People Overview Committee

22nd October 2025

Item

Public

Performance Monitoring Report Quarter 4

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1. Synopsis

1.1 This report provides an update to Scrutiny committee members on key areas of performance across Care & Wellbeing and Children and Young People services.

2. Executive Summary

2.1 This report presents the most recent performance data available across social care and education. We aim to highlight areas of work where we can see evidence of improvement and outcomes being met, but also the areas of challenge and actions being taken in addressing these.

2.2 Under Care and Wellbeing, the Adult Social Care data will move from its previous reporting data sources Adult Social Care Outcomes Framework (ASCOF) to the new Client Level Data (CLD). Performance data will now also embed the areas identified through the Towards outstanding action plan following the Care Quality Commission (CQC) inspection.

3. Recommendations

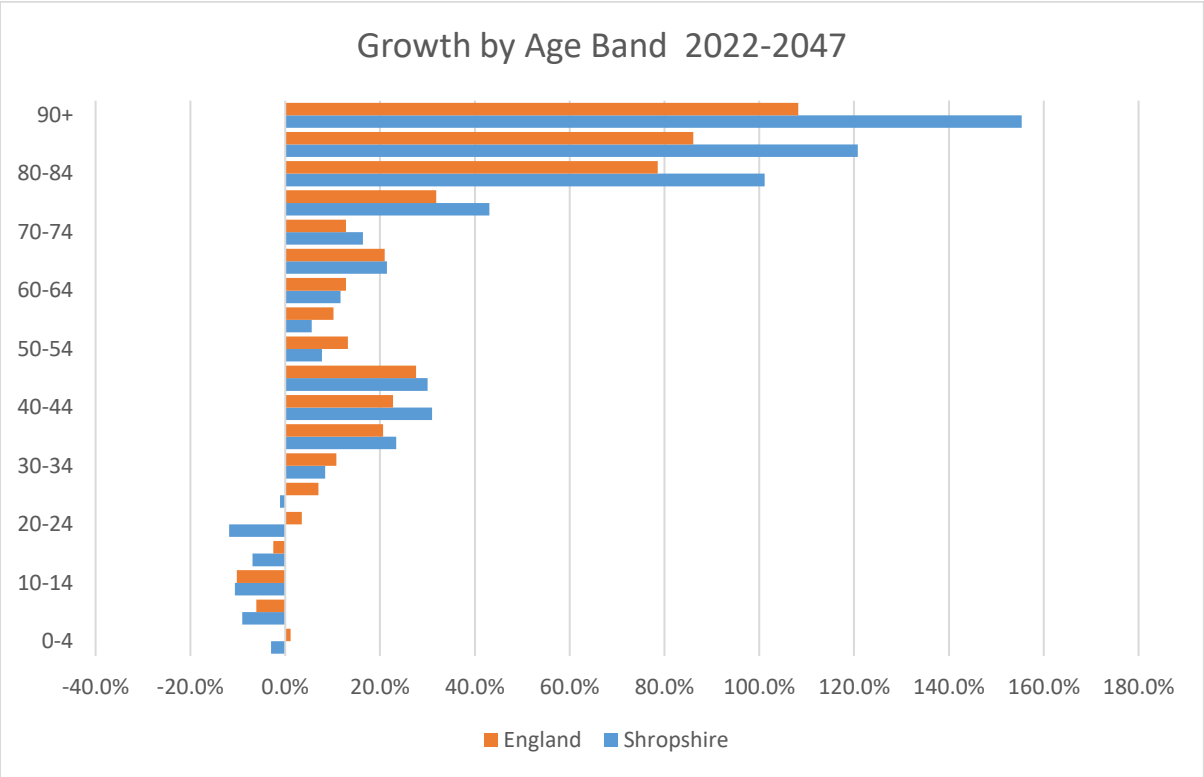
3.1 The committee considers the report and identifies specific areas of focus that it may want to explore in more detail to be included in their work programme.

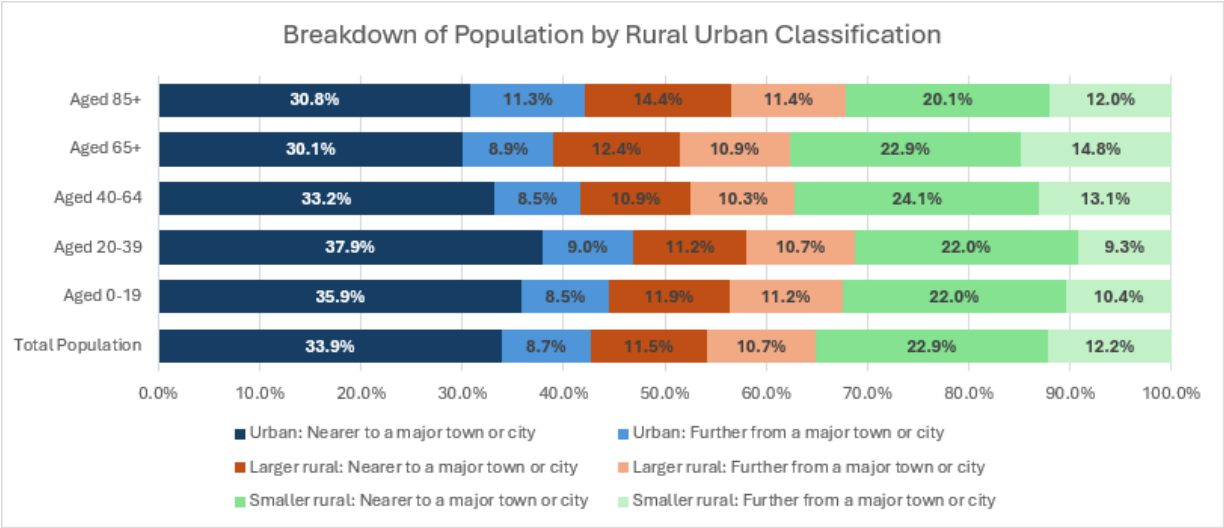
4. Report

Adult Social Care Background: demand and benchmarking

4.1 Our older adult population is higher than the national average and we are projecting exponential growth in our 85+ population over the coming years. We have a falling

birth rate, and our younger people migrate out of the county for university and employment opportunities.



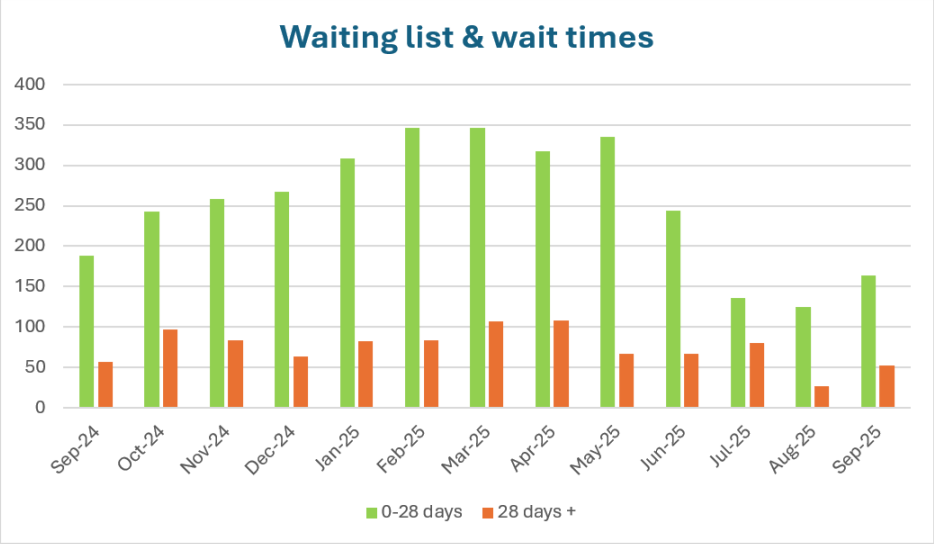


4.2 Whilst Shropshire does have less household deprivation than the England average there are areas that sit within the most deprived deciles in the country, including Ludlow East and Harlescott (Shrewsbury) which are in the lowest 10%. What is more hidden and therefore less understood is the prevalence of child poverty at 32.7%, placing Shropshire 58th out of the 151 upper tier Local Authorities. This is lower than Birmingham (48.3%) but significantly higher than the lowest, Richmond upon Thames (12.4%).

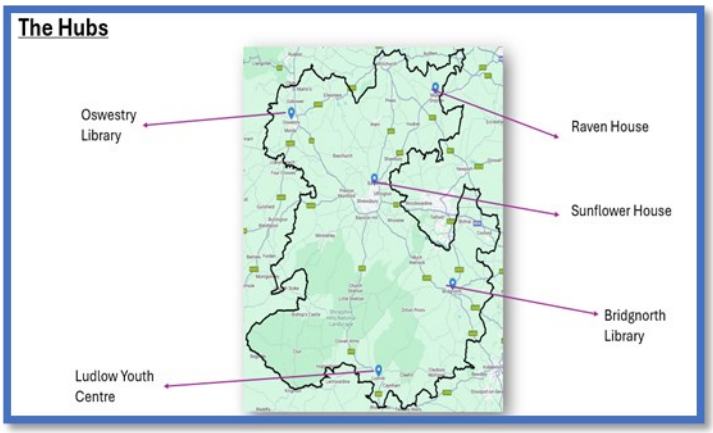
4.3 An independent report stated that the cost of providing services in rural areas and the rising demand across Shropshire's older population could increase financial costs of social care in the future. Its critical we map out future demand and the budget needed to mitigate this known pressure. We know our Public Health and local NHS funding is lower than the national average and Shropshire Council funding is one of the lowest amongst other local authorities, therefore its crucial we work together to pool resources and identify ways to work together to deliver services that meet both social and health needs, reducing the demand on the NHS and the future impact on social care services through unmet health needs.

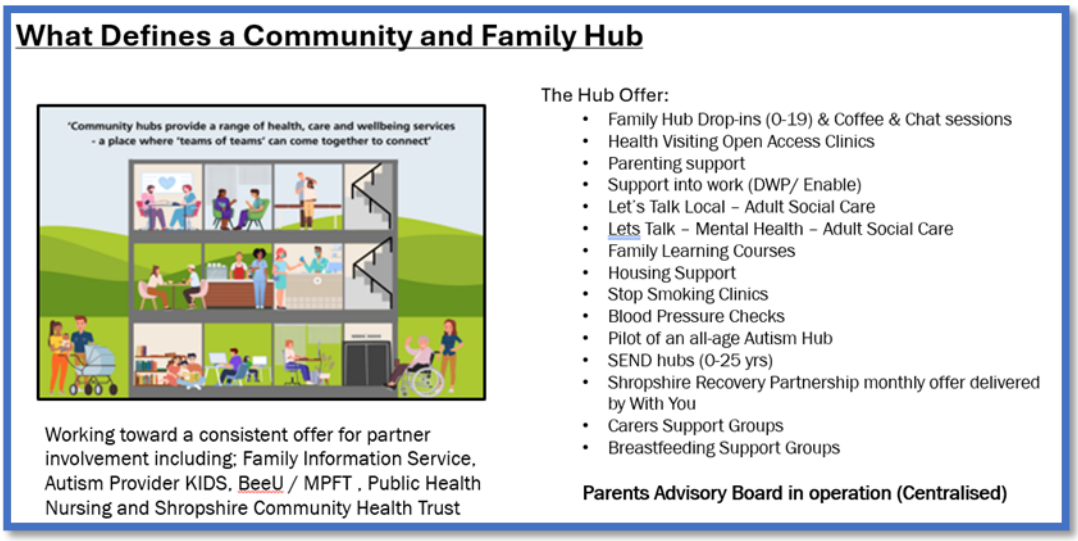
4.4 We have recently applied and been successful in securing a place in the first wave of the National Neighbourhood Health Implementation Programme, Shropshire is one of 43 Integrated Care Boards which will support millions of people set to benefit from improved care closer to home, and roll out new neighbourhood based health services as highlighted in the 10 year health plan https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future. The introduction sessions for this start on the 23rd October and will map out the work aligned to this for Adult Social Care.

Community Social Work



4.5 We know that getting to people sooner, putting them in touch with services as early as possible helps prevent them needing increased social care support over time. Our neighbourhood family-based hubs which are still in development are now located across 5 areas of the county. The aim is to be locally accessible and provide residents with the right information at the right time, encouraging them to self-serve or put them in touch with the right service to meet their needs.

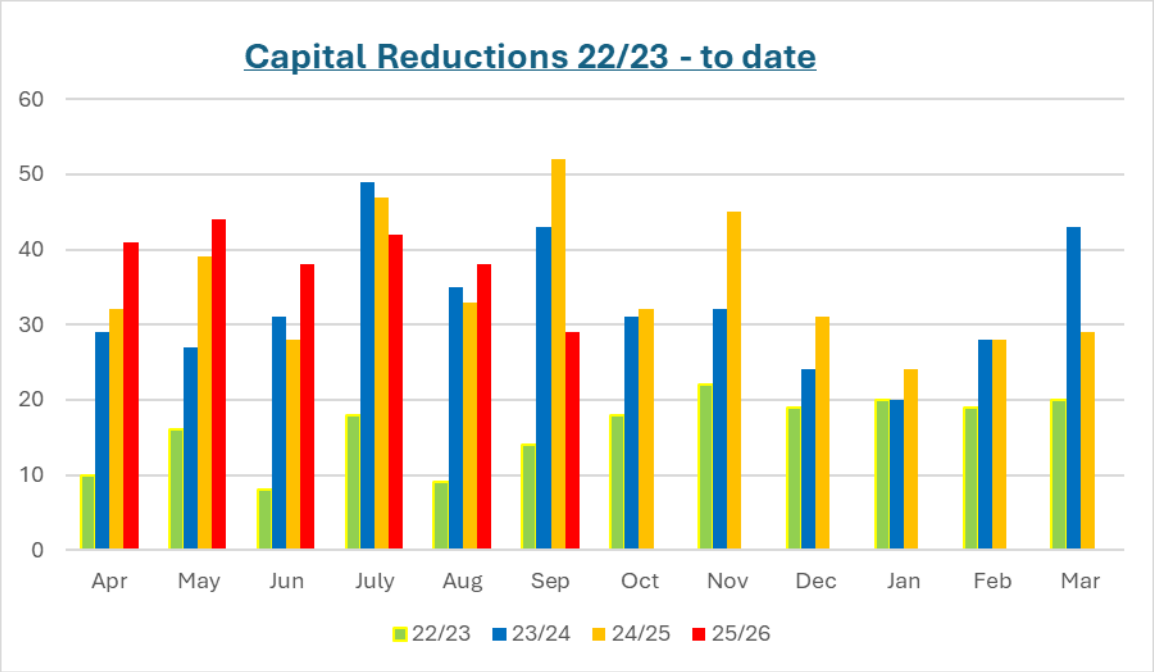




4.6 Adult Social Care has received 12,854 Contacts relating to 8068 individuals since 1/4/2025, with 2383 going to the three community social work teams, that's an average of 88 referrals per week, 29% referrals are made by individual themselves or a family member, most remaining referrals are made by professionals such as GP's and district nurses.

