

## Scrutiny Committee, 7 June 2016

### Information Bulletin

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee.

This Information Bulletin covers the following items:

1. [Trends in numbers of Children in Care \(CiC\) and unaccompanied child asylum seekers in Suffolk](#)
2. [Adult and Community Services \(ACS\) Staff Wellbeing Update - May 2016](#)

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### 1. Trends in numbers of Children in Care (CiC) and unaccompanied child asylum seekers in Suffolk

- 1.1 On 29 November 2015 the Scrutiny Committee considered the County Council's budget setting process for 2016/17. One of the recommendations made by the Committee was to request: "in six months' time, data to show trends in numbers of Looked after Children and unaccompanied child asylum seekers in Suffolk"
- 1.2 The Committee wished to receive information about trends in numbers of Looked after Children and unaccompanied child asylum seekers in Suffolk, because currently the numbers were increasing and an overspend was projected, despite efforts to reduce the numbers.
  - Looked After Children (LAC) Trends – the numbers of LAC as at 31 March 2014, 2015, and 2016
  - Unaccompanied Asylum Seeking Children (UASC) – the numbers of UASC as at 31 March 2014, 2015, and 2016, and the number of UASC becoming looked after during 2013/14, 2014/15, and 2015/16.
  - Charts – a chart showing the numbers of LAC as at 31 March, a chart showing the numbers of UASC and non-UASC LAC as at 31 March 2016.

*Please note these figures were run a few weeks ago and therefore the 2016 figures will differ slightly due to updated changes within CareFirst.*

**LAC by gender**  
(as at 31st March)

Age	31/03/14				31/03/15				31/03/16		
	Female	Male	Total		Female	Male	Total		Female	Male	Total
0	31	24	55		15	29	44		21	29	50
1	13	20	33		12	18	30		11	11	22
2	16	11	27		11	11	22		14	5	19
3	14	18	32		12	5	17		8	8	16
4	5	11	16		9	13	22		7	10	17
5	11	8	19		4	9	13		12	15	27
6	10	16	26		7	9	16		8	8	16
7	5	17	22		10	18	28		10	9	19
8	10	23	33		11	22	33		14	18	32
9	11	25	36		14	24	38		15	25	40
10	12	18	30		15	26	41		16	27	43
11	13	37	50		16	22	38		18	28	46
12	7	33	40		16	40	56		17	27	44
13	29	24	53		10	38	48		21	43	64
14	19	38	57		38	34	72		19	40	59
15	21	42	63		22	48	70		47	43	90
16	30	38	68		24	50	74		31	65	96
17	29	35	64		31	43	74		27	63	90
<b>Total</b>	<b>286</b>	<b>438</b>	<b>724</b>		<b>277</b>	<b>459</b>	<b>736</b>		<b>316</b>	<b>474</b>	<b>790</b>
<b>%</b>	<b>40%</b>	<b>60%</b>	<b>100%</b>		<b>38%</b>	<b>62%</b>	<b>100%</b>		<b>40%</b>	<b>60%</b>	<b>100%</b>

