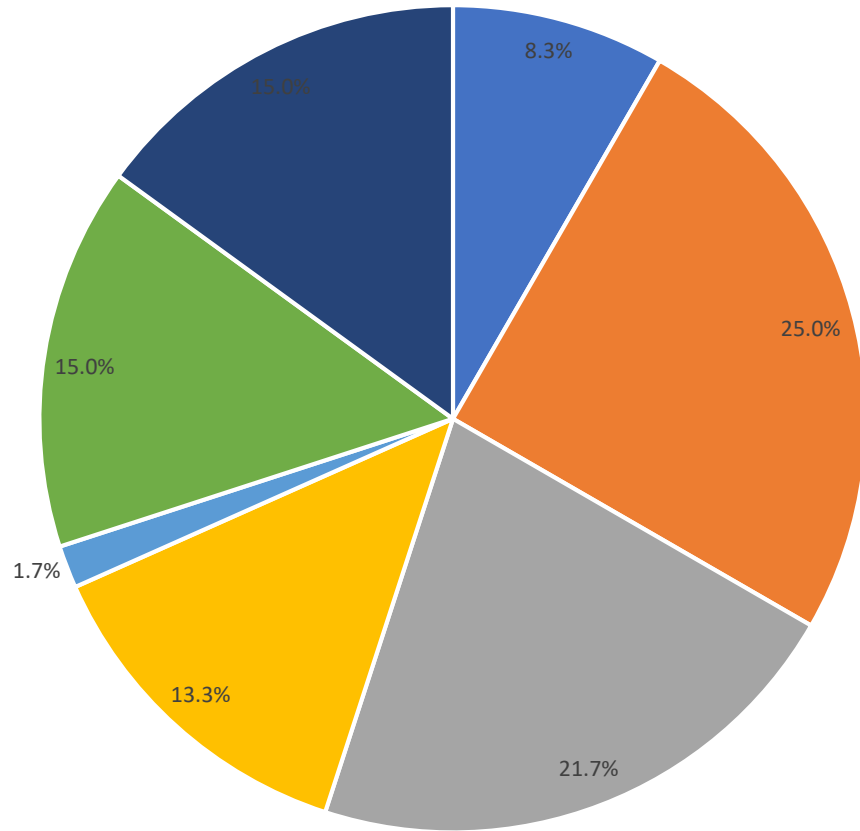
What would support you with school work?



- Additional Help / Revision of what was done
- Sticking to COVID Rules
- Being with friends
- More time outside / Additional activities
- Nothing / No comment
- Other

Additional Help / Revision of what was done	25	42.4%
Sticking to COVID Rules	13	22.0%
Being with friends	1	1.7%
More time outside / Additional activities	2	3.4%
Nothing / No comment	13	22.0%
Other	5	8.5%

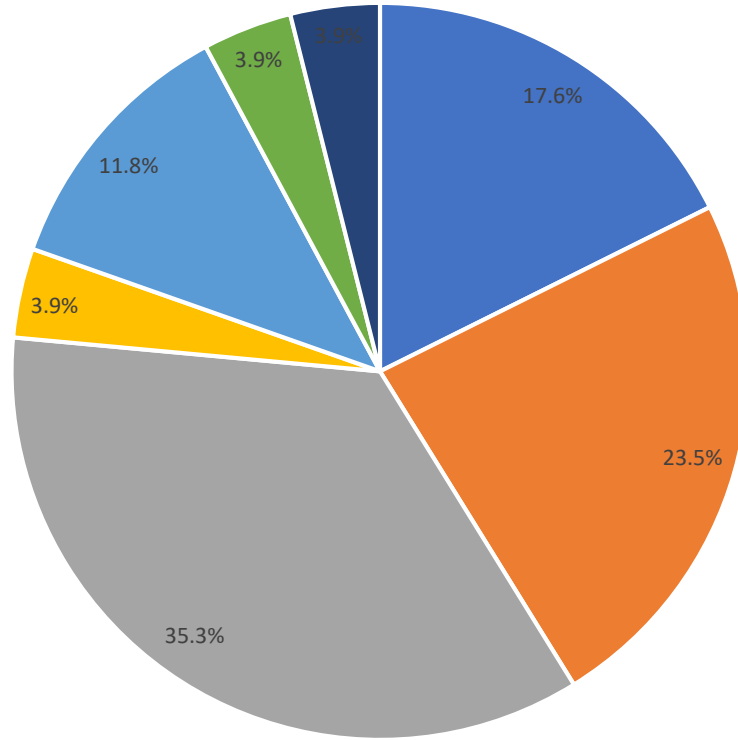
What kind of support would help with your wellbeing?



- Additional Support in class
- Opportunity to talk / Specific time to talk about anxieties
- Additional activities / More time outside
- Other
- Patience
- General COVID concerns
- No comments / None

Additional Support in class	5	8.3%
Opportunity to talk / Specific time to talk about anxieties	15	25.0%
Additional activities / More time outside	13	21.7%
Other	8	13.3%
Patience	1	1.7%
General COVID concerns	9	15.0%
No comments / None	9	15.0%

Is there anything more you would like to tell us about going back to school on March 8th?



- Nothing / No comment
- Looking forward to going back
- Too soon to return / General concerns around COVID
- More support in school
- General anxiety / catching up
- Missing people at home
- Other

Nothing / No comment	9	17.6%
Looking forward to going back	12	23.5%
Too soon to return / General concerns around COVID	18	35.3%
More support in school	2	3.9%
General anxiety / catching up	6	11.8%
Missing people at home	2	3.9%
Other	2	3.9%

Quotes from Primary Students

'To be able to be happy and safe and not feel like I'm upset I will also really love to sit next to friends and I would social distance I also want like to be able to do drawing and painting if we feel sad.'

'Not having to do the same work because some kids didn't bother with the tasks set'

'an allocated lesson to them so they can express themselves about anything and each be given the opportunity to talk.'

'Making work more fun and just doing fun activities'

'happy for the children to socialise back with their friends'

'I want things to go back to normal. Have trips and sit by my friends and to eat my lunch in the hall.'

'School is as safe as can be & children need to mix with each other for their mental health well-being regardless of the threat of covid'

'I am so excited especially that it is my last year in primary school and I want to make more happy memories.'

'I'll miss being with my family'

'After school catch up lessons, more active clubs before and after school. Reintroduced daily mile, or something similar'

'I don't want to go back to school as I will miss my mom and I am worried about the school work being too hard'

'Clubs to spend time with my friends. Extra time with friends.'

'Feel good Friday'

'Chatting about it'

'Having wellbeing books'

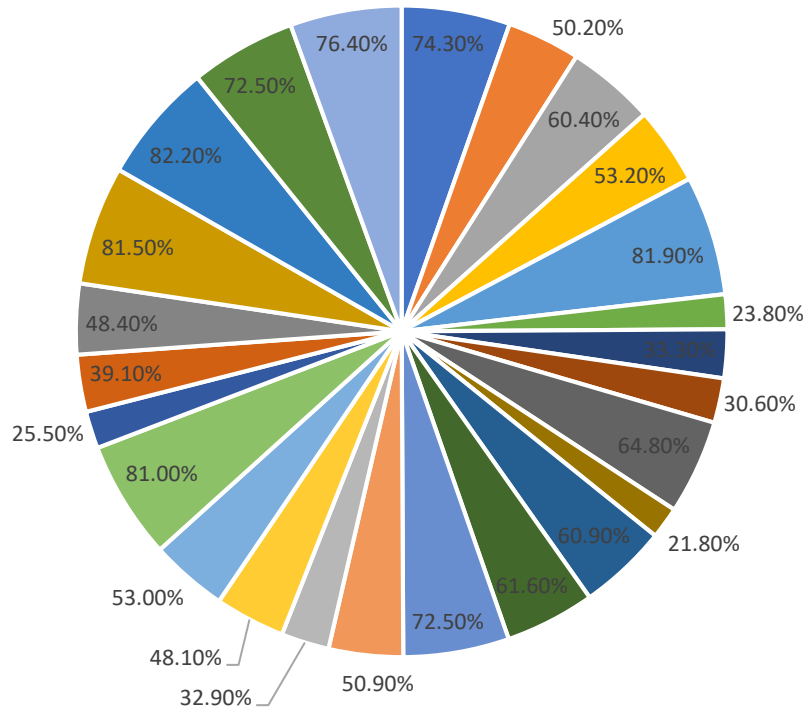
'More time to talk to friends and teachers about how this has affected me'