4.7 In addition, 582 individuals have been seen in our Let's Talk Local (LTL) hubs, that's an average of 21 per week. We have seen 94 Carers since April 1st and 78% LTL attendees are aged 65+. A LTL Local appointment is where a virtual or in person appointment is arranged to have a conversation with an adult social care practitioner. This is generally when the presenting need seems lower and a 'conversation first' model is used, providing information and advice and signposting to relevant services. This is proven to be an effective way to manage lower-level demand, with approximately 35% going on to need a full care needs assessment and 65% diverted away with information and advice. We are working with colleagues across public health and children's social care to integrate community family hubs with our LTL model, ensuring access across all communities. We currently have LTL hubs across 12 locations in Shropshire.

4.8 We have seen a substantial increase of self-funder and capital reduction referrals, with a significant increase over the last 2.5yrs:



4.9 We are seeing high numbers of self-funding who have been paying high cost to be in a care home who do not have eligible 24-hour care needs. This is placing additional pressure on housing also as often they have used funds from the sale of their property to pay the care home fee's therefore have nowhere to live to if they cannot remain in the care home.

4.10 Due to the rising demand across the self-funding market, we are looking at ways to link in with self-funders as early as possible, we have held joint open days with Age UK focussed on self-funders to provide information and advice around making decisions about care at home, moving into a care home and how this can be funded. We are working with commissioning around the self-funding market, how we can influence providers to ensure fair rates for self-funders and to ensure we know what the future demand of self-funders will look.

4.11 Linked to the increased demand with self-funders is Deferred Payment applications, (DPA'S) this is when someone is in a care home long term, has a property which is deemed as an asset where funds could be used to fund their care, the council are statutory obliged to offer a Deferred Payment, where we can place a charge on the property for funds to be recovered on sale of the property or when the customer passes away. During which time the council commit to paying for their care home fees. Since 2023 we have seen demand for Deferred Payment applications quadruple.

Year	No. of DPA's	Weekly pressure	Annual pressure
23/24	14	£13,711	£606,664
24/25	61	£64,993	£2,985,856
25/26	30 so far	£33,797	£1,351,674

4.12 We have seen an increase in the complexity of referrals, placing more demand on our qualified practitioners. Advanced dementia being one of the main areas of pressure, with the need for long term work around managing risks, assessing mental capacity and in many cases a need for Court of Protection applications to ensure we can keep people safe where they object or are unable to consent to restrictions being placed on their liberty to manage risks.

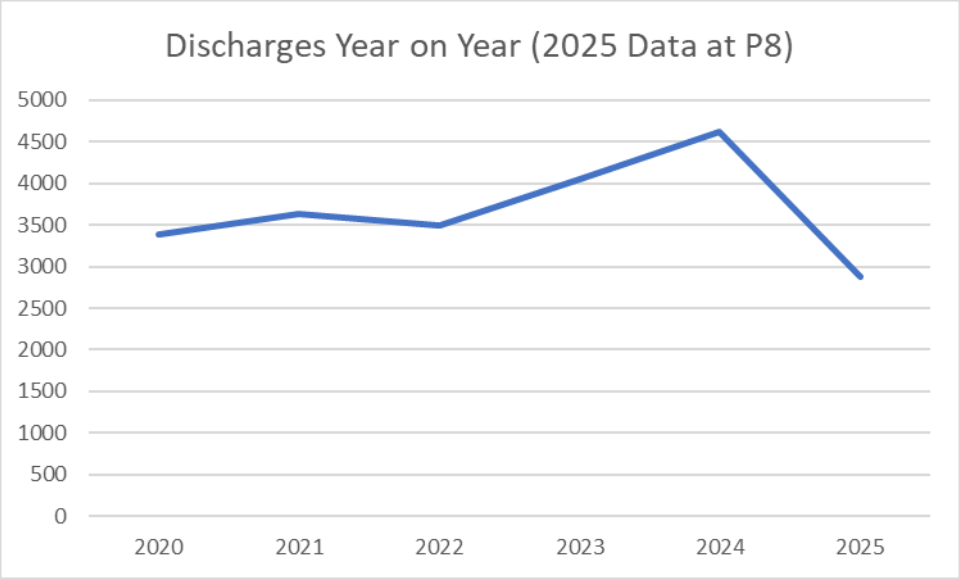
4.13 Another area of increasing demand and risks is self-neglect especially with alcohol and substance misuse as a contributing factor, we are working with individuals where regular Mult disciplinary team meetings are needed to monitor risks and work together to be creative around encouraging engagement and progress, which can be challenging with the lack of primary health support with alcohol and substance misuse.

5.

ICS Hospitals

4.14 ICS Hospitals team consists of 16 FTE's staff who led and supported 4,455 complex discharges in 2024 with 2,937 being demand from SaTH. The team works in an integrated Care Transfer Hub to deliver discharges from SaTH as well as working in partnership with ShropCom and Robert Jones and Agnes Hunt and out of county hospitals.

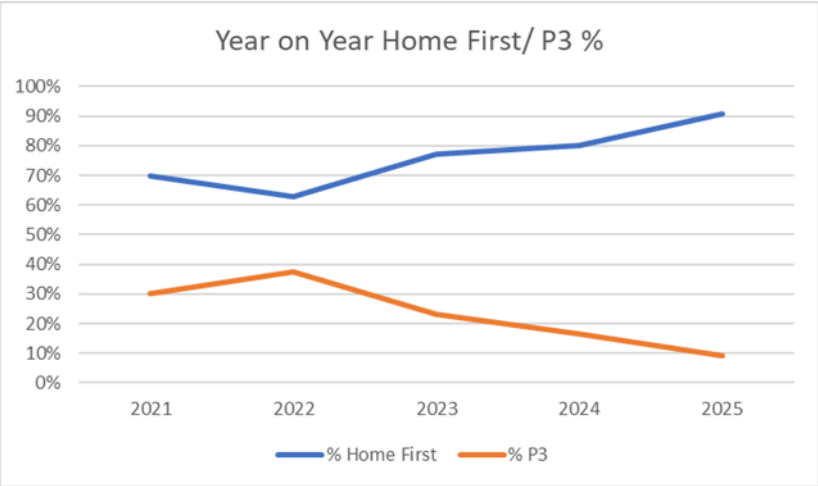
4.15 During the period between January – August 2025 complex discharge demand is at 2,877, which indicates that demand remains high and is likely to be around the same level of 2024.



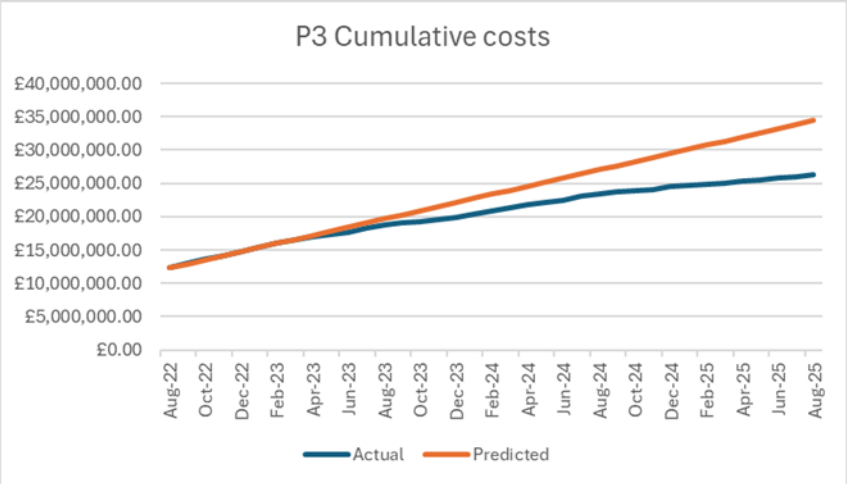
4.16 ICS Community consists of 14.2 FTE's who, since April 2025, completed 1,432 Care Act Assessments and 3,807 reviews.

4.17 We have implemented strategic changes system wide to influence the delivery of complex discharge. This included leading decision-making changes and training to

system staff. We invested in Reablement Transformation. We are using services like START and 2 Carers in a Car to safely manage more complex needs at home to avoid Pathway 3 (PW3)discharges and provide more rehabilitation and support which reduces ongoing needs and likelihood for higher cost care.



4.18 The above shows the individuals going home. *people discharged home to community/network. The interventions have significantly reduced the demand Pw3, which if we had not taken would have cost a predicted £8,103,400 (April 24 av. cost used) from January 23 to August 25.



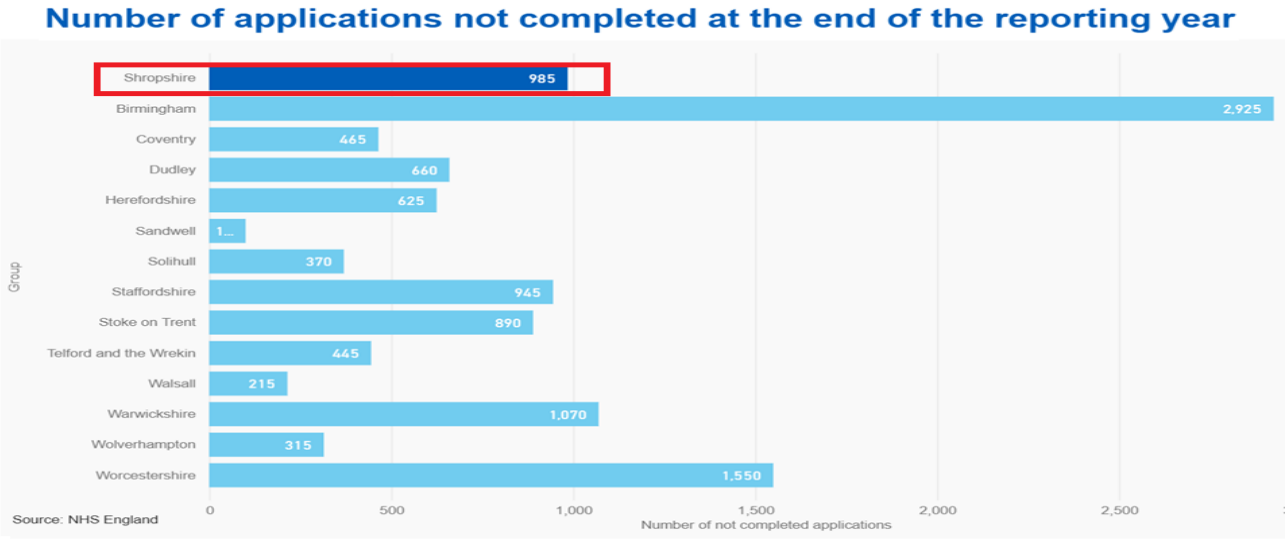
4.19 Costs related to reablement and care at home should be met by the reduced demand for bed-based discharge with Better Care Fund grant monies for discharge re-aligned to the reablement budget line.

Deprivation of liberty (DoLS)

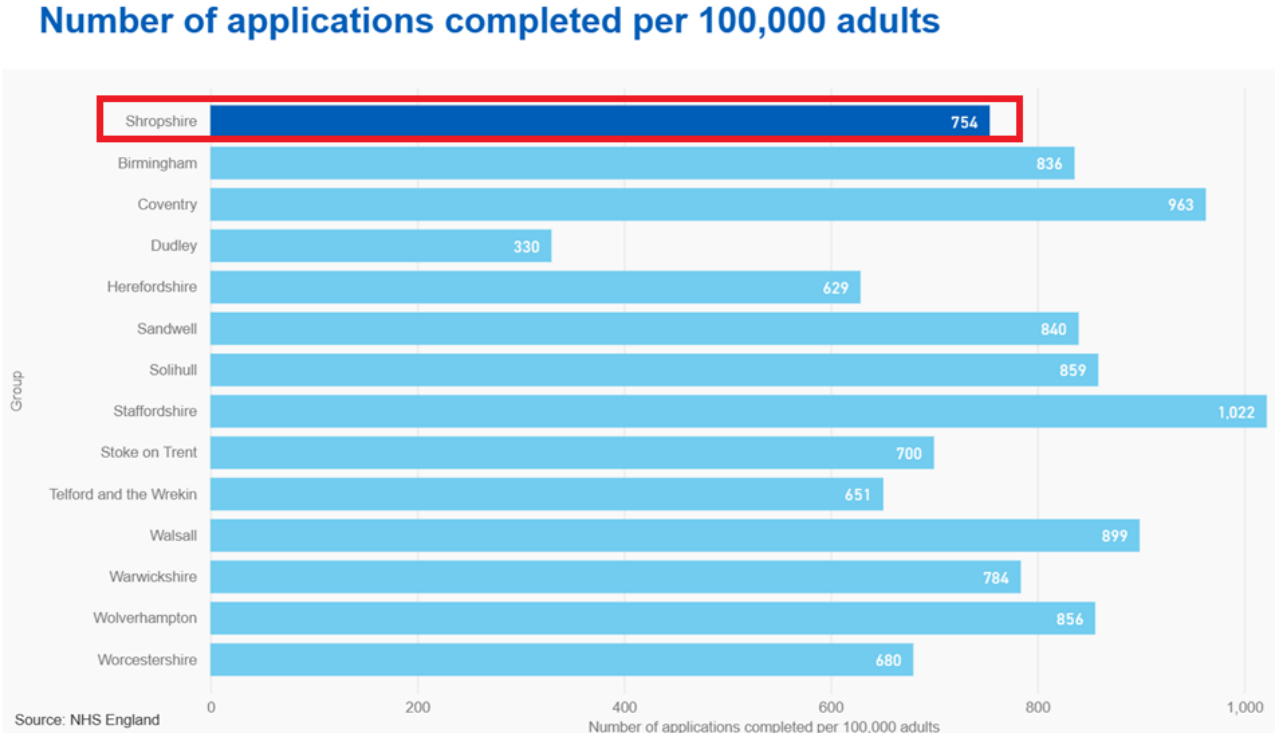
4.20 The team plays a crucial role in ensuring that individuals who lack the mental capacity to make decisions about their care are protected when their freedom is restricted in care settings (care home or hospital) in accordance with Mental Capacity act 2005 and the Human rights act 1998 Article 5.

4.21 Nationally in 2023-2024 the total number of applications reported by Local authorities as received between 1st April and was 31st March 2024 was 332,455 which is an increase of 11% from 2022-2023 (300,765).

4.22 During the same period, it is estimated that 323,870 applications were completed nationally. This reflects a sustained upward trend nationally, with the volume of completed applications increasing by an average of 9% annually over the past five years. This consistent growth highlights the ongoing escalation in demand and the sector's capacity to process a higher number of applications each year.