**Care entrants and exits by age**  
(during year)

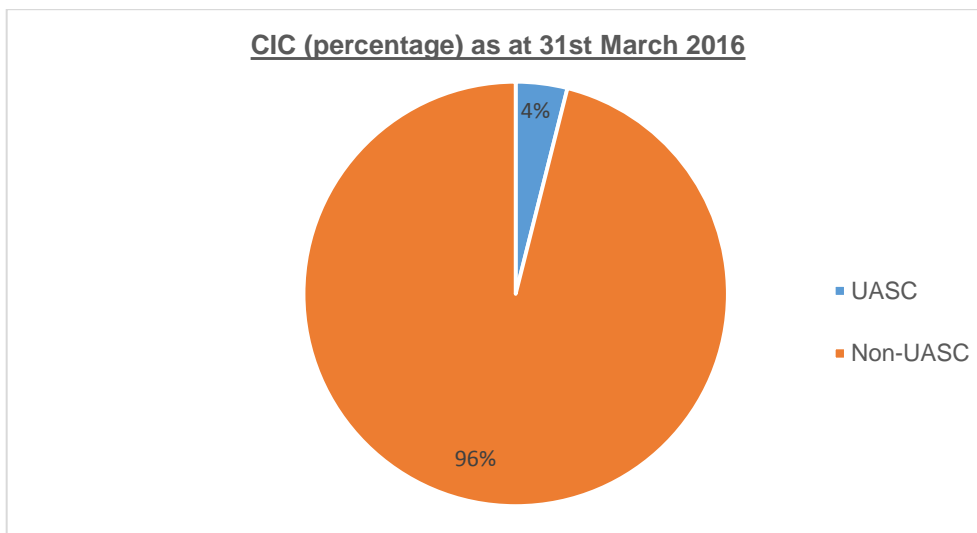
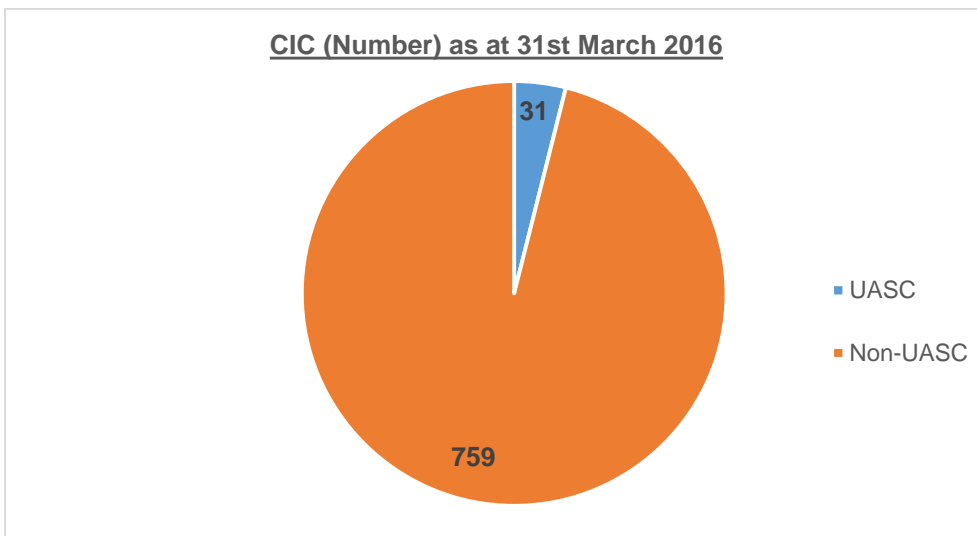
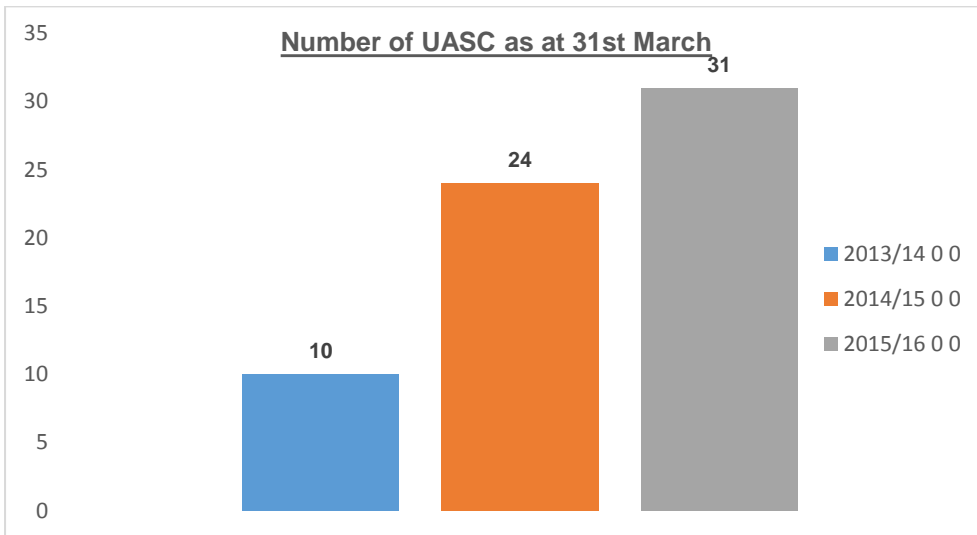
Age Band	2013/14				2014/15				2015/16		
	Entered Care	Left Care	Total		Entered Care	Left Care	Total		Entered Care	Left Care	Total
0-5	150	165	315		137	157	294		153	137	290
6-11	64	37	101		65	34	99		67	33	100
12-15	66	42	108		86	38	124		76	26	102
16-17	25	28	53		42	94	136		45	77	122
18	N/A	57	57		N/A	3	3		N/A	4	4
<b>Total</b>	<b>305</b>	<b>329</b>	<b>634</b>		<b>330</b>	<b>326</b>	<b>656</b>		<b>341</b>	<b>277</b>	<b>618</b>

**LAC UASC by age and gender**  
(as at 31st March)

Age	2013/14				2014/15				2015/16		
	Female	Male	Total		Fem ale	Male	Total		Fem ale	Male	Total
12			0				0			1	1
13			0			3	3				0
14	1		1			3	3			3	3
15		1	1		1	2	3			7	7
16		7	7			6	6		1	6	7
17		1	1		2	7	9			9	9
18			0			0	0			4	4
19			0				0			0	0
<b>Total</b>	<b>1</b>	<b>9</b>	<b>10</b>		<b>3</b>	<b>21</b>	<b>24</b>		<b>1</b>	<b>30</b>	<b>31</b>
<b>%</b>	<b>10%</b>	<b>90%</b>	<b>100%</b>		<b>13%</b>	<b>88%</b>	<b>100%</b>		<b>3%</b>	<b>97%</b>	<b>100%</b>