'Counselling sessions, 121 chats with children regarding feelings on anxiety'

'I don't think they should go back until after Easter. My kids have followed all rules, but we see so many kids outside mixing with multiple other kid's hours at a time from the same school & some from the same year they could be spreading virus & I don't want my kids around them at school until I know it's safe for them and us'

RESPONSES FROM SECONDARY STUDENTS

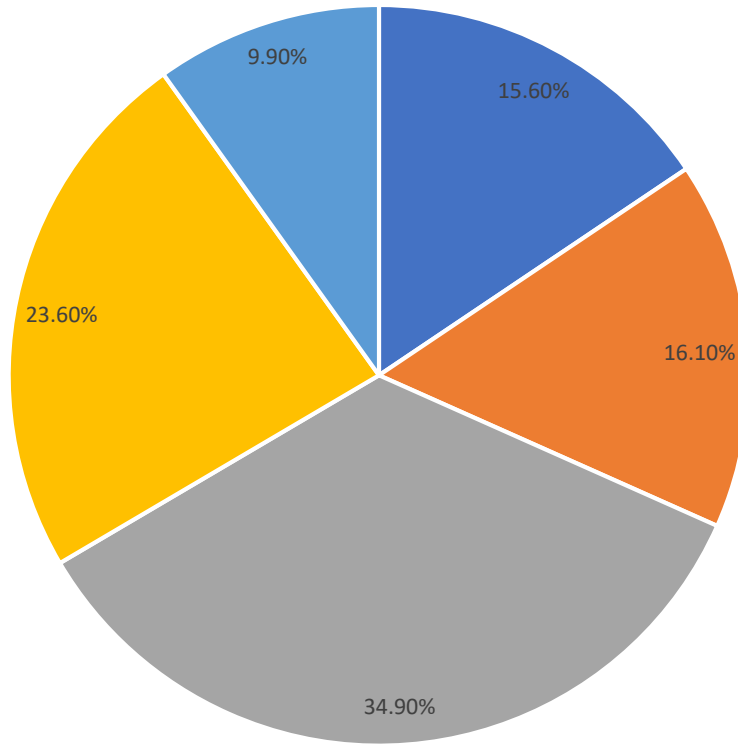
What type of safety measures are in place at your school?



- One-way systems in place
- Staggered start/finish times
- Staggered lunch times
- Staggered break times
- Sanitising stations
- Teachers remaining in one bubble
- Teachers moving around rather than children/young people
- Cleaning kits for workstation/resources
- Regular cleaning throughout the day
- Temperature checks for staff
- Covid 19 testing
- Allocated areas for school dinners
- Allocated entrances/exits
- Allocated toilets
- Allocated resources
- Seating plans/changed classroom layout
- Floor and/or wall markings for social distancing
- Ventilated rooms (open windows and/or doors)
- Regular times for handwashing
- Limits to the number of parents/carers allowed on school site
- Limits to the number of visitors in school
- Adults wearing face coverings
- Children/young people wearing face coverings
- Smaller/no assemblies
- No changing for PE

What type of safety measures are in place at your school?		
One-way systems in place	321	74.30%
Staggered start/finish times	217	50.20%
Staggered lunch times	261	60.40%
Staggered break times	230	53.20%
Sanitising stations	354	81.90%
Teachers remaining in one bubble	103	23.80%
Teachers moving around rather than children/young people	144	33.30%
Cleaning kits for workstation/resources	132	30.60%
Regular cleaning throughout the day	280	64.80%
Temperature checks for staff	94	21.80%
Covid 19 testing	263	60.90%
Allocated areas for school dinners	266	61.60%
Allocated entrances/exits	313	72.50%
Allocated toilets	220	50.90%
Allocated resources	142	32.90%
Seating plans/changed classroom layout	208	48.10%
Floor and/or wall markings for social distancing	229	53.00%
Ventilated rooms (open windows and/or doors)	350	81.00%
Regular times for handwashing	110	25.50%
Limits to the number of parents/carers allowed on school site	169	39.10%
Limits to the number of visitors in school	209	48.40%
Adults wearing face coverings	352	81.50%
Children/young people wearing face coverings	355	82.20%
Smaller/no assemblies	313	72.50%
No changing for PE	330	76.40%

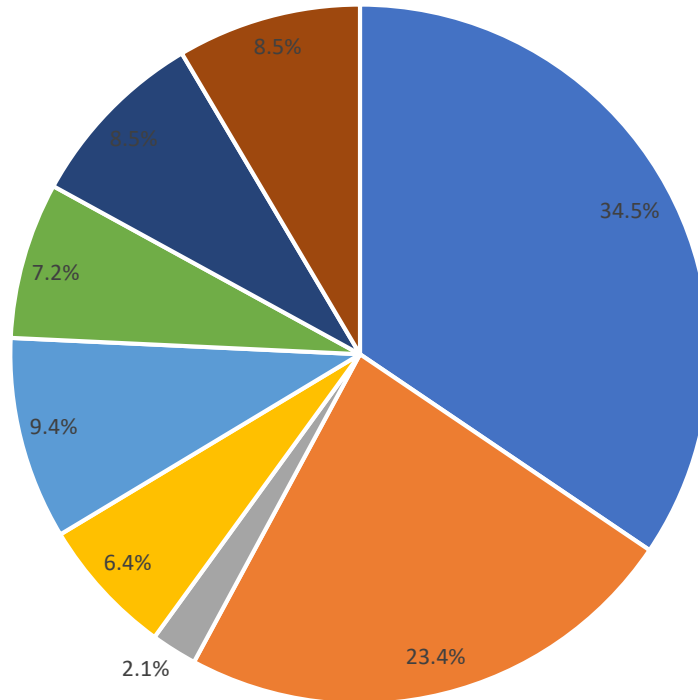
How do you feel about going back to school on March 8th?



■ Very unhappy ■ Unhappy ■ Neither happy nor unhappy ■ Happy ■ Very happy

How do you feel about going back to school on March 8th?		
Very unhappy	68	15.60%
Unhappy	70	16.10%
Neither happy nor unhappy	152	34.90%
Happy	103	23.60%
Very happy	43	9.90%

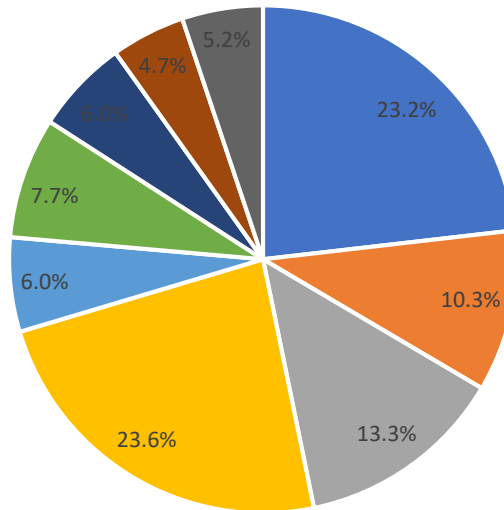
What would support you with school work?