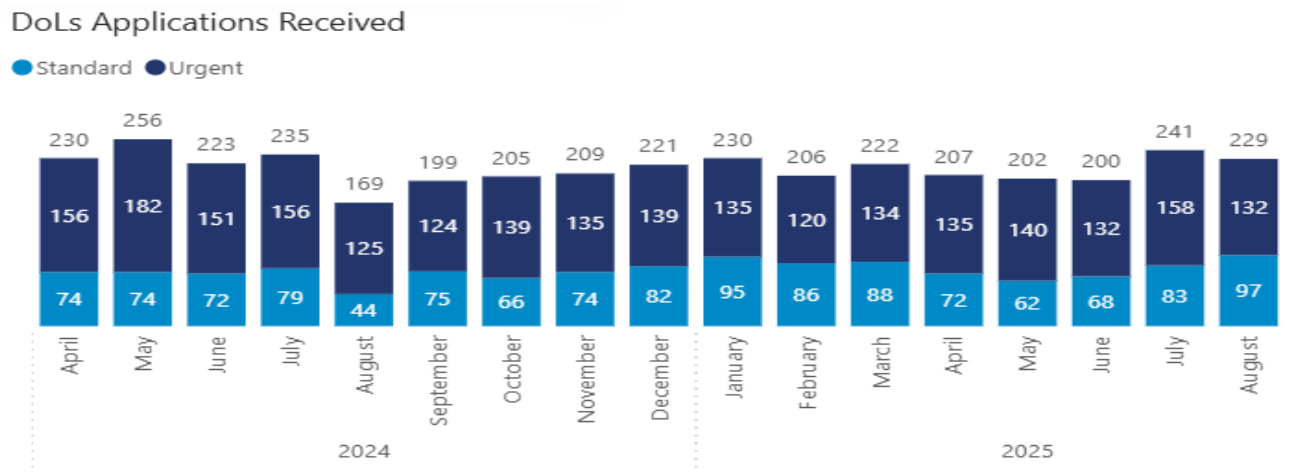


4.23 The reported number of cases that were not completed as at years end nationally was and estimated 123,790, a decrease of 2% from last year.



4.24 The national data (23-24) outlines that Shropshire has a 4.39% higher rate of DoLS applications, and 5% more applications completed per 100,000 residents than the National average.

4.25 In practice the number of applications far exceeds our capacity to assess as the team has 6.4 FTE meaning that a backlog of applications exists. Data shows that Care homes represent 59.6% of applications with 40.4% of application received from hospitals.



4.26 Careful consideration has been given around Shropshire approach to managing the backlog. To that effect an action plan was developed and additional resource allocated to support in addressing the backlog from 2021 and 2022.
With the additional resources the 2021 and 2022 applications were addressed leaving the 2023 and 2024 backlog.
The table below shows progress made by comparing the waiting list at 21/02/24 (first table) to the teams current waiting list (second table).

Table 1:

	High risk (Red)	Medium (amber)	Low (green)	Total number
2021	33	4	4	**41**
2022	155	21	53	**229**
2023	267	68	151	**486**
2024	110	20	37	**167**
Total	**565**	**113**	**245**	**923**

Data collected on 21/02/2024

Table 2:

No. of DoLS referrals (Form1) by ADASS RAG system

Period 2023 - Current (Sep 2025)

	High risk (Red)	Medium (Amber)	Low (Green)	Total No. of referrals
2023	39	19	48	**106**
2024	232	53	134	**419**
2025	248	76	144	**468**
Total	**519**	**148**	**326**	**993**

Data collected on 03/09/2025

4.27 The DoLS team collaborates closely with all relevant teams to ensure continuous monitoring of individuals known to our service, maintaining an up-to-date understanding of any changes in their needs. Furthermore, the team maintains regular contact with care homes to promptly identify and record any alterations in residents' circumstances.

Safeguarding team

4.28 The Adult Safeguarding Team is a specialist multi-disciplinary team comprising 7 staff that provide a countywide service for safeguarding adults. The team offers a same-day response service with residents; their representative and referrer being contacted at referral point. During initial contact, our team determines the risk level and the next appropriate steps and establishes a communication plan with the person. Following this, people are allocated on the day they are referred and held by a named worker that would support the individual. By utilizing this approach, the team does not have a waiting list.

4.29 Nationally in 2023-2024, the total number of Safeguarding concerns reported by Local authorities was 615,530, which represents a 5% increase from 2022-2023 (587,970).

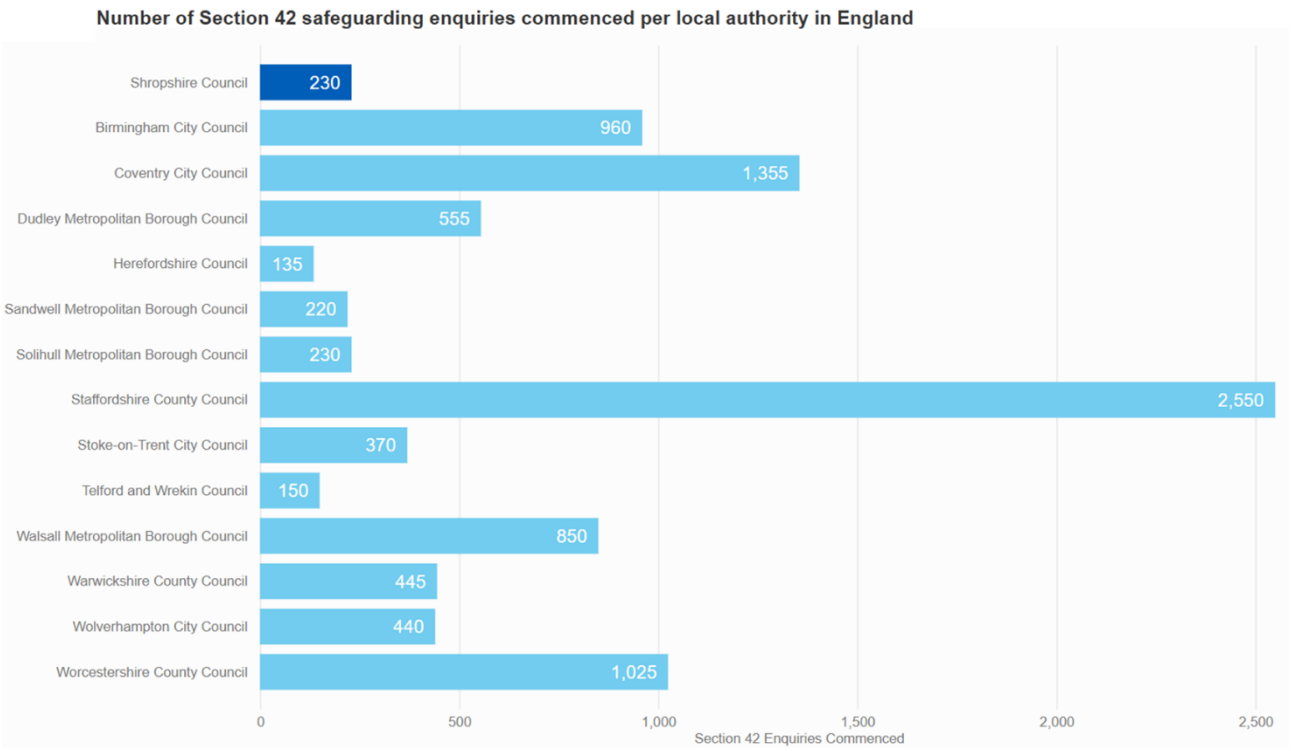
4.30 Similarly, Section 42 and other enquiries commenced in 2023-2024 have increased nationally by 0.5% compared with 2022-2023.

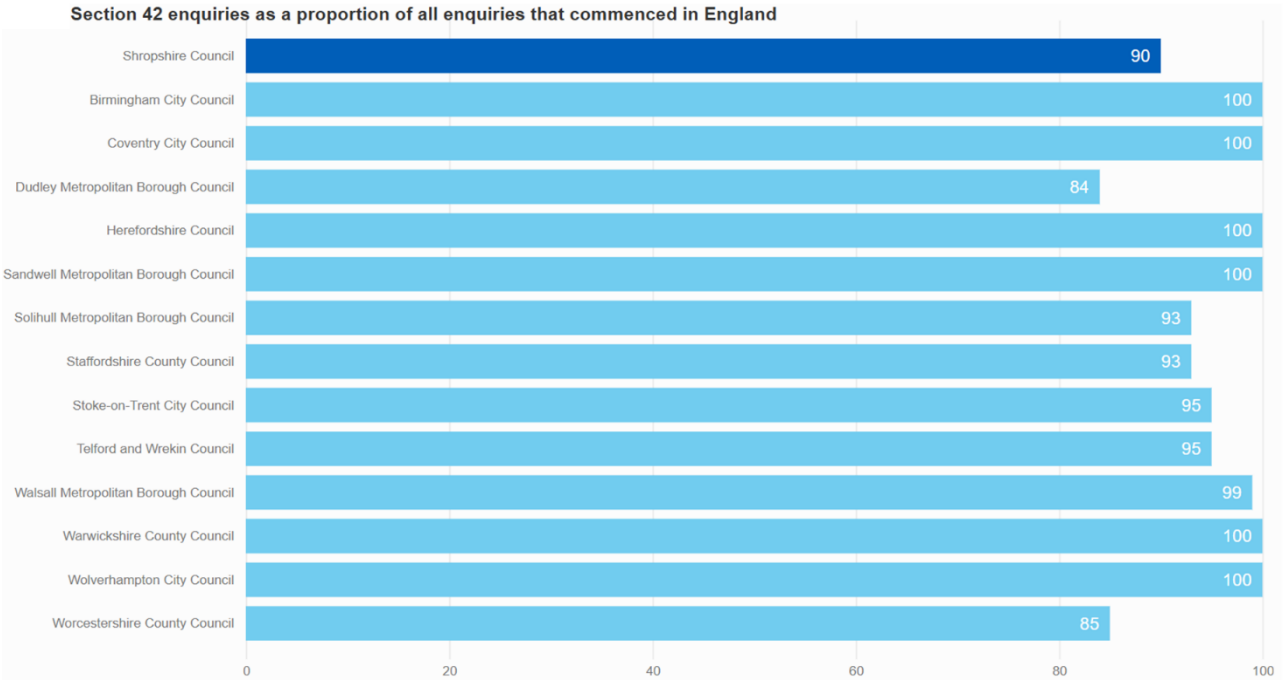
4.31 From the beginning of this financial year our First Point of Contact (FPoC) received 1070 contacts around safeguarding. Our FPoC team, with support from the safeguarding team, ensures that people receive the appropriate help from the best placed service, meaning contacts are dealt with accurately and proportionately. This well-established process means that only 372 contacts (35%) have been progressed as Safeguarding concerns.

4.32 Further reviewing the 230 new contacts this year we can gather that 117 contacts were concluded at this initial stage with 90 progressing to a Safeguarding enquiry for ongoing support.

4.33 Shropshire had 230 Section 42 enquiries in 23-24 which represents a 64% increase compared to figures from 2022-2023 (140), When looking at Section 42 enquiries as a proportion of all enquiries in the current year Shropshire benchmarked at 90% in line with regional partners however below the England average of 92 %.

4.34 Looking at the national picture, Shropshire is an outlier regarding national reporting. This is attributed to the well-established process and the use of the FPoC team in the safeguarding process which is supported by senior staff in the safeguarding team daily.





4.35 Analysis of the Making Safeguarding Personal (MSP) data demonstrates that the service consistently places individuals at the center of the safeguarding process. Notably, 76% of people were consulted regarding their desired outcomes, with 89.66% of those outcomes successfully achieved. This reflects a robust, person-centered approach and a commitment to delivering effective safeguarding interventions.

4.36 The Safeguarding Service Manager and the Principal Social Worker (PSW) attend joint case review group in which safeguarding adult reviews (SARs), Domestic Homicide Reviews (DHRs) are discussed. Learning briefings are published on Safeguarding Community Partnership (SSCP) website with action plans developed with the SSCP and focus on improvement and impact. Once published the learning briefings are shared with staff by the PSW. The PSW also offers staff workshops with an aim of telling staff about the published SARs and identifying how they as practitioners, and we as an organization can learn and develop. In addition, the SSCP run SAR learning session for all staff across the system.

Occupational Therapy service

4.37 The county wide service is divided in 2 teams' Occupational Therapy (OT) team and Independent Living Support (ILS) with a total of 23 FTE. Please note that the OT team covers both adult and children's occupational therapy with the team having a housing focused approach.

4.38 The primary role of the Occupational Therapist (OT) is focused on prevention, with responsibilities centered around risk identification and the provision of equipment to improve individual safety and promote independence.

4.39 In 2024-2025 the team received 3926 contacts from 3239 people meaning the team received on average 327 contacts per month.

4.40 The OT service had 800 people waiting on 22nd January 2025 with 770 (October 2025). Overall, the team's performance is considered good, reflecting the level of new requests mentioned above with the team specifically focusing on high risk and oldest referrals waiting.

OT waiting list 7th Oct 2025

	NE	NW	Central	SE	SW	ILS	Children	Total
Red	5	0	28	5	0	0	1	**39**
Amber	40	32	132	22	8	0	5	**239**
Green	86	67	178	20	42	72	27	**492**
Total	**131**	**99**	**338**	**47**	**50**	**72**	**33**	**770**

Historic cases

	Central	Northeast	Northwest	Southeast	Southwest	Children
2023	3 awaiting allocation	0	0	0	0	0
2024	158	18	14	7	0	0

Longest waits

	RED/date	Amber/date	Green/ date
NE	06/08/2025	25/04/2024	19/03/2025
NW	0	18/03/2024	11/03/2024
Central	12/06/2025	09/11/2023	06/11/2023
SE	12/0/2025	8/11/2024	8/11/2024
SW	0	24/07/2025	11/02/2025
ILS	0	0	05/08/2025
Children	24/09/2025	12/03/2025	20/01/2025

4.41 In September, we successfully conducted interviews and appointed a Principal Occupational Therapist, who is due to commence employment at the beginning of November. The Principal OT will play a pivotal role in advancing our practice model, with a particular emphasis on identifying opportunities for continuous improvement and ensuring that our service delivery is informed by the latest evidence-based best practice. This appointment is expected to further strengthen our commitment to delivering high-quality, person-centred occupational therapy interventions across the county as well as further explore new ways of working acros Care & Wellbeing

Emergency Social Work Team (ESWT)

4.42 The ESWT works across the county for all urgent social work response needs. For the Ofsted inspection we undertook an audit of all activity within an eight-week period, sound and robust practice was evident alongside professional curiosity. There is

person-centred practice and good use of relationships and assets to make a safe plan until the next day. **4.43** The team are highly skilled at working in an emergency, offering a timely response, with clear escalation in place to an on-call senior officer rota.

4.43 The team received excellent feedback from inspectors during the inspection:

''Out-of-hour services respond appropriately to calls from professionals, members of the public, families and carers. Experienced practitioners respond effectively to the range of children's needs, supported in their decision-making by accessible senior leaders.'

4.44 In the reporting period we have ensured those requiring an emergency social work response out of hours are met with a robust and timely response.

4.45 Since the start of the financial year to 31st August the team has completed 180 Contacts for children. Police are the highest referrers for concerns about children and young people, and we work in collaboration to resolve, this is followed by individuals themselves; 1305 case notes have been completed by the out of hours team.

4.46 For Adults 388 contacts have been completed; most of the work undertaken out of hours is with Individuals known and 'open' to the day teams in ASC.