**LAC UASC entering care by age and gender**  
(during year)

Age	2013/14				2014/15				2015/16		
	Female	Male	Total		Femal e	Male	Total		Fem ale	Male	Total
11			0				0			1	1
12			0			1	1				0
13			0			2	2				0
14		1	1			4	4			1	1
15		1	1			3	3			5	5
16		4	4		2	5	7			4	4
17	1	1	2			3	3			6	6
<b>Total</b>	<b>1</b>	<b>7</b>	<b>8</b>		<b>2</b>	<b>18</b>	<b>20</b>		<b>0</b>	<b>17</b>	<b>17</b>
<b>%</b>	<b>13%</b>	<b>88%</b>	<b>100%</b>	<b>0%</b>	<b>10%</b>	<b>90%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>



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## **2. Adult and Community Services (ACS) Staff Wellbeing Update - May 2016**

- 2.1 At its meeting on 2 July 2015, the Scrutiny Committee received an update on Adult and Community Services staff wellbeing. The following information has been produced to update the Committee on action being taken to ensure that staff wellbeing is at the forefront of business planning.

### **ACS Wellbeing Survey and Suffolk County Council Staff Survey**

#### ***Background***

- 2.2 The Adult and Community Services (ACS) Wellbeing Survey was based on the Health and Safety Executive's Management Standards. It covered six key areas of work design (stressors) that, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence. These stressors are: Demands, Control, Support, Role, Relationships and Change. The standard for each of these stressors is aspirational but together they define the characteristics, or culture, of an organisation where the risks of work related stress are being effectively managed and controlled.
- 2.3 The survey was undertaken during March and April 2015. The results were reported to this Committee in July 2015 with the intention of further updates as required.

#### ***Challenges and solutions***

- 2.4 An action plan was published to address issues raised by the survey. Some key actions were implemented such as: enhanced monitoring of stress related sickness absence on a team by team basis correlated with staffing vacancies and skill mix; issuing staff and managers with guidance about the use of stress toolkits; issuing advice about the advisability of early referral to Occupational health as well as reminders about the staff counselling service. Wider issues were also addressed such as the roll out of a career progression framework across all front line practitioner staff and additional training and support for front line managers.
- 2.5 Other aspects of the plan were delayed due to capacity and workload issues within ACS. It was considered to be insensitive to convene planned focus groups as time out of work to discuss stressors could be counterproductive. ACS therefore took advantage of the Corporate Staff Survey which took place in September to amalgamate activity in this area. The lead ACS Health and Safety (H&S) Advisor and the HR lead for ACS met and looked at the results from both surveys in December 2015. The outcomes were remarkably similar and it was agreed by the ACS Assistant Director (AD) for H&S that the surveys could be looked at as a whole and actions planned in light of this. This plan was agreed by Directorate Management Team (DMT) and by the ACS Safety, Health and Wellbeing Steering Group.

#### ***Action Plan***

- 2.6 The Action Plan was devised on a risk matrix basis. It firstly looked at the area of evidenced concern, then the risk that this would pose to the organisation if it was not controlled, in turn the risk it would pose to the individual and lastly the action required to control both those sets of risks. Each action has a DMT lead

with support from both HR and Health and Safety advisers and the plan is overseen by both DMT and the Directorate Health and Safety Steering group.

*The Plan can be précised as follows:*

<b>Concern</b>	<b>Action to control the risks</b>	<b>How</b>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• An improved communication process to be developed for ACS.</li> <li>• Roadshows/surgeries Focus Groups</li> </ul>	A communications approach will be developed to explicitly incorporate hard to reach areas. All focus groups will be solution based.
<b>Senior management visibility and trust (Leadership)</b>	<ul style="list-style-type: none"> <li>• Develop customer purpose for ACS</li> <li>• Coaching and Mentoring for leaders and managers.</li> </ul>	1) Using systems thinking and systems leadership develop customer purpose though focus groups. 2) Possible use of informal and formal approaches. To be incorporated into all personal development plans. Use of cross directorate mentors at AD and Senior Manager level and formal coaches.
<b>Roles and workload (Defining and engaging)</b>	<ul style="list-style-type: none"> <li>• Clear and consistent objective setting approach for all individuals across ACS.</li> <li>• Defined roles. Prioritisation of workload and projects</li> </ul>	1) Revise the approach to one to ones and objective setting. Including wellbeing issues and support. Look at areas where role definition is unclear. 2) Transformation plan with prioritisation and people plan in place to ensure one strategy of scheduling work.
<b>Low morale and behaviours</b>	<ul style="list-style-type: none"> <li>• Aspire – relaunch and behaviour embedding</li> <li>• Refresh performance management with all managers and leaders</li> <li>• Workshops for staff on performance and support.</li> </ul>	1) Join in with corporate approach led by HR 2) HR and H&S to look at trust behaviour framework and embed at team meetings and one to ones.

## **Deliverables**

2.7 The timeframe deadline for implementation is September 2016 when the next Council wide Staff Survey takes place. Progress will also be reported into Corporate Management Team at regular intervals and all Directors have committed to addressing the areas highlighted in the surveys.

2.8 Work within the plan will be incorporated into Performance Development Reviews for the Management Team as leads of each area of delivery.

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