- More Support in Class
- Advice / support with mental health / anxiety
- Other
- Extra classes
- Revision of work done during lockdown
- Less pressure put on students
- Enforcement of COVID rules
- No Support needed

More Support in Class	81	34.5%
Revision of work done during lockdown	55	23.4%
Advice / support with mental health / anxiety	5	2.1%
Less pressure put on students	15	6.4%
Other	22	9.4%
Enforcement of COVID rules	17	7.2%
Extra classes	20	8.5%
No Support needed	20	8.5%

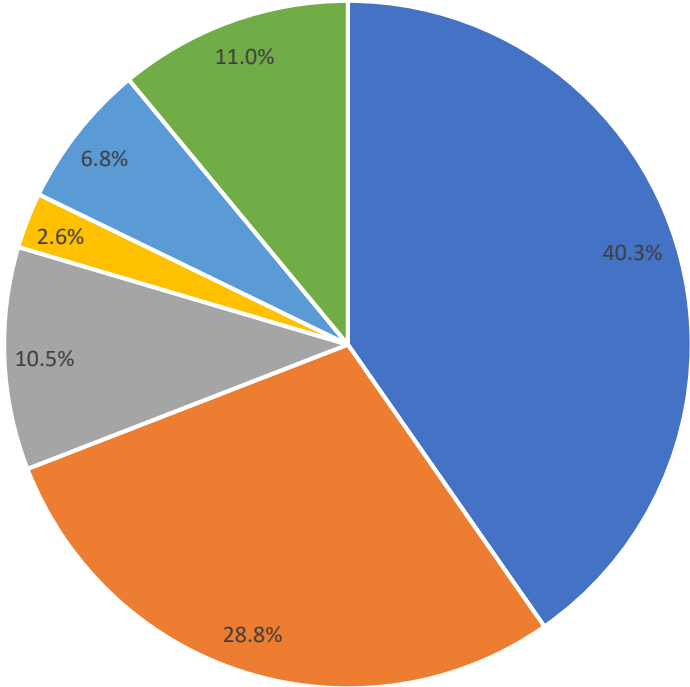
Q5 What kind of support would help with your wellbeing?



- None
- Focussed lessons on mental health & wellbeing
- Less Pressure
- Time to talk / knowing you have someone you can talk to
- Other
- Outdoor / other activities
- Sticking to COVID Rules
- Friends
- More support in class

None	54	23.2%
Focussed lessons on mental health & wellbeing	24	10.3%
Less Pressure	31	13.3%
Time to talk / knowing you have someone you can talk to	55	23.6%
Other	14	6.0%
Outdoor / other activities	18	7.7%
Sticking to COVID Rules	14	6.0%
Friends	11	4.7%
More support in class	12	5.2%

Is there anything more you would like to tell us about going back to school on March 8th?



- No comments
- COVID concerns / too soon to go back / transmitting infection
- General anxiety
- Feel too under pressure
- Other
- Happy to return

No comments	77	40.3%
COVID concerns / too soon to go back / transmitting infection	55	28.8%
General anxiety	20	10.5%
Feel too under pressure	5	2.6%
Other	13	6.8%
Happy to return	21	11.0%

Quotes

'Some revision over the online topics we have done, no tests at first'

'Mixing happens outside the school while waiting to get in. No one checking what's happening'

'I think teachers would consider giving time to children for them to learn the topics in lessons slowly because many of my friends and me didn't understand the tasks, so we needed help.'

'Extra adults in the room so teacher can teach, and other adults can go around the room and help the young people'

'The teachers are always willing to answer question that any students have, and they try to help wherever they can.'

'More lessons to reviews content missed during the lockdowns'.

'Less pressure to perform to the standards we used to, we have been in a pandemic, a traumatic event, we don't need to lose the rest of our childhood to stress and poor mental health. Be forgiving, we are trying our best.'

'Teachers having a little conversation on how we are feeling and if we require any help.'

'Teacher checking in on us regarding friendships and how we have been at home.'

'If I'm honest, I've been nervous about COVID-19 since it started. I mean it's the first time I'm going through something like this and I'm worried about the safety of the people I care about, so if I can know that what we are doing is the best way possible now to help contain the virus I think I'll be a big support.'

'being taught how to deal with depression and anxiety'

'I'm super excited and don't want those schools to close again, so just be careful, wash your hands and stay safe and save lives:)'

'I want to go back to school but only because I have so little to do at home all day and I have to spend too much time with my family. And at home I just overthink situations and feel overwhelmed with things and dwell too much and it makes me sad and feel alone and I don't have anyone to tell it to.'

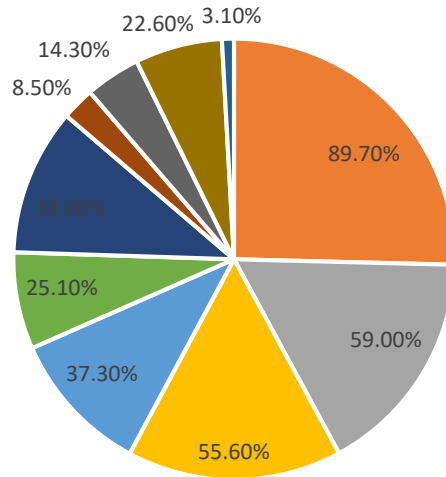
'I travel by bus and there are no seats, extra buses would help or school understanding I can't always get on the bus I need because they are full'

'I do not feel it is safe, especially as someone who lives with high risk people, I would feel safer if at least the staff were vaccinated before we return. I do not want to be responsible for my families' deaths.'

'I am just very happy to go because I needed a lot of support at home with my work and I felt depressed since i couldn't go out due to lockdown.'

And Finally: 'Kindness.'

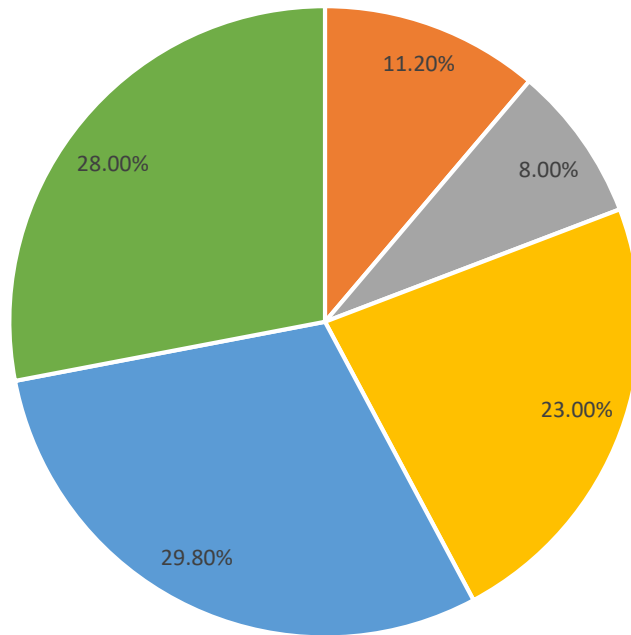
What are your children missing most about attending school?



- What are your children missing most about attending school?
- Friends
- The routine
- Teachers/support staff
- Enriched learning experience
- Independence
- Outside space
- Lunches
- After-school activities
- PE lessons
- Other

What are your children missing most about attending school?		
Friends	900	89.70%
The routine	592	59.00%
Teachers/support staff	558	55.60%
Enriched learning experience	374	37.30%
Independence	252	25.10%
Outside space	381	38.00%
Lunches	85	8.50%
After-school activities	143	14.30%
PE lessons	227	22.60%
Other	31	3.10%

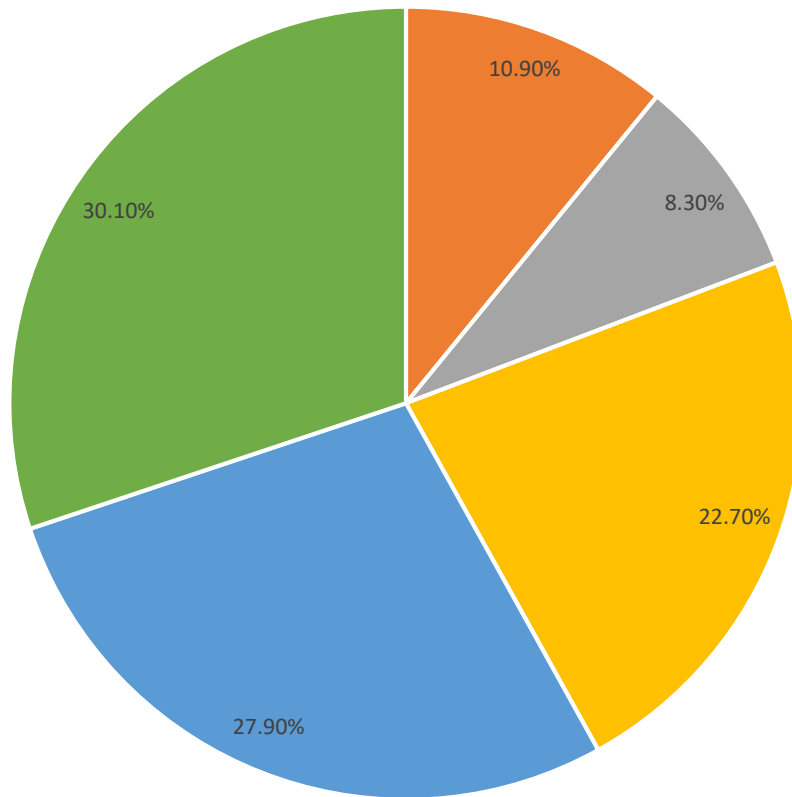
How do YOU feel about your children returning to school?