4.47 Mental Health Act work undertaken by the ESWT in this period is:

91 AMHP referrals taken, after s13 consideration of the need for assessment:

- 41 AMHP assessments were completed
- 20 were subject to s136
- 1 was under s5.2
- 1 under arrest
- 19 had no prior legal status
- 21 assessments led to legal detention under the Act, (14 = s2, 7 = s3)

Preparing for Adulthood (PFA)

4.48 The PfA team engages young people earlier, to support future planning and demand management, including seeing young people and families in community hubs and SEND meet-and-chat sessions to enhance early conversations.

4.49 The allocations in the Preparing for Adulthood team have increased by 51% from April 2023 (184 young people) to April 2025 (278 young people).

4.50 Since the last scrutiny report we have lowered the age of involvement to having a Named Social Worker for all known 16 year olds, we have an allocated Adult worker from 14 years old for some children who require more complex advanced planning

such as bespoke commissioning. Our involvement from 16 will enable earlier work with individuals, parents/carers and other professionals involved to undertake all essential work prior to the persons 17th year. We now have an earlier insight to any adult needs, and work with children's colleagues timely support between the ages of 16-18 years old, this work includes support with the assessment of complex needs, early help to individuals who will not have adult needs, individualised commissioning and identifying any gaps in preparation for adulthood.

4.51 The team works in a strengths-based way to ensure maximum independence using the PfA outcomes: employment, independent living, community inclusion, good health. It is worth noting that the majority of young adults transitioning to the PfA team having their first Care Act assessment have had a package of support or a placement as a child, and whilst this shows as a new pressure in the ASC budget we strive to reduce the cost and increase independence in adulthood with the aim of achieving 'ordinary lives' outcomes.

4.52 In lowering the age of involvement, we have increased the number of children and young adults we work with in the team from an average of 250 in 2024/25 and currently work with 360 individuals and their families.

4.53 We have reviewed the Mental Health pathway due to increasing complexity and Tier 4 health provision. We now have a Named Mental Health worker who works with a small group of young people from as early as 13 years old through to undertaking the first Care Act assessment for post 18 support. As part of the Ofsted inspection, we have undertaken a quality assurance audit of records on the social work reporting system.

Learning Disability

4.54 The newly established LD team has improved pathways from children to adult services. There have been improved timeliness of assessments and reviews by the new LD team with a significant impact on the longest wait for reviews and this continues to be an improving area of performance.

4.55 The team have undertaken work with commissioners to improve the support received. Since April we have undertaken focused reviews of 91 individuals with commissioners where there was a provider need or concern, the outcome being that individuals have the right service to meet their assessed needs, at the right cost and with the appropriate funding stream identified.

4.56 Of the 967 people with a learning disability known to ASC, 25 are living 'out of area'. We currently have 19 placements and 6 community support plans outside the Shropshire area, with each individual having an allocated social worker, we have successfully completed 14 reviews within the reporting period. This is an improvement on the timeliness of reviews for this specific group. It is important to note that individuals have been settled in their placements for a number of years,

through the review process we will undertake a plan to move back to the Shropshire area if this is in the persons best interests or if the needs that led to the requirement of an external placement- complexity, proximity to family, have changed. 17 of the 25 are in neighboring local authorities and often this is because it is closer to family. It is our intension that individuals are supported within Shropshire.

4.57 Demand work and population numbers are relatively stable in the Adult Learning Team with a known population of approximately 967 people, 820 of whom have a paid service outcome. New referrals are low, once individuals have passed the PfA planning upper age of 25 most of the individuals are already known to Care and Wellbeing teams. Assessment, reviews and social work is predominantly within this group, budget, growth and new financial pressure is for this known group who we have supported for many years through our obligation in the Care Act.

4.58 The pressure in Learning Disability is from the cost of care, complexity, and the change in funding due to health needs. We are working with the ICB to ensure there is the correct funding in place for our most complex individuals. The team work with individuals and families throughout the year, reviewing and monitoring to make sure support is at the right level to meet current needs. This information then informs the commissioning intentions and market development.

4.59 We have the Enable team that is our in-house supported employment service that support people to access and sustain meaningful employment, training, or education opportunities. While the majority of the Enable Team are externally funded, the council additionally funds approx. 1.5 FTE workers specifically to support people from Shropshire who have a learning disability. Since January, these workers have supported 22 people, 6 of whom are now in employment.

Mental Health

4.60 The mental health social work team has maintained a zero-wait time for 12 months, the introduction of the 'Let's Talk Mental Health' model has been embedded in practice and offers timely information, advice and assessment of needs within 28 days. On average 1/3 of referrals are concluded at first conversation, 1/3 at ‘Lets Talk’ assessment, with 1/3 allocated for ongoing social work assessment and support.

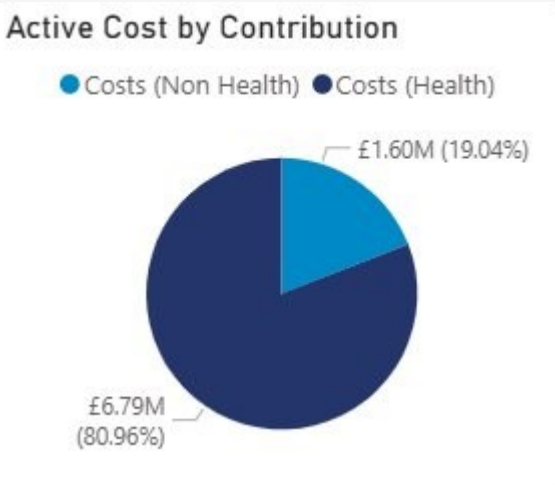
4.61 The team work across Shropshire within community localities in line with the ‘Community Mental Health Framework’ and there is an average of 850 open to the team at any one time. The team explore short to medium term, strengths-based support and not creating a dependency, new financial pressure is off set by more frequent reviews and social work support. This is very skilled work with expertise required for positive risk taking. The team works with Housing, Public Health and health colleagues as a multi-disciplinary team around the individual.

4.62 The team has completed a significant percentage of in-year reviews with.

Care Act reviews at 72.2% completion in the last 12 months and 72% of S117 reviews completed.

4.63 We have worked with the ICB to improve the 'health income' for people with s117 entitlement, ensuring people with the most complex mental health need have the appropriate support. Year on year progress for health funding:

- 2022/23: 25.28% health funding, increasing to
- 2023/24 26.5%
- 2024/25 66.24%



4.64 The Redwoods mental health hospital team supports discharge of complex patients, reducing clinically ready patients significantly, and works with health boards to resolve funding and engagement issues, aligning with statutory guidance for inpatient mental health services.

4.65 The AMHP team capacity has had a challenging period where we put in place a robust contingency plan focusing on recruitment, retention and training internal social workers. The impact has seen more stability and growth in AMHP numbers. Despite recruitment challenges, the service has maintained coverage, met the Councils' legal obligation to the Mental Health Act and has improved rota capacity, with ongoing work on contingency planning and assessment outcomes.

Commissioning

4.66 The annual rate setting process for setting provider rates for new care purchasing is a 6 month process that involves:

- Benchmarking of how our rates compare with the rest of the WMADASS region and across other similar authorities
- Risk assessment of sufficiency in the market and how we want to manage provision within the market

- Feedback and engagement with Providers (adults and childrens) through Provider Forums and also for adults Providers through surveys including the annual Partner in Care survey results. This years PIC survey is due to be issued on the 1st October.
- 121's with Providers to understand their challenges and own business development intentions

4.67 The process starts in August and concludes through proposals that are included within the annual budget setting and MTFS sign off in February through Cabinet and then full Council.

4.68 Management of quality outcomes across the market is managed through the Quality and Performance Group, or QPG. This is a monthly meeting, chaired by the Service Manager, Commissioning whereby the quality of the market is reported and considered, thematic analysis undertaken and the work of the Contracts and Quality Assurance team is considered. Partner views are fed into this including those of Safeguarding, CQC, Health partners and operational Social Work teams to provide an overall position of market quality.

4.69 It is always the intention to support providers to improve or address any quality concerns. This support is documented through mutually agreed action plans and monitored by the Quality Assurance Team. Occasionally we will use mechanisms including the suspension of providers so they cannot bid for more services. We have 4 providers currently suspended. This is an improved position relative to previous months, whereby 3 providers have been brought out of suspension following positive work and response to the action plans in place.

LEARNING AND SKILLS

Education Quality and Safeguarding Team

4.70 The Education Quality and Safeguarding (EQS) Team continues to play a pivotal role in monitoring, supporting and challenging settings and schools with respect to educational standards across the county.

4.71 Work has taken place during the last 12 months to enhance this role further. There is now a clear system of Quality Assurance in place with respect to unregistered alternative provision to ensure that where provision is used, it is in the best interests of children and young people by ensuring the provision is of good quality and is safe. During the last quarter, the EQS team have made checks on unregistered childcare providers and supported the detection and investigation of an unregistered school.

4.72 There is an imperative to further strengthen the activities of the team still further to ensure it can meet the evolving demands of the education landscape, particularly as the number of academies increases, and a deterioration in pupil outcomes is noted. In response to this, the development of the Education Excellence Strategy is

well underway with consultations scheduled with school and trust leaders from October – November. This will also be shared and shaped with involvement from portfolio holders and the views of elected members more widely invited.

4.73 This initiative aims to improve the monitoring and challenge provided to academies, ensuring that all schools and settings—regardless of status—are supported and held to account for delivering the highest standards of education.

4.74 The EQS team have very limited capacity to do this at present. There are currently no school improvement advisers for school standards. Since the removal of the school improvement monitoring and brokering grant, there also remains very limited resource (yet increased expectation from central government) to support such activities.

4.75 The rollout of the Education Excellence Strategy will take the form of a piloted implementation from November and through the academic year

Pupil Outcomes 2025

4.76 Pupil outcome data in 2025, reflects the urgent need for the LA to strengthen the systems to support school accountability (see above).

Early Years Foundation Stage

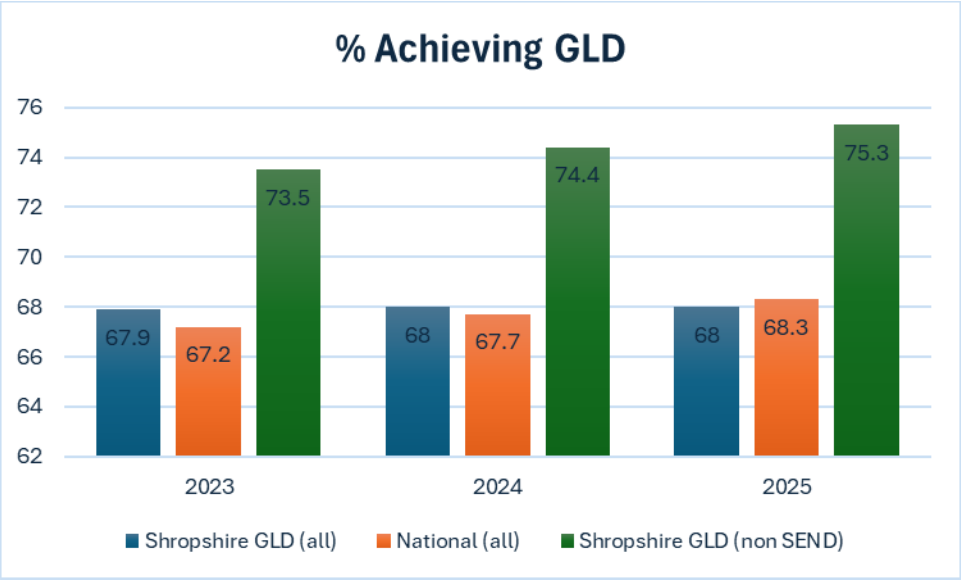
4.77 Outcomes for this year remained consistent with those achieved in 2024, indicating stability in performance despite changes in the wider educational landscape, in particular the increase in the proportion of children with SEND.

4.78 It is important to note that in line with 'Giving every child the best start in life' the government has set an ambitious target for Shropshire, aiming for 77% within the next two years. However, this figure does not fully reflect the context in which we are currently operating to support inclusive mainstream practice.

4.79 There is concern that the ambition to support strong outcomes at the end of the foundation stage may conflict with this inclusive approach as this does not take into account those pupils with SEND. As a result, achieving the 77% GLD target for all children, including those with special educational needs and disabilities (SEND), within the given timeframe may be challenging and possibly unrealistic, without recognising the context and long-term ambitions of the council and government.

4.80 The EYFSP data for 2025 for the GLD is broadly the same as the national data at 68% against 68.3% However, it is worth noting that the GLD is made up of 5 areas of learning and in each area Shropshire sits above the national average:

	GLD	C&L	PSED	PD	Lit	Maths
National	**68.3**	79.6	83.1	84.8	70.5	77.7
LA	**68**	80.8	84.8	86.2	71.2	80



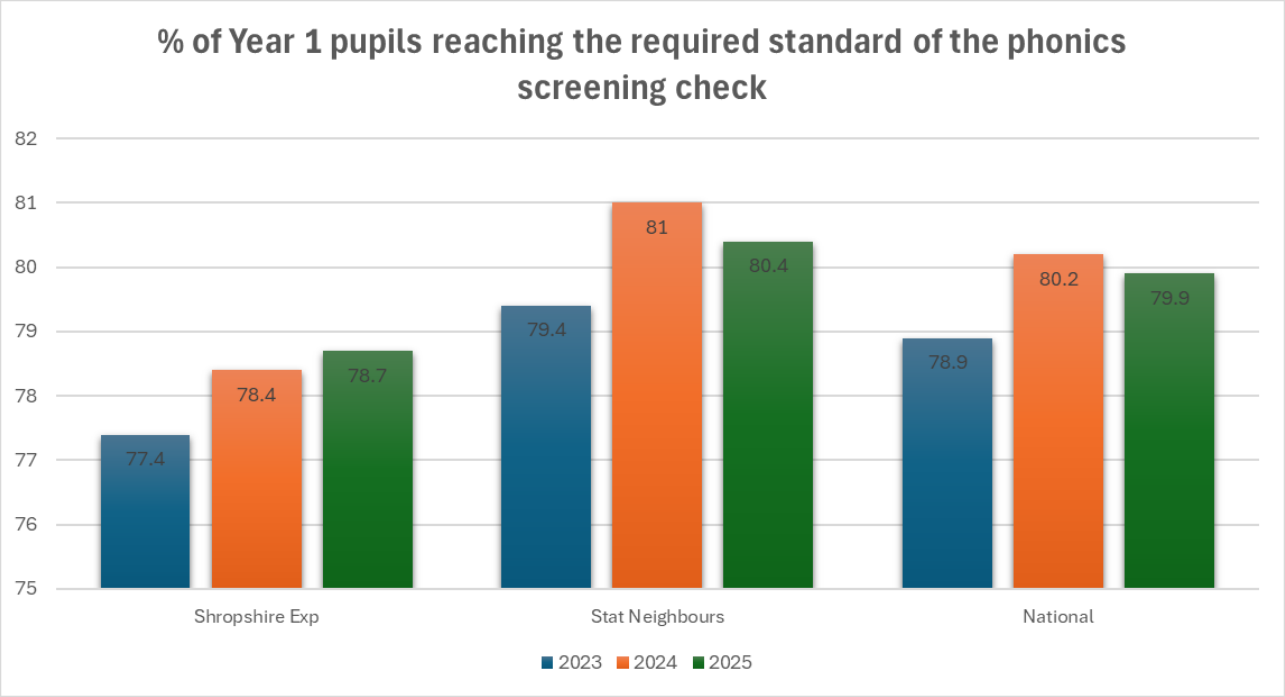
4.81 The Department for Education's (DfE) has set a target of 77% of children in Early Years to reach a 'good level of development' within the next two years. This is ambitious and potentially unrealistic. Specifically, the drive to meet such a target may inadvertently clash with the commitment to develop and sustain inclusive mainstream education, as it overlooks the additional challenges faced by pupils with SEND. This creates a tension between striving for headline outcomes and ensuring that every child, regardless of need, is supported to achieve their potential in a truly inclusive environment.