- How do YOU feel about your children returning to school?
- Very unhappy
- Unhappy
- Neither happy nor unhappy
- Happy
- Very happy

How do YOU feel about your children returning to school?		
Very unhappy	113	11.20%
Unhappy	81	8.00%
Neither happy nor unhappy	233	23.00%
Happy	302	29.80%
Very happy	283	28.00%

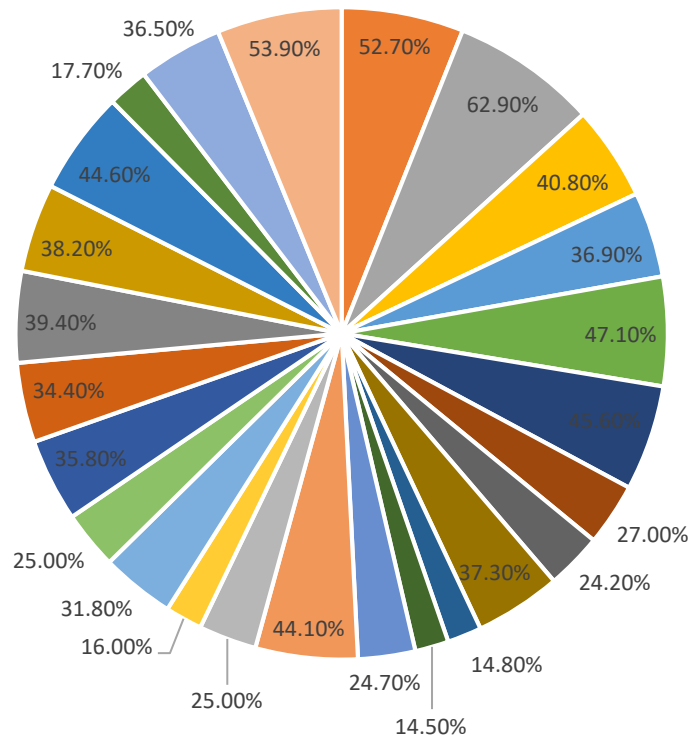
How do YOUR CHILDREN feel about returning to school?



- How do YOUR CHILDREN feel about returning to school? ■ Very unhappy
- Unhappy ■ Neither happy nor unhappy
- Happy ■ Very happy

How do YOUR CHILDREN feel about returning to school?		
Very unhappy	110	10.90%
Unhappy	84	8.30%
Neither happy nor unhappy	229	22.70%
Happy	282	27.90%
Very happy	304	30.10%

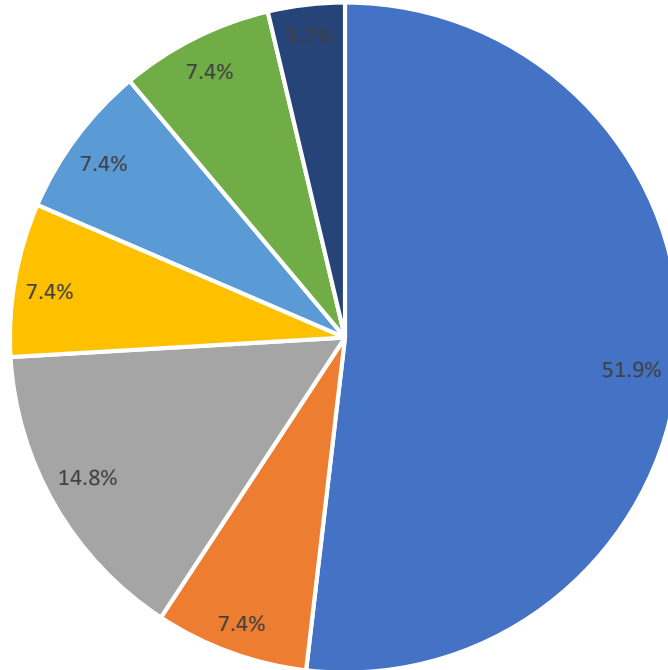
What type of safety measures are in place at your school?



- What type of safety measures are in place at your school?
- One-way systems in place
- Staggered start/finish times
- Staggered lunch times
- Staggered break times
- Sanitising stations
- Teachers remaining in one bubble
- Teachers moving around rather than children/young people
- Cleaning kits for workstation/resources
- Regular cleaning throughout the day
- Temperature checks for staff
- Covid 19 testing
- Allocated areas for school dinners
- Allocated entrances/exits
- Allocated toilets
- Allocated resources
- Seating plans/changed classroom layout
- Floor and/or wall markings for social distancing
- Ventilated rooms (open windows and/or doors)
- Regular times for handwashing
- Limits to the number of parents/carers allowed on school site
- Limits to the number of visitors in school
- Adults wearing face coverings
- Children/young people wearing face coverings (secondary only)
- Smaller/no assemblies
- No changing for PE

What type of safety measures are in place at your school?		
One-way systems in place	505	52.70%
Staggered start/finish times	603	62.90%
Staggered lunch times	391	40.80%
Staggered break times	354	36.90%
Sanitising stations	452	47.10%
Teachers remaining in one bubble	437	45.60%
Teachers moving around rather than children/young people	259	27.00%
Cleaning kits for workstation/resources	232	24.20%
Regular cleaning throughout the day	358	37.30%
Temperature checks for staff	142	14.80%
Covid 19 testing	139	14.50%
Allocated areas for school dinners	237	24.70%
Allocated entrances/exits	423	44.10%
Allocated toilets	240	25.00%
Allocated resources	153	16.00%
Seating plans/changed classroom layout	305	31.80%
Floor and/or wall markings for social distancing	240	25.00%
Ventilated rooms (open windows and/or doors)	343	35.80%
Regular times for handwashing	330	34.40%
Limits to the number of parents/carers allowed on school site	378	39.40%
Limits to the number of visitors in school	366	38.20%
Adults wearing face coverings	428	44.60%
Children/young people wearing face coverings (secondary only)	170	17.70%
Smaller/no assemblies	350	36.50%
No changing for PE	517	53.90%

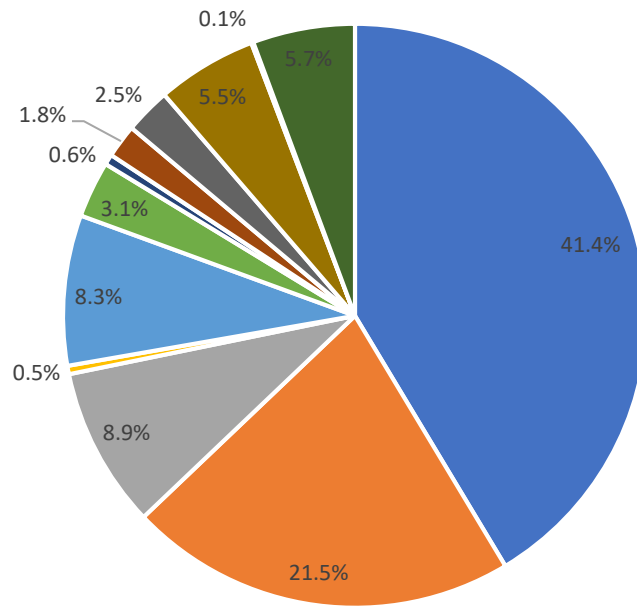
Q2a What are your children missing most about attending school?
Other, please specify



- Nothing
- Friends
- Resources and support from teachers
- Don't want to return / anxious
- Having time away from siblings / time out of the house
- Still attending school
- Mental wellbeing

Nothing	14	51.9%
Friends	2	7.4%
Resources and support from teachers	4	14.8%
Don't want to return / anxious	2	7.4%
Having time away from siblings / time out of the house	2	7.4%
Still attending school	2	7.4%
Mental wellbeing	1	3.7%

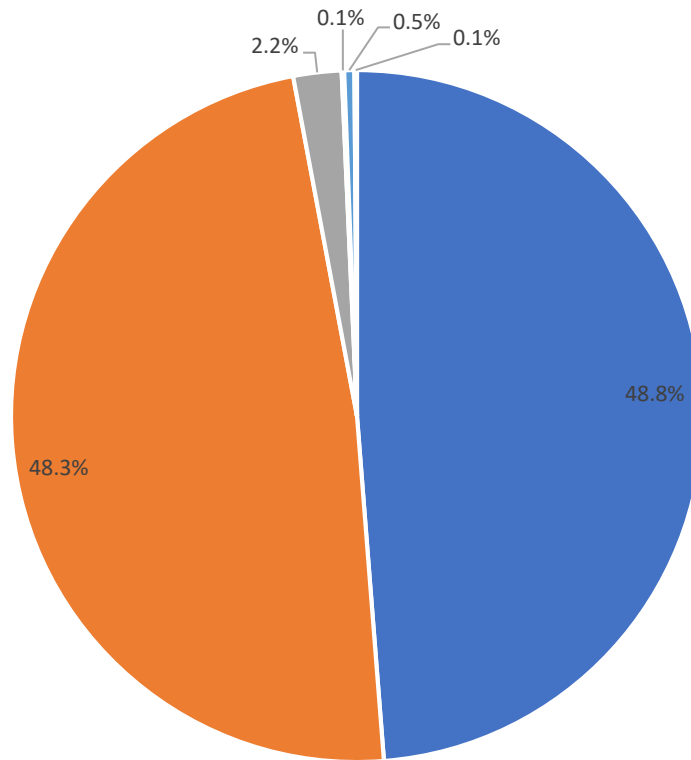
Q6 What kind of support would help with your wellbeing?



- Nothing / No comment
- Reassurances around COVID rules in school & parents
- Too soon to return
- Updates from school around child's progress etc
- General anxieties
- Other
- Transition time
- Additional Support for their child
- Concerns around wearing masks
- Answered yes, but not specified
- Loneliness when children are back at school
- Concerns around parent's adherence to rules

Nothing / No comment	358	41.4%
Reassurances around COVID rules in school & parents	186	21.5%
Too soon to return	77	8.9%
Updates from school around child's progress etc	4	0.5%
General anxieties	72	8.3%
Other	27	3.1%
Transition time	5	0.6%
Additional Support for their child	16	1.8%
Concerns around wearing masks	22	2.5%
Answered yes, but not specified	48	5.5%
Loneliness when children are back at school	1	0.1%
Concerns around parent's adherence to rules	49	5.7%

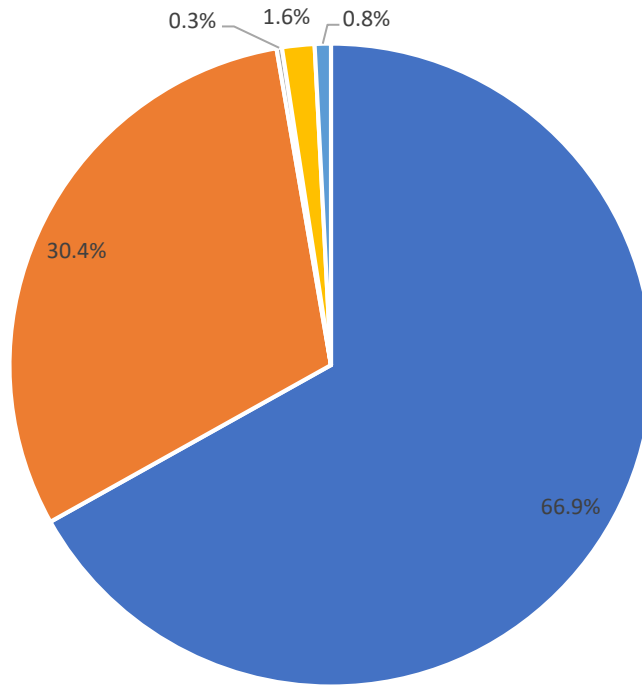
Q7 Would YOUR CHILD/REN benefit from receiving additional support with their mental health and wellbeing?



- No comment / Nothing
- Yes - support needed
- Social & outdoor activities / time to talk
- Other
- Additional Support in School
- No Issues

No comment / Nothing	412	48.8%
Yes - support needed	408	48.3%
Social & outdoor activities / time to talk	19	2.2%
Other	1	0.1%
Additional Support in School	4	0.5%
No Issues	1	0.1%

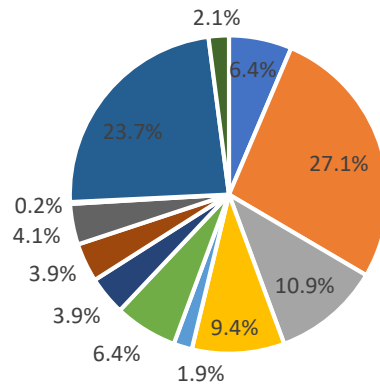
Q8 Do you feel YOU would benefit from receiving additional support/
information in any of these areas?



- No Support Needed
- Support Required
- Other
- No Comments
- Additional meetings / support from school to update on progress

No Support Needed	493	66.9%
Support Required	224	30.4%
Other	2	0.3%
No Comments	12	1.6%
Additional meetings / support from school to update on progress	6	0.8%

Q9 Is there anything more you would like to tell us about going back to school on March 8th?



- Happy with what school have done
- Re-inforcement of COVID Rules
- Happy that they are back at school for some normality
- Children shouldn't be back in school
- Time for fun activities / more time outdoors
- Other
- Extra Support in class / Re-visit lessons done online
- Regular Check-ins with Students / Welfare orientated
- Worried around wearing face coverings / testing
- More contact from school around progress / areas for development
- No comment

Happy with what school have done	34	6.4%
Re-inforcement of COVID Rules	144	27.1%
Happy that they are back at school for some normality	58	10.9%
Children shouldn't be back in school	50	9.4%
Time for fun activities / more time outdoors	10	1.9%
Other	34	6.4%
Extra Support in class / Re-visit lessons done online	21	3.9%
Regular Check-ins with Students / Welfare orientated	21	3.9%
Worried around wearing face coverings / testing	22	4.1%
More contact from school around progress / areas for development	1	0.2%
No comment	126	23.7%
Make returning to school a positive experience	11	2.1%

Quotes

'I worry about my child not having anyone to play with for the last 3 months whilst I have been working full time at home. Isolation can't be healthy'

'Parents failure to follow the rules when dropping off and collecting their children. Not standing in line or wearing face coverings when on school grounds. Then hanging around school gates which in turn then doesn't allow for social distancing when entering or leaving school grounds for other people.'

'None. I am confident they are safe when they go back to school. They are healthy children and look forward to going back to school.'

'I'm vulnerable and concerned kids bringing infection home so I just want continuous precautions in place more than before.'

'Happy because it is what they need however a bit nervous because of Covid 19 still in the Community'

'Limited teachers still self-shielding and disruptive children being mixed with high achievers which has made my child despondent'

'Yes, I continue to worry about c-19 exposure. I feel he is more at risk going to school. I do, however, think the mental health benefits outweigh this.'