4.82 A further analysis of EYFS outcomes reflects challenge.

	GLD	C&L	PSED	PD	Lit	Maths
National	**68.3**	79.6	83.1	84.8	70.5	77.7
LA (No SEND)	**76.7**	87.8	91.3	91.9	78.5	84.7
LA (SEND Support)	**24.3**	44.3	47.0	55.1	29.2	49.7
LA (EHCP)	**7.1**	14.3	10.3	19.0	13.5	31.0

Y1 Phonic Outcomes

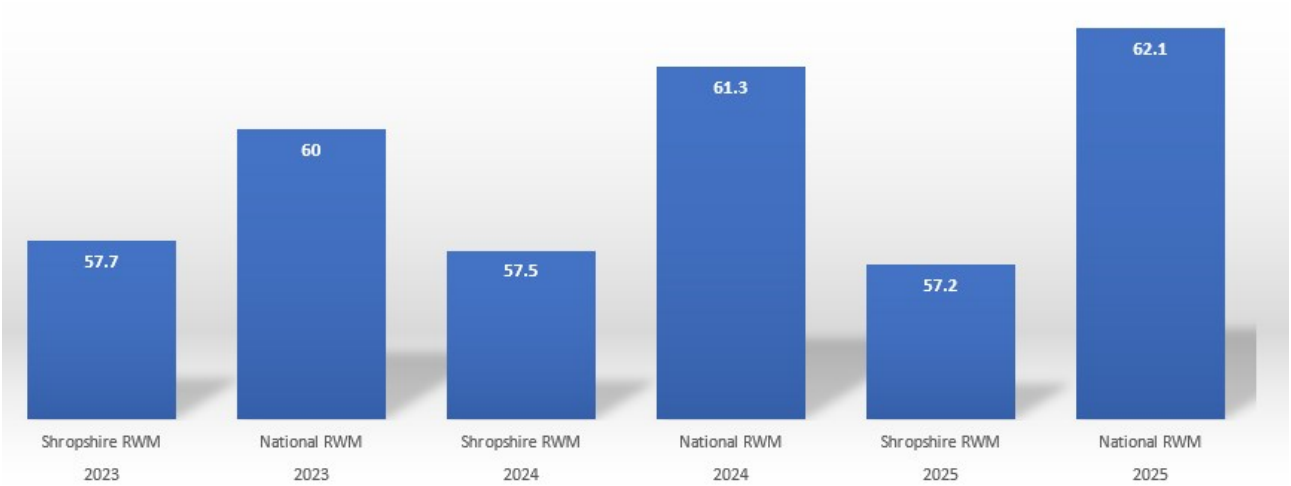
4.83 The proportion of pupils reaching the expected standard in phonics at the end of year 1 rose slightly in 2025. However, the proportion of pupils reaching the expected standard remains below the statistical neighbours and the national average.



End of KS2 outcomes

4.84 Shropshire is currently bottom of the West Midlands with respect to end of Key Stage Two outcomes.

4.85 In terms of the combined measure of reading, writing and maths at the end of KS2, outcomes have fallen over the last three years whilst the national average has risen.



4.86 Also noteworthy is the difference between the performance of maintained schools and academies.

4.87 In every measure (with the exception of writing), maintained schools performed better than regional and national averages.

KS2 Attainment Summary List DfE (July) — Group: LA Maintained Schools | DfE (July) 2025

Estab. No.	School	Cohort	RWM* ≥Exp	RWM* High	READING Avg. SS	READING <Exp	READING ≥Exp	READING High	WRITING TA ≥Exp	WRITING TA GDS	MATHS Avg. SS	MATHS <Exp	MATHS ≥Exp	MATHS High	GPS Avg. SS	GPS <Exp	GPS ≥Exp	GPS High
	- NCER National	637,250	62.2%	8.4%	105.6	24.2%	75.1%	33.4%	72.3%	12.8%	104.7	25.2%	74.1%	26.3%	105.4	26.6%	72.6%	29.6%
	- DfE Region - West Midlands	74,670	60.6%	7.2%	105.3	25.1%	74.3%	32.1%	70.7%	11.0%	104.5	26.0%	73.3%	25.1%	105.5	26.0%	73.3%	30.6%
	- LA	3,018	57.2%	6.1%	105.0	25.1%	74.1%	30.4%	69.6%	10.8%	103.6	28.1%	70.8%	20.5%	104.2	29.2%	69.8%	24.0%
	- School Group	1,050	57.0%	6.2%	105.5	22.7%	76.7%	31.7%	69.0%	10.4%	104.3	24.4%	74.7%	22.4%	104.8	27.8%	71.3%	27.0%

KS2 Attainment Summary List DfE (July) — Group: Academy Schools | DfE (July) 2025

Estab. No.	School	Cohort	RWM* ≥Exp	RWM* High	READING Avg. SS	READING <Exp	READING ≥Exp	READING High	WRITING TA ≥Exp	WRITING TA GDS	MATHS Avg. SS	MATHS <Exp	MATHS ≥Exp	MATHS High	GPS Avg. SS	GPS <Exp	GPS ≥Exp	GPS High
	- NCER National	637,250	62.2%	8.4%	105.6	24.2%	75.1%	33.4%	72.3%	12.8%	104.7	25.2%	74.1%	26.3%	105.4	26.6%	72.6%	29.6%
	- DfE Region - West Midlands	74,670	60.6%	7.2%	105.3	25.1%	74.3%	32.1%	70.7%	11.0%	104.5	26.0%	73.3%	25.1%	105.5	26.0%	73.3%	30.6%
	- LA	3,018	57.2%	6.1%	105.0	25.1%	74.1%	30.4%	69.6%	10.8%	103.6	28.1%	70.8%	20.5%	104.2	29.2%	69.8%	24.0%
	- School Group	1,911	57.6%	6.2%	104.8	26.3%	72.8%	29.7%	69.9%	11.2%	103.2	29.8%	68.9%	19.5%	104.0	29.7%	69.2%	22.5%

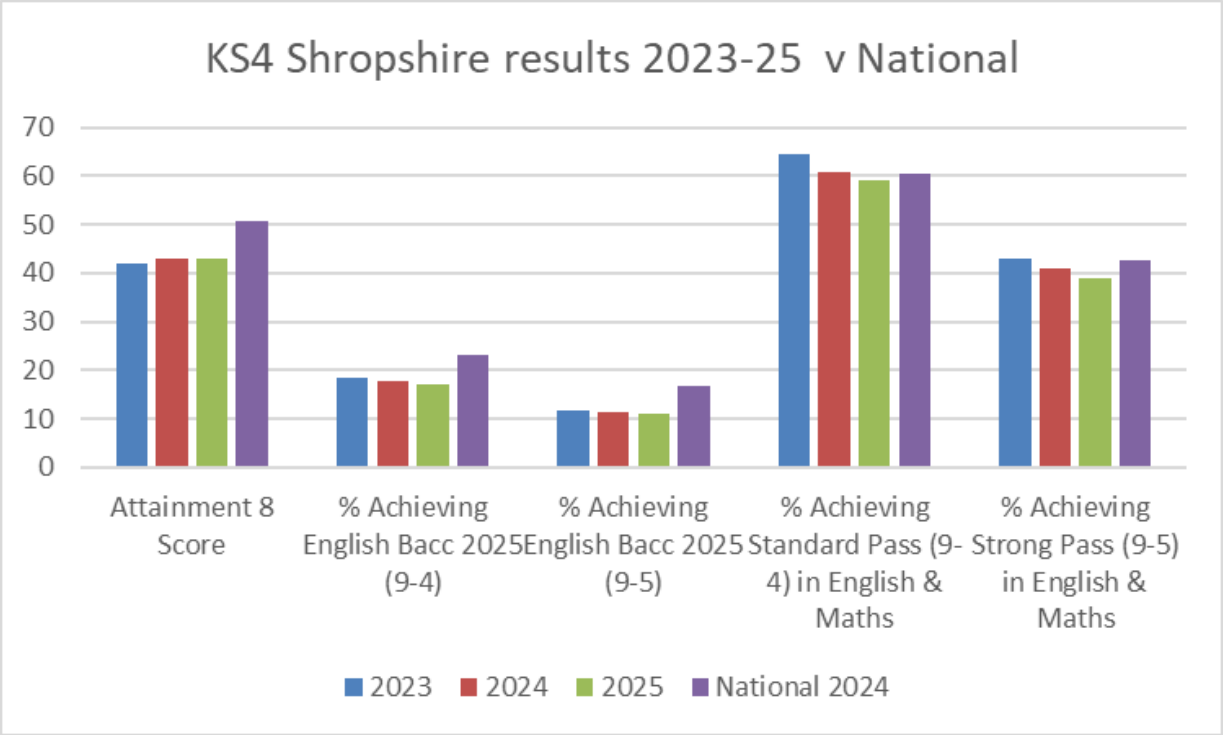
KS4 outcomes

4.88 With respect the proportion of pupils leaving school without achieving the expected standard in English and maths, the attainment of Shropshire pupils at the end of KS4 fell for the third consecutive year.

4.89 Again, the LA has lacked the capacity to intervene effectively with respect to this. The implementation of the Education Excellence Strategy will enable the LA to engage with multi-academy trusts and hold leaders to account for performance.

4.90 In addition, the LA is engaging with the newly appointed DfE RISE advisers – appointed by the DfE to provide support within schools identified as requiring support. This involves frequent communication with DfE regional official and RISE advisers. This initiative is in its first year of operation. Again, this work necessitates the LA having clear and accurate information of the performance of all schools, including those which are academies.

4.91 Currently, all but one of the Shropshire secondary schools is part of a multi-academy trust.



Securing Access to Education Provision

4.92 Promoting and facilitating access to Early Years education provision is a top priority for the partnership. This support is crucial for fostering positive social interactions, enhancing communication and language skills, and achieving broader developmental milestones at such a formative age. Additionally, we acknowledge that access to education serves as a protective factor for children and young people of all ages, especially those who are most vulnerable.

4.93 We are proud to have very high levels of code validation and take up for all Early Years providers. As of 1st October, Shropshire is ranked 1st in the West Midlands and 2nd Nationally for code validation for all year groups. In Shropshire 97.62% of parents who request a code convert this into free childcare provision (compared to 95% in the West Midlands and 95% nationally). The picture is similar for 1 year olds (96.1% vs 94% and 94%), 2-year olds (98.27% vs 95% and 96%), and finally, 3 and4 year olds (98.34% vs 87% and 87%). The expansion of Early Years provision of 30hrs for all children of working parents from 9 months of age has meant that while the number of children who can access funded entitlement provision from settings has increased, we have continued to meet our sufficiency need. We look forward to future demand and continue building and growing Early Years settings to suit this need.

4.94 In addition to recognising high levels of access to Early Years education, we can also celebrate the high quality of provision in Shropshire, where 99% of childminders are judged to be 'good' or 'outstanding' compared to 98% nationally and 99% of settings are graded 'good' or 'outstanding' by Ofsted compared to a national average of 98%

4.95 Over the past 18 months, Shropshire has achieved its lowest levels of NEET and 'not known' indicators in many years. The proportion of 16- and 17-year-olds (Year 12 and 13) not in education, employment, or training (NEET), along with those whose destinations are classified as 'not known', has remained consistently low - performing strongly against national, regional and newly published statistical neighbour averages.

	Y12-Y13 NEET %	Y12 – Y13 % NK %
England	3.9%	3.6%
West Midlands	3.9%	2.0%
Shropshire	3.1%	0.5%
North Yorkshire	1.5%	1.5%
Somerset	3.9%	9.7%
Staffordshire	4.5%	0.7%
East Riding of Yorkshire	3.6%	0.6%
Dorset	4.1%	0.4%
Herefordshire	6.3%	6.0%
Derbyshire	3.0%	1.5%
Worcestershire	4.9%	1.3%
Westmorland & Furness	1.9%	1.4%
Gloucestershire	3.8%	1.6%

Shropshire Virtual School

4.96 At the end of August there were 713 Shropshire Looked After Children from year -2 (age 2-3) to year 13 being supported by the Virtual School

Phase	Current numbers of CLA (Children Looked After)
Pre-school (years -2 and -1)	67
Statutory School Years	513
Key Stage 5	133

4.97 The academic year 2024-25 ended with 0 Permanent Exclusions for the 4th consecutive year and this record continues into the fifth academic year to date.

4.98 The completion of PEPs continues with strength. The termly average for Year -1 to 11 was 99.6% and 97.6% for Key Stage 5. The combined average per term was 99.3%

4.99 With respect to the quality of PEPs, the termly average for Year -1 to 11 was 96.6% and 85.3% for Key Stage 5. The combined average per term was 95%

4.100 Excellent attendance outcomes are being achieved for Shropshire CLA (Looked After Children). The end of the 2024-25 year Attendance Summary indicated that:

	Shropshire CLA (Children Looked After)	**Shropshire All Learners** (*DfE Attendance Portal - Shropshire)	**National All Learners** (*DfE Pupil Attendance in Schools Stats)
Primary	95.8% (+1.45% from 23-24)	95%	94.8%
Secondary	86.4% (+2.43% from 23-24)	91.6%	91.5%
Specialist	88.2%	84.8%	87.1%
Combined	91.9% (+1.9% from 23-24)	93.3%	93.2%

4.101 A significant achievement was that both primary and specialist attendance figures for Shropshire Looked After Children were above that for all learners in Shropshire and nationally. Additionally, the Persistent Absence figure decreased by 3.23% and Severe Absence by 1.75% compared to 23-24

4.102 The end of year data capture indicated that the average NEET figure for Shropshire CLA in 2024-25 was 23% (not in education, employment or training). However, the new STREAM* Re-Engagement project has supported UASYP into Education, Employment and Training and reduced the NEET figure in July by 10%.

**Shropshire's Transformative Routes into Education and Aspirational Minds (STREAM)*

Access to Education

4.103 Through a continued focus with school leaders and multi-agency partners there has been a significant reduction achieved in the number of permanent exclusions this academic year to date. In 2024/25, the Exclusion rate was 0.1%, this shows a 50% decrease from last year with a total of 81 exclusions down to 41. Six exclusions were overturned and 27 excluded pupils returned to school from TMBSS. 33% of pupils with an EHCP who were excluded had their exclusion overturned.