'Yes, I do my son can't wear a mask or be tested on medical grounds and his school has been one of the worse hit schools in Sandwell. My son has Autism and a severe form of anxiety and to say he is scared to catch the bus and attend school is an understatement'

'No. Both my children's schools have been amazing at informing parents and sending work and support'

'I feel it is still too early for children to return to school and I am concerned my child will be at risk. School have managed home schooling extremely well and my child has thrived. I can also see the benefit of continuity for my child since learning from home compared to the unpredictability of having to stop / start school in bouts in response to infection rates. I also feel teachers are being put at risk and vaccinations should have been offered at an earlier opportunity to them. I feel a great deal has been expected of teachers and I should imagine many are exhausted, especially when hopping between home versus on- school premises learning. I feel for the teachers and the students' wellbeing and for academic attainment to be assured, continuity is key. we should remain home learning until statistics reflect there is a low possibility of on-school premises education being disrupted repeatedly. In addition, I feel as a parent I have assessed the return to school as an 'at risk' activity for my child, despite this, the decision will be taken away from me and I will have forced to send my child due to sanctions that would be applied for non-attendance. Furthermore, my child has asthma and to protect self and others will have need to wear a face mask throughout the day which exacerbates his condition even when offered to leave the classroom when needed to remove mask.'

'My child has had excellent support from school so is happy.'

'YES. THIS LOCKDOWN HAS BEEN REALLY HARD AND SHE MISSES SEEING AND PLAYING WITH HER FRIENDS SO MUCH. FUNDING SHOULD BE PUT INTO FUN ACTIVITIES FOR THE CHILDREN TO TAKE PART IN WITH THEIR FRIENDS NOT SO MUCH CATCHING UP ON SCHOOL WORK'

'potentially as i have seen effect on them but i think being in school with friends will help them and as family we monitor it and have open conversations and communication my kids know about support and don't want counselling themselves they feel they can manage it informally i personally feel they could explore it as it would not hurt to.'

'It's a shame that the government has followed such an all or nothing approach to education that hasn't encouraged small, outside, socially distanced activities via schools and community groups, as I think these would do a lot for children's physical and mental wellbeing. Keeping the focus on overall wellbeing is also much more important than 'catching up' knowledge-based content - as an ex-teacher I know that healthy, happy, well balanced kids learn (and catch up) much more effectively than those under pressure to perform at all costs.'

'I think that they will need to be back at school before any problems emerge'

'Some open discussion to process what they have been through and share perspectives would be good. I also feel education around why we needed to have a lockdown and who it benefitted would be good, so that children can understand the crucial part they have played in keeping society safe.'

'We have already noticed that this lockdown has had an effect on our child mental health. I do think my child would definitely benefit from extra support.'

'My child misses his school friends so anything that safely promotes being back with friends would be great.'

'Think it ought to be available in schools for the children to talk to someone if they need to.'

'Mental wellbeing support needs to be available especially in secondary school. Teenage boys find it more difficult to talk about their feelings, so it needs to be seen as a support function within their peers. I feel my children talk openly about lockdown and how they are feeling but this pandemic has left many young children vulnerable'

'My eldest has already been having wellbeing calls from a teacher at her school. School staff have been wonderful. They deserve so much recognition.'

'Yes, (wellbeing) this has been the focus of my home schooling because my daughter has had many meltdowns. Being in Y6 & a mixture her hormone levels haven't helped her to stop feeling like she's not normal. She's needed so much encouragement & being isolated with just her as a child in the house, she thinks that it's just her going through this & feels that there is something wrong with her. Urgent help.'

CONCLUSION

Although there are parents who feel that it is too soon for children to be going back to school, there is also a realisation that being back with friends and getting back to some form of routine will be a real benefit to the students.

Although most seem to be aware of all of the safety measures put in place by schools, the concerns around management of COVID19 rules, both inside and outside of school is a concern to both parents and students. They feel that some people, both parents & students don't take them seriously enough and this needs to be borne in mind by schools.

In secondary students, worries have been raised about testing and parents are also voicing concerns that it is not compulsory, therefore only as good as the number who take the test.

In primary school children, parents and children want the focus to be on fun and getting children to enjoy school again. These children have been exposed to many worrying things over the past 12 months and although parents fully accept the need for them to 'catch up', they also need their children to regain their love of school and not see it as a scary place.

Most students state that they have missed their friends and see the return to school as an opportunity to learn how to socialise again.

One of the real issues to emerge from this survey is the need to keep talking. Students from all ages have said that they need someone they can talk to and someone to 'check in' with them. They need to feel supported and be able to discuss their worries and how they feel. Many have had to deal with bereavement and don't know how to deal with their emotions. They have asked for focussed sessions on mental health and wellbeing, but also the offer of 1:1 chats when they need it.

Parents have also said that they have their own mental health issues. Many have said that they have put their own worries to one side, whilst the children were at home, but with the return to school, they have time to think about themselves and have realised that they would welcome support.

The survey has highlighted that wellbeing and mental health are 'top of the list' in concerns and something that we need to address.

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Appendix 2
Emotional Wellbeing Programme
Providers allocated grants in Phase 1 2021-2022

Provider	Projects	Project Content	Target Group	Commenced
Action for Children	Blues School/Bouncing Back/The Approach	<p style="text-align: center;">Blues School Programme</p> <p>6x 1-week EWB sessions for children reaching criteria. Delivered in Schools.</p> <p style="text-align: center;">Bouncing Back</p> <p style="text-align: center;">Whole class 1 hour for 2 weeks Years 5,6&7</p> <p style="text-align: center;">The Approach Training</p> <p style="text-align: center;">For staff involved in Blue Schools Programme. Max of 12 in group.</p>	<p>13-19-years</p> <p>Years 5,6&7</p> <p>Staff</p>	September 2021
Albion Foundation	Extra Time	Targeted Mentoring Plus Programme for those in or at risk of being involved in Criminal Justice System	Aged 9-18 years	September 2021
Aspire4U	Lyfeproof	<p style="text-align: center;">Youth-Led Mental Health Support</p> <p>10x 1 hour Counselling Sessions with target audience of YP from ethnic minorities including those at risk of youth offending.</p>	Aged 12-18	March 2022
BCWA	Our Future	<p style="text-align: center;">Targeted intervention for CYP living with DA at home.</p> <p style="text-align: center;">1-1 and Group Support</p> <p>Training and advice for schools to identify potential CYP living with DA.</p>	Aged 5-18	November 2021

BCWA	Counselling for Children in Refuge	For those in Refuge affected by Domestic Abuse This includes Therapy Dog sessions, Parent-child art therapy and 1-1 counselling depending on age of CYP.	Aged 0-18 but majority will be aged under 11.	March 2022
BCWA	Child ISVA	Providing 1-2-1 support to Children who have suffered sexual violence	Under 18	April 2021
Children's Society	BEAM Service	EWB support via telephone, online or face to face for low level brief nonclinical interventions.	Age 5-18 or 18-25 if LAC.	July-October 2021
Children's Society	BEAM Service	EWB support via telephone, online or face to face for low level brief nonclinical interventions.	Age 5-18 or 18-25 if LAC.	November 2021
Creative Academies	EmpowHER	10 hours 1-1 mentoring =social action project and 2-day trips as part of Mental Toughness Programme.	Girls aged 9-12 Girls aged 13-16	July-September 2021
Creative Academies	GirlsCAN	10 hours 1-1 mentoring =social action project and 2-day trips as part of Mental Toughness Programme.	Girls aged 9-12 Girls aged 13-16	October 2021
Family Action	Sandwell Helping Hands	Supporting Children who have or are waiting for a diagnosis of ASD or ADHD and their parents and carers. Receive Group Training in Managing and dealing with emotions and or 1-1 Counselling	Aged 5-11	March 2022
Kaleidoscope Plus Group	B Cre-8tive	4 sessions of EWB support via creative activities. 1-2 hours so max of 8 hours support per child.	Aged 8+	August 2021
Krunch	EWB Mentor	1-2-1 Mentoring within a school environment.	Aged 9-19	September 2021

Krunch	R.E.A.L. Relationships	Respect, Emotions, Awareness, Learning about all types of relationships. Group sessions.	Aged 9-19	November 2021
Murray Hall	Future Foundations	1-1 counselling for CYP	Ages 5-18	March 2022
Relate	Time for You	1-1 Counselling for CYP whose wellbeing and mental health has been negatively affected by Covid.	Age 8-18	March 2022
Sport4Life	Be Positive	Targeted intervention for those with SEMH needs. Offering 1-1 mentoring and structured sport and physical activity.	Age 11-16	October 2021
4 Community Trust	Making a Difference	Lego/Art/Music Group Therapy in 2-hour sessions over 6 weeks. Sessions according to need may include stress reduction, resilience, confidence and selfcare, etc.	Primary and SEND children	October 2021

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Care Leavers Voice

What were the main problems that Affected Care Leavers during Lockdown?

Not being able to go out, not being able to see people, not always being able to see our social worker or personal advisor face to face, isolation. Lack of stability, not seeing the forum members face to face, constantly working through screens. Too much reliance/interaction with technology. More expensive bills as at home all of the time. Mental health suffered. Young parents juggling childcare, education, work and training.

What areas of help were needed most e.g. finance, mental health?

Mental health, finances, shopping for food, nappies, wipes, toilet roll, toiletries and cleaning items.

Did any face to face meetings take place or was technology used in the main for contact?

Both. Mainly technology. Interaction with participation team mainly. Trust staff made an effort to keep in touch.

How successful were you in being helped with problems...any examples?

We informed staff of what support was needed and staff responded accordingly which felt like a success - my PA was easy to get hold of. Regular wellbeing checks. The Trust worked with SMBC to provide food parcels when needed. We received laptops which were delivered by Trust staff.

Can you make a couple of recommendations on how we can continue to help care Leavers cope with the effects of Lockdown?

Support in general with consistent communication. For PA's to continue to ask questions regarding general needs, children's needs, mental health support, medical support. Mental health training for staff to be able to recognise and support people who are suffering from mental health issues. Counselling training for staff to support young people even better. Support specifically for care leavers with increased bills. Resolve digital poverty.

Comment

It needs to be remembered that some Care Leavers had young children and their problems were exacerbated by Lockdown. These parents suffered from lack of support, particularly with childcare and access to play groups and nurseries and even family members. A number of these children will not have reached their milestones. This will need to be monitored.

Children's Centres

Lockdown experiences and issues

Summary compiled from meeting on 14.1.22 of managers from the two children's centre lead agencies

(Please note: AfC is Action for Children and MHCT is Murray Hall Community Trust)

Issues	Actions/Outcomes
Early issues	
<p>MHCT –Did not have an extensive IT infrastructure at the outset. Had issues with insufficient IT to enable home working</p> <p>AfC – Back office staff did not have work mobile phones</p>	<p>Bought in additional laptops</p> <p>Bought additional mobile phones to set staff up for home working. All staff set up for home working within 24 hours.</p>
<p>Staff had to learn quickly and adapt!</p> <p>Managers had to manage their own anxieties as well as their team's emotions.</p>	<p>Staff developed skills in using IT; presenting sessions; undertaking role play to illustrate issues.</p> <p>MHCT staff had access to Murray Hall's EHP confidential counselling scheme.</p> <p>Staff completed various on line training courses whilst working from home.</p> <p>AfC built in check in times, access to wellbeing resources and counselling.</p>
<p>Initial concerns from families of Family Support Cases that they would not</p>	<p>Addressed issues within the first 24 hours and maintained support throughout. A combination at different points of process</p>

get the support that they required during lockdown.	including virtual; parks and gardens; doorstep meetings and home visits with full PPE.
Families not being able to access Teams for virtual sessions	Staff gave tutorials on how to use the system so that they were able to access the service.
Families lack of IT	Most families had access to the internet through their smartphones. Staff able to support families to get on platforms and access services.
Home schooling etc	Children's Centre liaised with schools where necessary for families: <ul style="list-style-type: none"> • About IT issues. • Took school packs to families • Printing off work for families • Teacher on Centre staff provided early years sessions • Reassured parents • Gave out EWB packs for children and parents
Practice issues	
Universal sessions for families undertaken virtually.	<ul style="list-style-type: none"> • Had to use booking system for some sessions which normally would have been open access • Staff demonstrating examples of actions/using role play • Staff sending resources out for sessions in advance to families • Use of facebook including closed sessions • Home Learning Packs delivered to all children and families in line with virtual sessions on offer
Access to Welfare Rights advice	<ul style="list-style-type: none"> • Instigated a robust booking system to ensure welfare rights service was

	<p>still accessible to families via telephone appointments.</p>
<p>When the regulations changed centres were inundated with families wanting to attend.</p>	<ul style="list-style-type: none"> • Used the booking system initially which didn't work for most families so capped numbers in sessions instead which was received well by families. • Added additional sessions
<p>Maintaining volunteer staff when sessions had to be cancelled.</p>	<p>Volunteers adapted as well and turned their hands to other tasks. Evidence is that volunteer teams have been maintained through the pandemic.</p> <p>Volunteers benefited from virtual training opportunities to prepare them before returning as well as additional training sessions to improve their chances of employment e.g. customer services etc.</p>
<p>Difficulty in meeting new families eg reduction in numbers attending baby clinics.</p>	<p>Children's centres do not have information about new born children so rely on families attending these sessions operated by Health Visitors.</p> <p>Currently due to the reduction of clinics on offer and the appointment system being introduced we have started to see 6/8 families where as pre COVID numbers were around 20/30 families</p>
<p>Pressures on families</p>	<p>Action for Children were able to access the organisation's emergency funds to help families with issues eg beds, cookers, food, fuel, washing machines</p> <p>Rather than give out food parcels Action for Children set up 'feed well for less' which was an initiative which provided a bespoke food hamper with recipe cards which developed cooking skills; budgeting skills and a family experience. Additional</p>

	<p>support resources were included from partners in Sandwell.</p> <p>Murray Hall made up food hampers and delivered to all families who were open to family support at Christmas 2020 & 2021</p>
<p>MHCT found that parenting programmes did not work virtually. Families would not engage.</p>	<p>AfC found an increase in engagement from parents with issues of anxiety, fathers/significant males, and provided 1:1 catch up virtual sessions to maintain flexibility.</p> <p>Once face to face sessions were more accessible Murray Hall saw a huge influx in requests for support with Behaviour Management so in response developed a 4 week behaviour workshop programme. This helped to manage the number of single agency cases being allocated for 1 to 1 support and increase capacity for other referrals within the team.</p>
<p>Early Help TAF meetings. Undertaking meetings virtually where parents choose that approach has had major advantages</p>	<ul style="list-style-type: none"> • Professionals able to ‘attend’ from home or workplace – less time consuming in travelling • Families feel less intimidated as they are not in a room with lots of professionals. (Have member of children’s centre staff at family home to offer them support and deal with any IT issues) • Greater attendance of fathers
<p>Greater involvement of fathers</p>	<p>There is evidence during this period that engagement of fathers increased possibly because they were home more but also due to changing attitudes about roles. More fathers engaged with parenting groups; bringing their children to speech and language screening; now attending stay and play type sessions. Seeing that</p>

	<p>children's centres are not just for mums! Fathers accessing virtual sessions on an evening when returning from work. Fathers group being run by volunteers.</p>
<p>Use of community venues/schools for sessions was not permissible.</p>	<p>Good examples of services working together eg in gathering children's wishes and feelings where the task was taken on by schools as children's centre staff could not see the child in school as per usual practice. For older children sessions were arranged at children's centre or library</p>
<p>Concerns about emotional well-being and anxiety</p>	<p>MHCT were able to use the other elements of the organisation's services AfC developed emotional well-being boxes, sensory kits and resources and facilitated access to wellbeing services across the borough. Well-being Hub were a great support and responded to referrals quickly.</p>
<p>Interpreting costs rose</p>	<p>The cost of video interpreting and phone line interpreting is more expensive than face to face costs. AfC negotiated 'bundles' with the company.</p>
<p>Staff shattered after the long period of Covid. Working beyond expectations. Staff very resilient in coping with the constant changes of guidance.</p>	<p>AfC have a robust and easily accessible resource hub with wellbeing tips, wellbeing first aid, mental and physical health support and guidance and resources on stress management. Sitting alongside this is a 24hr counselling service for staff and their family members to access. All staff have access to support from their manager as well as from the organisation as a whole. A team from executive leadership members was created and provides regular Q&A sessions with updates and support.</p>