4.104 The Education Access Service (EAS) remains fully committed to working together with school leaders to reduce the suspension and exclusion rates at all phases, particularly secondary and we have seen greater uptake of Pupil Planning Meetings which schools can use to ensure that they have done all that is reasonably possible to support their children and young people.

4.105 Shropshire primary and secondary school attendance percentages are above regional and national. Shropshire overall attendance (combined) is above regional and national outcomes.

	Shropshire	National All Learners	Regional
Primary	95%	94.8%	94.6%
Secondary	91.6%	91.5%	91.6%
Specialist	84.8%	87.1%	87.5%
Combined	93.3%	93.2%	93.1%

4.106 We continue to progress developments to support the SEND & AP Change Programme. Our new Inclusion and AP Task Force Lead visited numerous schools during the Summer term to introduce herself. The lead has been instrumental in the development of the new 'Outshine' offer which is funded by the DFE Grant as part of the Change Programme. This is a function we are developing to promote and support early intervention plus re-engagement into mainstream education. Outshine is part of EAS and will support close working with the Attendance and Inclusion workstreams as we go forwards.

4.107 The team is developing swiftly as follows:

- three new Inclusion Mentors have just started
- a Family Support Worker has been appointed
- and an Outreach Support Officer for SEMH has been appointed
- adverts for several more posts will follow shortly

4.108 The new Inclusion Pathway for schools started on 1st February 2025, consultation took place with schools/settings to develop this. A review took place in summer term 2025 and the responses were very positive overall.

4.109 The numbers of pupils who are Electively Home Educated (EHE) rose to 721 in June 2025. The greatest declared reason was mental health and philosophy. This is an increase from 650 at Autumn census in 2024.

4.110 The Shropshire EHE Policy was revised in consultation with the multi-agency Children's Safeguarding Partnership and builds in preparation for the forthcoming Children's Bill. Children on Child in Need (CIN) and Child Protection Plans (CPP) are targeted for a priority visit from the Inclusion Support Officers to support safeguarding.

4.111 At 31.7.25, Children Missing in Education (CME) was at 152.
Of which -

- 81 primary 71 secondary; 13 EHCP and 20 with identified SEND
- 6 CIN and & 7 CP Plan

4.112 The Inclusion Team aim to support all our children and young people into an appropriate education setting and work to review the policy and end-to-end CME process has just started in preparation for the Children's Bill. Children who have a

Social Worker are prioritised for swift action eg for a Home Visit if they are EHE. The new 'Working Together' meetings have started in collaboration with Social Care partners, and this works to strengthen the scrutiny and action for children on CIN and CP Plans who do not have a school place (including CME), have severe absence or are electively home educated.

The LA Attendance Officer also has a focus on specialist school absence, and this report is included in the Working Together meetings.

4.113 The Summer census data for CME and EHE is due to be published by the DFE.

Admissions

4.114 The Admissions Team has begun the transfer group admissions rounds for September 2026 cohort. The Junior, SLM and secondary transfer rounds has opened with the reception and SMU due to open in November, with applications being processed in preparation for National Offers Days on March 1st and April 16th.

4.115 As part of our statutory duties, the admissions team has begun work on the September 2026 intake for secondary, junior and middle to upper school transfers. Parents who have children eligible in any of these groups are able to make an application now up until the national deadline of 31st October. Work is commencing on the reception and lower to middle school transfers, with the online application portal set to open in November will a national deadline of 15th January 2026. The team will continue processing all applications in all transfer rounds in preparation for National Offers Days on March 1st and April 16th 2026.

4.116 Additionally, the Admissions Team has continued to develop the new coordinated In-Year Admissions process for the local authority (LA) and has secured buy-in from all schools in Shropshire for a further year. The number of in year applications continue to be at a high level with over 1500 in year applications for this academic already processed by the end of September.

4.117 Despite the unexpectedly high number of applications, the Admissions Team has worked diligently to ensure that all applications were processed within the statutory timeframe which put immense pressure on the team. This improved process enhances the safeguarding of children, as the LA now has more comprehensive information, and the admissions team can effectively monitor the movement of children around the county as well as into and out of the county. The Admissions Team has used this information to assist School Place Planning colleagues, ensuring that children have access to the appropriate school places at the right time.

4.118 We would like to acknowledge the hard work, dedication, and commitment demonstrated by education settings and schools across Shropshire in keeping children safe and improving their outcomes.

4.119 We remain dedicated to strengthening our focus on early intervention and prevention activities. This commitment aims to increase stability for every child or young person accessing education, especially those with the greatest vulnerabilities, as we recognise the protective benefits that education provides.

SEND Support, Inclusive Mainstream/SOAP and Education, Health and Care Plans

4.120 Shropshire Council has a duty to consider requests for an EHC Needs Assessment where evidence is presented that a child or young person may have special education needs and/or disabilities that will have a significant and long- term impact on their education outcomes. All requests for EHC Needs Assessments are considered through a multi-agency panel. Where it is agreed that an EHC Needs Assessment is necessary, Shropshire Council have a legal duty to complete the process within 20 weeks, including determining whether the special educational needs of the child or young person require special educational provision to be made through an EHC plan. Where an EHC plan is not agreed following assessment, the education setting is expected to continue to meet the child or young person's special educational needs through SEND Support.

4.121 The Education Quality Advisors (SEND and AP) team (EQAs) are working with the EHCP team, Social Care and Health colleagues to develop training for all schools and settings around EHCNA requests and Annual Reviews to improve the quality of requests, advice and paperwork. The first round of training will be delivered in the Autumn term 2025.

4.122 Mainstream schools receive additional funding through a Notional SEND budget to provide support above that which is required by all children and young people.

4.123 In Shropshire, mainstream schools and Early Years settings are also able to access additional high needs funding through the Early Years Inclusion Advice and Funding panel and the Graduated Support Pathway. This fund is made available to support EY settings and schools with early intervention and to implement a robust and high-quality graduated response to meet SEND needs within mainstream settings. The use of funding is analysed termly and the EQA team are developing systems to better understand the impact of the funding provided.

4.124 In Shropshire the expectations around what should be available through high quality teaching for all children and young people, and what should be available through SEND Support, are outlined in the Shropshire Ordinarily Available Provision (SOAP) Inclusive Practice framework. The framework covers primary and secondary phases and was co-produced with the input of education settings during 2023. Further work is underway to develop the same framework covering the Early Years and Post 16 phases by the Education Quality Advisors (SEND and AP).

4.125 Drafts of the three new documents (Early Years, School-age and Post-16) were shared with schools and settings at the Inclusive Practice Conference in July 2025

and are being updated following feedback from a range of stakeholders. It is anticipated that the final versions will be ready in January 2026.

4.126 The current SOAP framework is available on the Local Offer here SEN support | Shropshire Council

4.127 Since September 24, the Education Quality Advisors (EQA) have implemented a SEND and Inclusion newsletter for practitioners and professionals supporting Shropshire children and young people. The first edition was shared in October and will continue to be published half termly on the Local Offer here SEND and Inclusion Newsletter | Shropshire Council

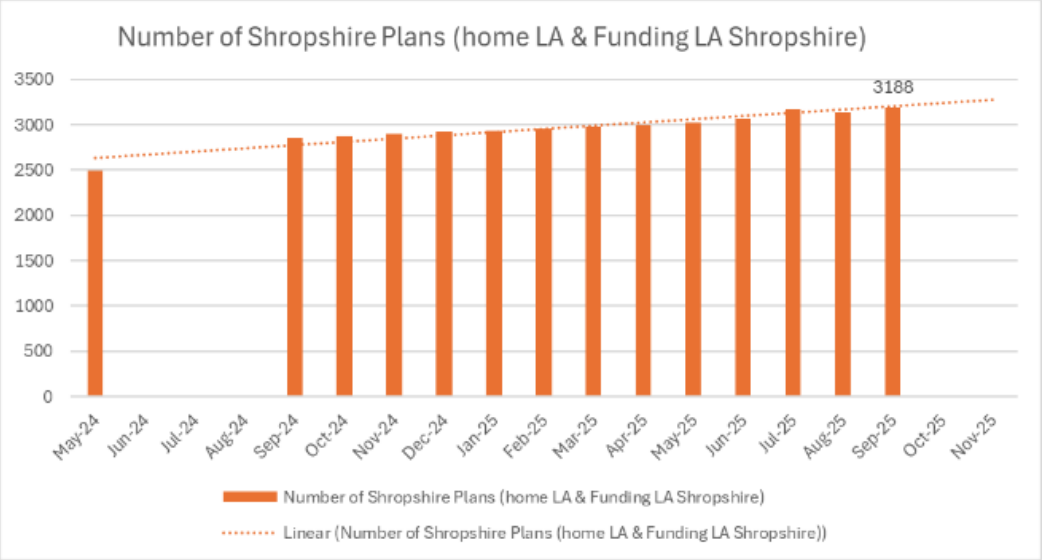
4.128 Work has taken place by EQAs to strengthen the quality assurance of unregistered alternative provision (AP). This has supported the effective quality assurance of providers commissioned by the Local Authority. The new framework has been shared with schools who have been invited to attend training on its use. The publication of an Alternative Provision Directory, which will share details of those provisions that have been quality assured by the EQA team, is being drafted to support schools and settings with identifying provisions they may wish to commission. This will be published on the Local Offer by November 2026.

4.129 We are encouraged that the work already underway in Shropshire to support inclusive mainstream provision across all age ranges, appears to be strongly supported as the national direction of travel to address systemic challenges within the national SEND system. The House of Commons Education Select Committee reflected this in their recent report of 25th September. This spoke about the challenges and frustrations within the SEND system, the need for reform to funding arrangements and the need to support inclusive mainstream education.

4.130 As part of Phase 3 of the Department for Education SEND and AP Change Programme, the Local Authority are further developing their Local Inclusion Support Offer (LISO) to include (but not limited to) an enhanced CPD offer for SEND and Inclusion, the Alternative Provision Specialist Taskforce, Specialist Outreach, an Assistive Technology Lending Library and a directory of independent specialist teachers and advisors. This will be described on a new, dedicated LISO SharePoint that will provide schools and settings with a simple way of identifying and accessing the three functions of the LISO: training, advice and direct delivery of support. It is anticipated that this will be rolled out gradually, as the LISO is developed, with an initial launch in early 2026.

Overall numbers of children and young people with an Education, Health and Care plan (EHCP)

4.131 The number of Shropshire Plans are increasing; across Q4 there has been a gradual rise, in May 2025 we had 3027, currently we have 3188.

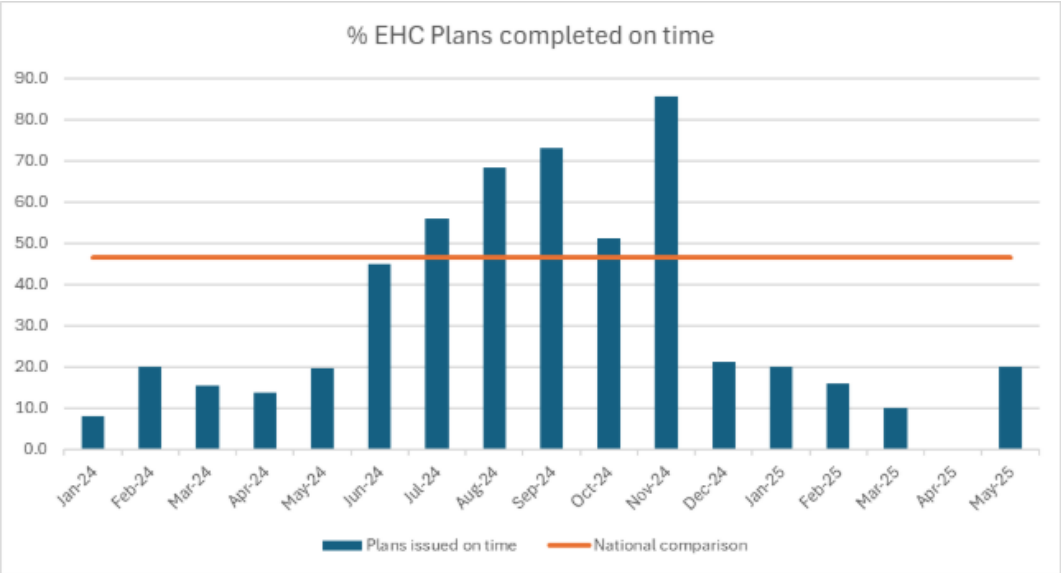


4.132 The most recent data for requests for statutory assessments indicates that numbers are just below the peak of 2023 (636 requests as of 1st October 2025). On average, there are 20 requests for new statutory assessment accepted as a 'yes to assess' by the multi-agency panel and therefore the number of requests is forecasted to be above that of last year and just below the highest numbers in 2023. Our 'yes to assess' data indicates that we are slightly below national average at 75.4% in Q4 (national average is 78.1%), therefore making our 'no to assess' higher than national average at 24.5% (national average is 21.9%). We issued 96.6% EHC Plans in Q4, compared with the national average that was slightly lower at 94.2%.

Request for Assessment												
Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021 Total
20	22	28	16	33	29	21	6	25	22	26	23	271
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	2022 Total
35	41	50	35	53	31	49	13	31	35	77	63	513
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023 Total
93	88	118	49	105	80	98	19	45	71	70	66	902
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024 Total
74	63	80	93	78	52	91	12	49	78	57	65	792
Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025 To Date
80	93	81	57	75	73	86	29	42				616

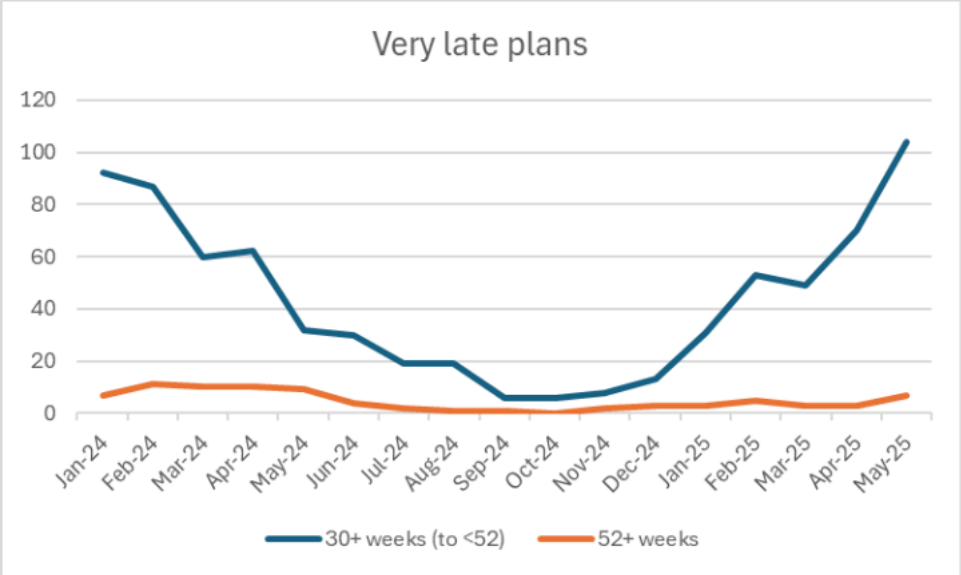
4.133 Restructuring of the EHCP Team between October 2024 and March 2025, resulted in a 40% deficit of Case Officers due to agency staff leaving the team when recruitment was underway. This resulted in a decrease in the number of plans issued within 20 weeks down to only 10% in March, alongside an increase in statutory assessment requests as outlined above. Through successful recruitment, a full team of Case Officers are now in post, as of May, and the increase in timeliness of EHC plans within the 20 weeks has started to rise doubling to 20%. It needs to be noted that most of the new Case Officers came from a teaching background and there had to be a period of training for them to function well as Case Officers. The resulting

backlog, alongside the ongoing high number of requests for statutory assessments and new Case Officers has impacted on current Key Performance Indicators and timeliness.