	<p>Flexibility in patterns of work, regular supervision and wellbeing check-ins continued and will continue throughout.</p> <p>Murray Hall staff supervision continued throughout with an open-door policy from management to offer additional support if and when required. Throughout pandemic always had 50% office working so always had some face to face contact with team colleagues and managers.</p> <p>Management were full-time office based throughout whole pandemic.</p>
<p>Greater working across agencies – avoiding red tape processes</p>	<p>Easier to access mental health advice via phone calls.</p> <p>Membership of wellbeing board and SCVO provided easier access to information from a wide range of organisations across Sandwell and notification of resources and services to utilise for families.</p> <p>Ability to utilise funding to develop initiatives.</p> <p>Regular strategic Early Years meetings to ensure full updates around issues of child care provision and wider impact upon service provision.</p>

Children's Services and Education Scrutiny Scrutiny Board

9 January 2023

Subject:	Tracking and Monitoring of Scrutiny Recommendations
Director:	Law and Governance Surjit Tour Surjir_tour@sandwell.gov.uk
Contact Officer:	Connor Robinson Democratic Services Officer Connor1_Robinson@sandwell.gov.uk Democratic Services Unit

1 Recommendations







That the Board considers the items within the recommendations tracker and notes the progress on their implementation.

2 Reasons for Recommendations

- 2.1 To facilitate the effective monitoring of progress on responses to and press with implementation of recommendations made by the Board and identify where further action is required.
- 2.2 Effective monitoring of recommendations facilitates the evaluation of the impact of the scrutiny function overall.



3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people	<p>The scrutiny function supports all of the objectives of the Corporate Plan by seeking to improve services for the people of Sandwell. It does this by influencing the policies and decisions made by the Council and other organisations involved in delivering public services.</p> <p>Effective monitoring of recommendations made supports this and allows scrutiny to evaluate its impact.</p>
	People live well and age well	
	Strong resilient communities	
	Quality homes in thriving neighbourhoods	
	A strong and inclusive economy	
	A connected and accessible Sandwell	

4 Context and Key Issues

4.1 The attached Appendix details the responses to and progress on the implementation of recommendations made by the scrutiny function.

5 Implications

Resources:	The resource implications will be detailed in the responses to recommendations as detailed in the appendix.
Legal and Governance:	<p>The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.</p> <p>The Local Government and Public Involvement in Health Act 2007 places a duty on the Executive to respond to Scrutiny recommendations within two months of receiving them.</p>



Risk:	<p>Any risk implications have been considered with the relevant Officer/Director/Cabinet Member/Risk Owner at the time the recommendations were referred to them by the Board.</p> <p>Any specific risks for the Board’s attention are detailed in the Appendix.</p>
Equality:	<p>Any equality implications have been considered with the relevant Officer/Director/Cabinet Member/Equality, Diversity and Inclusion Team at the time the recommendations were referred to them by the Board.</p> <p>Any specific equality implications for the Board’s attention are detailed in the Appendix.</p>
Health and Wellbeing:	<p>Any health and wellbeing implications have been considered with the relevant Officer/Director/Cabinet Member/Equality, Diversity and Inclusion Team at the time the recommendations were referred to them by the Board.</p> <p>Any specific health and wellbeing implications for the Board’s attention are detailed in the Appendix.</p>

6 Appendices

Appendix – Monitoring Table



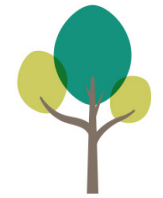
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Children's Services and Education Scrutiny Board 2022/23				
Scrutiny Board Date	Agenda Item Title	Action/Recommendation	Responsible Director /Body	Activity Log as at 9 Jan 23
10 Oct 22	Sandwell Children's Trust Performance Update	For the Scrutiny Board to visit the Sandwell Children's Trust	Democratic Services / SCT	Dates and times being confirmed.

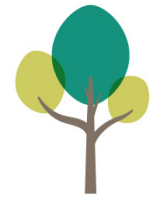
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The following items set out key decisions related to Children’s Services and Education to be taken by the Executive in public session:-

	Title/Subject	Decision Maker	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
1	<p>Determination of Admission Priorities for Sandwell’s Community and Voluntary Controlled Schools 2024/2025</p> <p>Contact Officer: Donna Williams</p> <p>Michael Jarrett, Director of Children and Education</p>	<p>Cabinet – Children and Education (Cllr Hackett)</p>	<p>18 January 2023</p>	<p>N/A</p>	<p>Report by: Director Children and Education: Appendix 1: Admission arrangements for community and voluntary controlled schools in Sandwell for 2024/25</p>

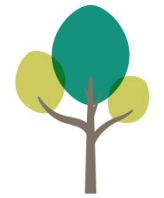


	Title/Subject	Decision Maker	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
2	<p>Schools Funding 2022/2023</p> <p>Contact officer: Elaine Taylor ACCA, Finance Business Partner – Children’s Services</p> <p>Contact Officer: Lesley Reynolds</p> <p>Michael Jarrett, Director of Children and Education</p>	<p>Cabinet – Children and Education (Cllr Hackett)</p>	<p>18 January 2023</p>	<p>N/A</p>	<p>Report by: Director of Children and Education</p>



Annual Programme










Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
Determination of Admission Priorities for Sandwell's Community and Voluntary Controlled Schools		January/February		
Schools Funding		December/ January		
Schools Capital Programme		April to June		
Review of Fees and Charges Sandwell Residential Education Services Centre Charges		May – July		
Childcare Sufficiency Report		July - September		
Model Schools Pay Policy		October/ November		












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Work Programme 2022/23






Children's Services and Education Scrutiny Board

Meeting Date	Item	Links with Strategic Aims	Notes
12 September 2022	Sandwell Children's Trust Annual Review		Emma Taylor (CEO of SCT)
	Elective Home Education Report – Cabinet Response	 	Sue Moore (Group Head for Education Support Services)
	Annual Regional Adoption Report	 	Lynn Noble (Adoption at Heart)
	Children's Services COVID Recovery Funds	 	Sally Giles (Strategic Partnerships and Commissioning Manager) Claire Tate (Senior Transformation Lead for Emotional Wellbeing and Mental Health)
14 November 2022	STEPS Centre	 	Michael Jarrett (Director for Children's Services) Balwant Bains Head of Virtual Schools. (STEPS)



	The impact of the lockdown on Children and Families – findings report following substantial work and investigation in 2021/22.	 	
9 January 2023	Early Help		Kate Griffiths (Strategic Lead for Early Help) Jon Grant (Chair of Early Help Partnership)
	Children’s Emotional Wellbeing and Mental Health	 	BCPNHSFT/CAMHS
	Scrutiny Review on the Impact of the lockdown on Children and Families – Final Report	 	Democratic Services Michael Jarrett (Director for Children’s Services)
Additional meeting TBA February 2023	Outcome of trial of 16+ provision at the Westminster School and The Meadows (visit to take place first)		Michael Jarrett (Director for Children’s Services)
	Youth Service Offer and Youth Facilities		Michael Jarrett (Director for Children’s Services)



	Childhood Obesity	 	Michael Jarrett (Director for Children's Services) Lisa McNally (Director of Public Health)
20 March 2023	Sandwell Children's Trust 6 month review (incl R&R of SWs)		Emma Taylor (CEO of SCT)
	Education Investment Area and Priority Investment Area developments		Michael Jarrett (Director for Children's Services)
	Virtual School		Michael Jarrett (Director for Children's Services) Balwant Bains Head of Virtual Schools. (STEPS)



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