Excluding exceptions	Total	On time	% on time
May 2024	71	14	19.7%
Jun 2024	89	40	44.9%
Jul 2024	95	53	55.8%
Aug 2024	60	41	68.3%
Sep 2024	74	54	73.0%
Oct 2024	43	22	51.2%
Nov 2024	14	12	85.7%
Dec 2024	19	4	21.1%
2024 Overall			**38.7%**
Jan 2025	10	2	20.0%
Feb 2025	19	3	15.8%
Mar 2025	20	2	10.0%
Apr 2025	18	0	00.0%
May 2025	15	3	20.0%

4.134 Plans in Q4 have on average been issued in 30.4 weeks. However, the number of 'very late' (over 50 weeks) plans remains low.



4.135 Recovery work remains ongoing, this includes making more efficient use of Synergy as a case management system so that we can monitor and manage our data more efficiently and firmly embedding new practice into business-as-usual to make it sustainable moving forward, so that we consistently deliver as close to 100%, good quality EHC plans within 20 weeks as possible. This information is included in the Accelerated Progress Plan (APP) monitored by the DfE and NHSE. Feedback from the DfE is that we are creating something that is sustainable in the work that we are currently focusing on, even though it is taking time.

4.136 EHC plan advice monitoring takes place weekly to monitor advice requests and timeliness. This provides opportunity for follow up by area leaders where required. As part of this monitoring a target number of plans that includes the backlog and includes the most recent requests for statutory assessments is set and communicated to the team. It is important to note that the EHCP team and their KPIs are impacted by the timeliness of reports and advice provided by other agencies, such as educational psychology and health.

4.137 To mitigate for the delays in educational psychology advice being provided within statutory timescales, the Educational Psychology Service has recruited a number of agency staff which is currently very expensive. The Educational Psychology Service was last modelled on 137 statutory assessments in 2018/9, therefore capacity to meet statutory duties and other core work, no longer exists within the Local Authority Educational Psychology Service due to the significant rise in statutory assessments (700+ yearly). A recent agreement to advertise 3 Educational Psychology (EP) Posts, 1 maternity Senior Specialist EP post and 3 Assistant EP posts was essential statutory spend. This will provide some capacity whilst work is completed on the growth requirements for the service for the new financial year so these can be included in the development of the MTFS for 2026/27 onwards.

4.138 To further support with managing and monitoring the number of plans, a new half termly multi-agency ceasing of plans panel will be held. Due to the work on data

hygiene, plans have been identified that require ceasing, approximately 50 to date, and therefore this will be an ongoing sustainable panel to support with this area of work.

Quality of EHC plans

4.139 Despite the challenges around the significant increase in EHC plans maintained by Shropshire Council, positive work has taken place as a partnership to improve the quality of advice and the overall quality of EHC plans.

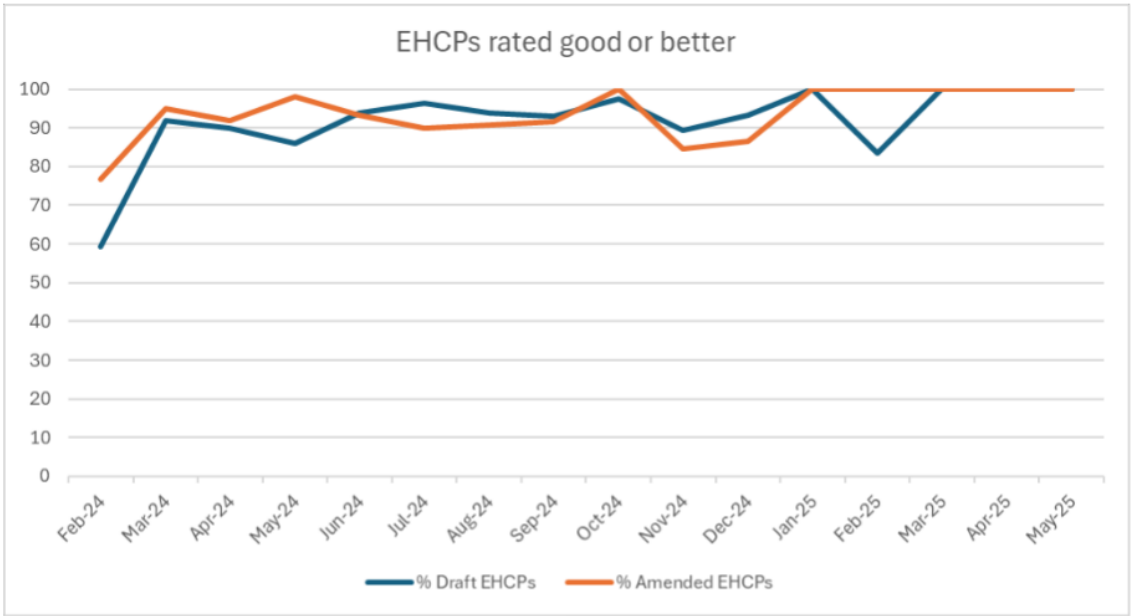
4.140 The partnership developed and implemented a consistent EHCP Quality Assurance Framework in October 2023 for all new EHC plans and those amended through the Annual Review process. The framework is based on regional and national good practice, including peer review with a local authority consistently identified as delivering high quality EHC plans. This has been recently reviewed and updated to include a feedback loop of learning into other Services that contribute advice/reports to the statutory assessment process.

4.141 The framework is available on the public Local Offer site EHCP Quality Assurance Framework.

4.142 Learning from the multi-agency quality assurance sessions, that are completed termly, support ongoing work and training for schools, services and other professionals. For example, across Educational Psychology and the EHCP Team work is underway to include Preparation for Adulthood into all Advice and EHCP templates to improve consistency.

4.143 The graph and the table below outlines the improvements and percentage of EHC plans rated good or better. No plans are sent out unless they are rated good or better. Learning from complaints has resulted in the quality assurance process used by Senior Case Officers to be adjusted slightly so that all plans are checked to make sure that all assessment advice/reports received is included within the EHC plans.

4.144 Those Case Officers who are new to the team and have required a period of training, if their plans have consistently been quality assured as good or outstanding then one in five plans are now quality assured. This has started to increase the number of plans that the EHCP Team are finalising and sending out to meet set targets each week.



4.145 EHCP quality continues to be monitored and evaluated through the multi-agency panel and strategic quality assurance processes. It is now embedded practice. Anecdotal feedback received in meetings, from other professionals and our parent-carer forum is that the quality of recent EHCPs is consistently very good. This now needs to be reflected through the multi-agency panel data and the termly multi-agency quality assurance sessions.

Annual Reviews

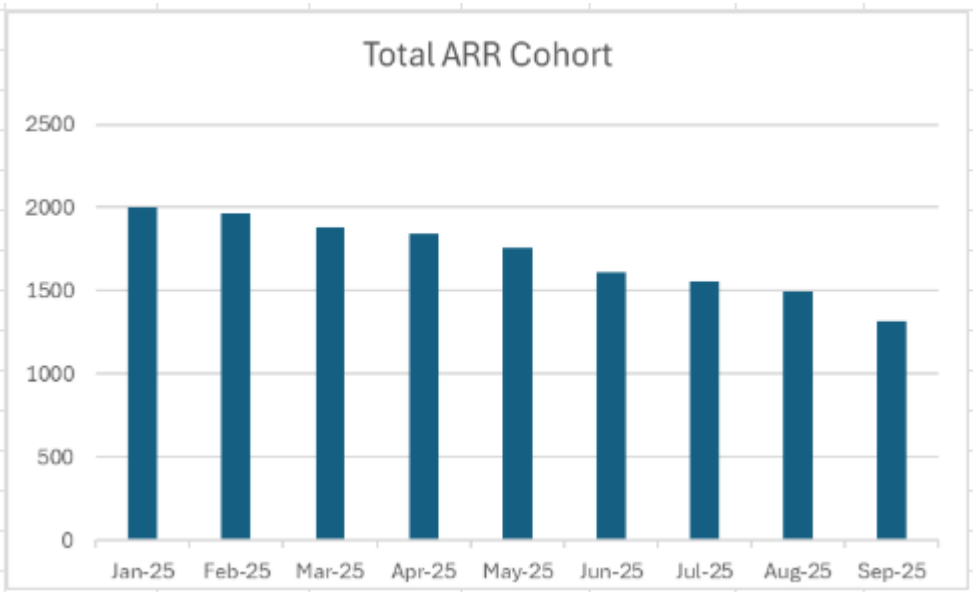
4.146 Annual Reviews continue to be a key priority for the Local Authority and SEND and AP Partnership Board, following the review and updating of the Annual Review recovery plan in June 24.

4.147 The recovery plan has resulted in some ongoing fixed term additional capacity being provided for the EHCP team to ensure that we accelerate the process of ensuring every EHC plan has received an annual review (within 12 months) and where necessary amendments to the EHC plan have been made and a final EHC plan issued. This team have been in place since the middle of December 24 with a new experienced Senior Case Officer being appointed to this team in April 2025. This work has focused on prioritising children and young people approaching phase transfer points (e.g. key stage moves, including primary to secondary) and those with the most complex needs.

4.148 An indication of the impact of the work that has already been completed is outlined below, with monthly monitoring underway within the Local Authority and shared with the SEND and AP Partnership Board each meeting.

4.149 There is a focus upon a data hygiene within the EHCP Team and making the best use of our Case Management system, Synergy, so that we can easily identify our most complex children and young people, for example, those who are on the Dynamic

Support Register. As part of this work, there have been several EHC Plans identified whereby duplication, or work flows not having been closed in Synergy, that are creating inflated numbers of EHCPs. Our most recent data (September 2025) indicates that we now have 1303 plans that are more than 3 months late.



4.150 Due to the number of plans that need amending and updating to reflect our children and young people's needs accurately, projected timescales for completion of the work is December 2026. Therefore, it is proposed to extend the annual review recovery team until this point in time as their current contracts finish in December 2025. Extending the team will mean that all annual reviews are up to date, so when a placement or setting is not meeting a young person's needs, timely intervention can happen to prevent absence from school and missed educational opportunities for our most vulnerable children and young people. With earlier and more timely intervention, this will then prevent the need to use expensive independent specialist schools.

4.151 To prevent further backlogs within the system whilst a new EHCP Team is being embedded. A further four members of fixed term experienced Case Officers have now been appointed as of September 2025 who will focus upon the annual reviews from 1st January 2025. These Case Officers are linked to named Independent Specialist Schools and settings. Part of their role is to make sure Shropshire Children and Young People are placed in the correct settings to meet their needs and to support Children and Young People, at any transition points, to return to a specialist setting in Shropshire, move into our expanding Hub provision, or return to a mainstream provision.

Feedback from children, young people, families and professionals

4.152 Whilst we recognise that the experience for children, young people and families is not yet consistently positive based on the feedback received from the APP survey completed in preparation for the May 25 APP review meeting and PACC (Parent

Carer Council) reports. We can see that the improvements are starting to be recognised as reported by Schools Forum and a reduction in complaints.

4.153 We remain committed to securing consistently positive experiences for all children, young people, and families.

4.154 Some examples of direct feedback from families and professionals are included below.

"Thank you for all your hard work, you have been a star through this whole process. The fact that you've kept in contact even when there has been no updates has been so helpful in reassuring us that we hadn't been forgotten. You're a credit to your team and to Shropshire council.." Parent Carer feedback March 2025

"the next set of parents that you'll be supporting are extremely lucky! I honestly appreciate your hard work and more importantly your rapid replies to questions and sometimes in my case - arguments.." Parent Carer feedback February 2025

"…played a key role in supporting pupil provisions, always approaching situations with openness, honesty, and a realistic perspective. She takes into account the school's views on a pupil's needs and works collaboratively to find alternative solutions when challenges arise. Beyond this, (her) impact extends to Post-16 and Year 6 transition documentation, ensuring that accurate information and clear timescales are provided to meet essential deadlines. Her diligence and efficiency in this area have significantly benefited our young people and families, easing their worries about transitions and ensuring they are well supported at every stage. " Asst. Headteacher feedback March 2025

NB next available update of survey is due Oct 25 in readiness for APP 30 month review.

4.155 We are also increasingly engaging directly with children and young people to gain their views, including their views on their EHC plan and the impact this is making. Facilitated by SENCOs in settings to ensure that children, young people are identified when first issues arise. The latest feedback provided is included below. Further work is needed to embed this approach to increase the numbers of children and young people sharing their views and to link this to the SEND and AP Strategy and Outcomes Framework and embed this approach in the Annual Review Process.

Percent (12 responses)	I feel happy	I feel safe	I feel that I am learning	I feel listened to by the adults around me	I feel that my strengths are recognised
% Very like me	50	58	50	58	58
% a little like me	25	33	33	33	33
% Neutral/not sure	17	0	0	8	0
% Not much like me	8	0	17	0	8
% Not at all like me	0	8	0	0	0
%Very or a little like me	0	0	0	0	0

I feel that people understand me and what helps me	I feel welcomed and included by other people	I feel that I am moving towards goals that are important to me	% Overall	% Very or a little like me overall
50	75	75	59	87.5
33	25	8	28	
8	0	8	5	
8	0	8	6	
0	0	0	1	
0	0	0	0	

Neurodiversity Practitioners (NDPs)

4.156 The development of the NDP pilot project was an action within the Shropshire's Accelerated Progress Plan (APP). Three NDPs were appointed and started in January 2024. They were employed on one-year fixed term contracts by Shropshire Council with a three-month extension to support the facilitation of PINS (Partnerships for Inclusion of Neurodiversity in Schools). From April 2025, the NDPs will be permanent roles within the Shropshire Educational Psychology Service (EPS) structure and will continue to be supervised by the Specialist Senior Educational Psychologist for Neurodiversity. Within the pilot, the NDPs supported 49 schools (Key Stages 2 and 3) from targeted areas based on referral data from Bee U (77.8% uptake rate; 32.5% of schools in Shropshire). Children could be referred to the NDPs on a needs-led not diagnosis-led basis, and this has continued to be the offer. Impact evaluation data can be found below:

Children - scored from 0 (worst) to 5 (best)	I enjoy being at school.	I feel safe when I am at school.	I feel that I am supported in lessons.	I enjoy breaktimes and lunchtimes.	I have at least one trusted adult that I feel I can talk to.
Average pre (N=87)	3.37	4.07	3.679	3.97	3.64
Average post (N=66)	3.90	4.48	4.31	4.58	4.15

School - scored from 0 (worst) to 10 (best)	How well do your school understand the needs of neurodiverse children?	How well do your school meet the needs of neurodiverse children?	How much CPD have you had to develop your understanding of how to meet the needs of neurodiverse children?	How effectively have you implemented this training at school?	How effectively do you capture neurodiverse children's voice to understand their strengths and areas of need?	How effectively do you capture the voice of the child's parents/carers to understand the child's strengths and areas of need?
Average pre (N=43)	6.12	6.10	5.37	5.45	5.14	6.02
Average post (N=34)	7.59	7.62	7.50	7.03	7.07	7.44

Parents:

4.157 Post scores increased for: My child seems happy and settled at home; I understand my child's needs and what they find challenging; and I understand that my child has unique strengths and capabilities. This progress suggests that parents recognised a positive impact of NDP support at home.

4.158 Of the 14 parents who gave post-data, eight rated some areas as being lower than they had originally, although most gave positive qualitative feedback, e.g., around their child being happier going into school, finding communication with staff easier, and their children being better able to manage their emotions. It is further noted that some anomalies, where parent-school relationship had broken down, skewed the data.

Examples of qualitative feedback:

4.159 *child* commented that she has got better at regulating within school and she knows when she is feeling angry. She added that she knows how to handle her emotions and calm herself down. Commented by a child to an NDP

4.160 *child* shared that school was really good. He feels that he plays with his friends more now and recognises when he needs 'alone' time. Commented by a child to an NDP "…I do think *child* is now more able to manage her emotions or at least articulate when she is feeling things (particularly at home), which sometimes means we can pre-

empt complete dysregulation. I know that I feel understood by her current class teacher as she has expressed this to me." Parent

4.161 "Definitely happier to go to school I used to struggle together in on time." Parent
"Lovely empathetic ladies the 'get' the busy demands within a school environment for SENDCOs. Lovely to discuss issues and how best to support our neurodivergent children." School.

4.162 "It has been invaluable to work with someone who has grown to understand the needs of our school and work with us to tailor support which meets the children's needs." School
"The input has been invaluable, and we have thoroughly enjoyed working with her. We hope to work with her again in the future." School
"Great to have the opportunity to discuss school-based SEND issues to devise an action plan to support the growing number of neurodivergent children at our school." School

4.163 The NDPs will continue to be a preventative support offer and, therefore, CYP referred through traded support should not have an Education Health and Care Plan (EHCP) or be in the Education Health and Care Needs Assessment (ECHNA) process. The NDPs work in collaboration with school staff, families and other professional services, when needed, to promote appropriate, holistic support. Systemic work aims to empower and build capacity within the schools to enhance their offer of support to all children and those around them.

4.164 The model of NDP support has been proposed based on what has been identified as working well and established good practice from Autism in Schools, the NDP Pilot and PINS, thereby being a sustainable support offer based on the three short-term projects Shropshire has participated in. Consideration of the wider outreach support offers available in Shropshire has also been made.

4.165 Traded Work:

- Packages of support:
  - Package A: Three coaching sessions
  - Package B: Three coaching sessions and two CPD sessions
  - Package C: Three coaching sessions and three individual casework.
  - Package D: Three coaching sessions, two CPD sessions and three individual casework.
  - Package E: Bespoke package to meet the school's highlighted aspirations and needs. (Discussed with and agreed by Specialist Senior EP.)
  - Outreach: The NDPs are part of the Outreach Pilot in Shropshire. (Funded through Change and AP.)
  - PINS: The NDPs are continuing to support the delivery of PINS for both years 1 and 2.
  - Post 16 Project: The NDPs are involved in a project to gain year 12 pupil voice on the support offer for the transition between years 11 and 12. A pilot intervention will then run in two secondary schools with small groups of year 11s to support them to prepare for their upcoming transition. The aim is to enhance positive transitions for neurodivergent learners and to reduce risk of NEET. From the impact evaluation, an offer of support will then be made available to other secondary schools. (Funded through Change and AP.)

- Supporting the Enhancement of Neuroinclusivity in Secondary Schools (SENSES): An offer of six coaching / CPD sessions over the academic year (one per half-term) to support neuroinclusive practice within secondary schools. (Funded through Change and AP.)

4.166 Core Work:

- Shropshire wide projects, including: pupil voice; parenting support; early years and post 16 neuroinclusive strategic groups; training development; communication projects; inclusive practice documents; and EBSA support.
- Delivering the Shropshire Neuroinclusive Training Offer, including being part of the multidisciplinary Autism education Trust (AET) training team. This has enabled increased training opportunities within school age, early years and specialist provision settings as well as training delivered centrally. They are also producing new Neuroinclusive Training Modules to meet the arising needs / aspirations highlighted within schools / settings and from the areas highlighted within the Neurodiversity Workstream, including ADHD Awareness and FASD Awareness training.
- Neurodiversity Workstream members.

4.167 The NDP traded packages are organised in this fashion with the aim of being needs-led and flexible for schools but also providing a clear structure of support. This is important, considering the feedback from schools on the need to have clear offers of support. Coaching is included in each of the packages to ensure that systemic change is at the forefront of the support offer. Each session is a morning / afternoon equivalent of time, to include preparatory time and report writing, as appropriate (approximately 3 hours per session). It is planned for the support commissioned by schools to be spread over the academic year.

4.168 It is proposed that the traded offer is made available to schools / settings across Shropshire and is commissioned on a first come first serve basis, thereby being available to schools who are seeking support across the age range. It is hoped that the schools / settings that do not commission traded support at this time are benefitted from the wider core work the NDPs are involved in, as described above.

4.169 A brochure sharing the support offers NDPs can deliver in schools / settings has been widely shared. They have also attended multiple professional / service meetings to enhance awareness of their support offer and develop collaboration opportunities with other teams.

4.170 We have had many opportunities to share the success of the NDP Pilot and the work they continue to do with interested Local Authorities, Integrated Health Boards and with representative from national charities / bodies, e.g., Autistica and AET.

SEND Dashboard Development

4.171 As part of the transformation programme, reviewing the need to automate and digitise our data and outputs is now underway. The SEND and AP dashboard is currently being developed in line with APP requirements, considering data required for Ofsted/CQC Area SEND inspection framework Annex A to be accessible in real time and national requirements.

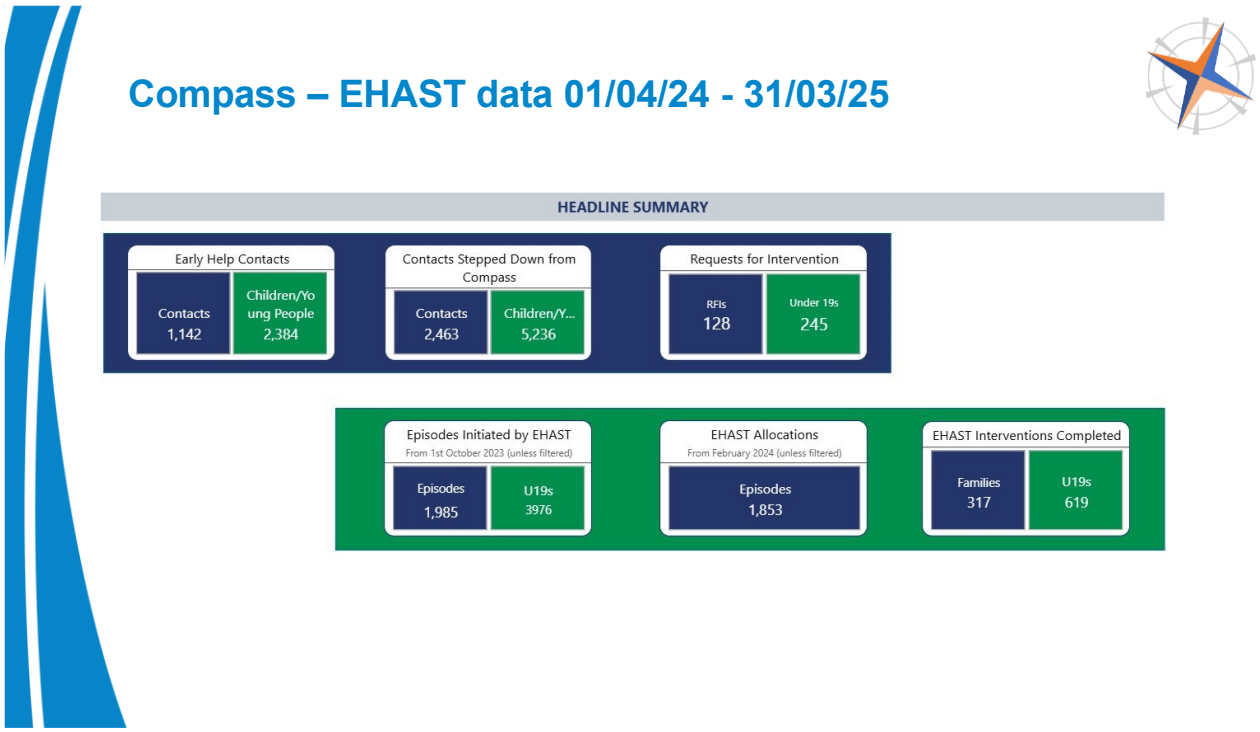
4.172 A draft of the range of indicators to be included in the dashboard has been developed and shared with the SEND and AP Partnership Board for review and comment. The draft indicators have been included as appendix 2. Officers across the local area (LA, health, education, and social care/early help) are engaged in bringing the data together to provide a working example of the dashboard in early 2026.

4.173 Our data accuracy is paramount and a review of efficiencies around collecting data is also being prioritised in line with Dashboard developments and Inspection Preparation.

CHILDREN'S EARLY HELP AND SOCIAL CARE

4.174 This report focusses on Quarter 4 key performance indicators, reflecting the demand and activity performance of Children's Social Care. This will include the impact on caseloads for social workers, and outcomes for children, young people and their families that live in Shropshire. This data and outcomes were included in the self-evaluation shared with Ofsted during the Inspection Local Authority Services (ILACS) held 16th June 2025 to 4th July 2025.

4.175 The Early Help Transformation Plan since April 2022 has introduced the Early Help Front Door that includes The Early Help and Support Team (EHAST). This has continued to positively impact on demand across the system, and more families are accessing the services through early help and support. This is increasingly preventing families from escalating into children's social care statutory services.



4.176 The collaboration between Early Help and Public Health continues to be key to the strength of partnership working and developing the Family and Community Hubs.

4.177 The offer across the county continues to grow and includes the development of several 'hub and spoke' models, that are ensuring a wider reach to more rural communities. Feedback from partners and families on the work being undertaken within Early Help has been extremely positive.

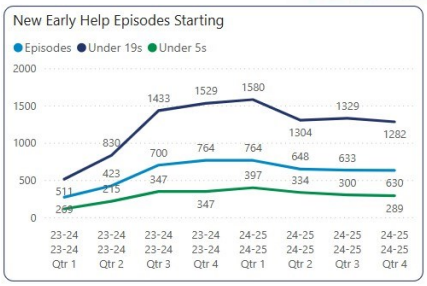
4.178 The investment in early help services is continuing to demonstrate high impact in reducing the need for a statutory social work intervention and decreasing the numbers of children looked after. The service continues to build on delivering the right service and support, at the right time. This avoids escalations and engages the families with their communities, building resilience and strategies to manage their own circumstances at home.

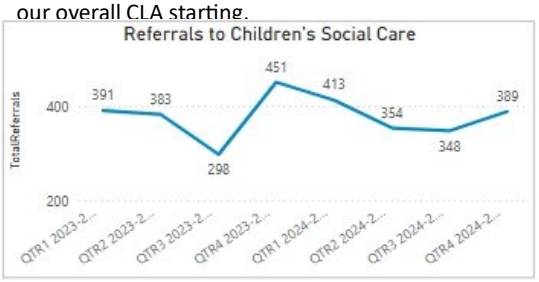
Benchmark for Success – Impact of Early Help & EHAST

Following our investment in Early Help Transformation, we have begun to see the impact through trends in our data.

This includes:

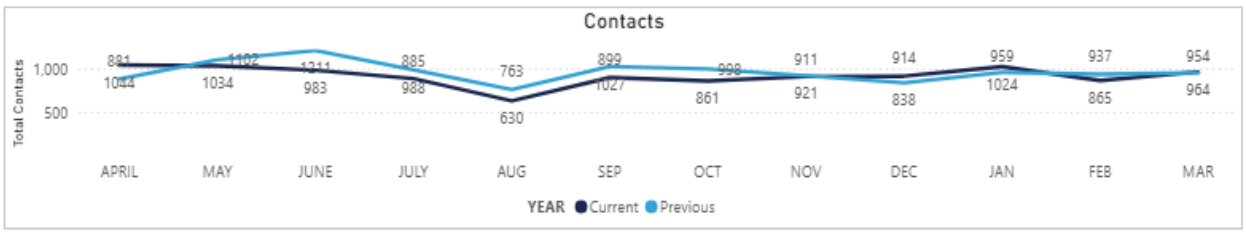
- An increase in the number of Early Help interventions commencing.
- A reduction in the number of referrals to children's social care
- A reduction in the number of CLA starting and our overall CLA starting.





4.179 Contacts are when information is shared with Compass or a request for help and support at Level 1,2 or 3 is made. They come from a wide range of sources including partner agencies, families, members of the public etc.

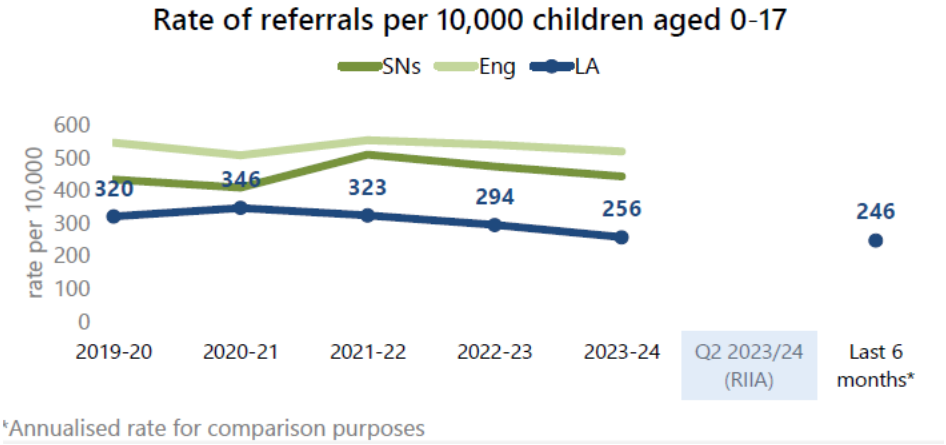
4.180 The number of contacts and referrals made into children's social care also demonstrates a sustained shift in reducing the demand on the statutory services.



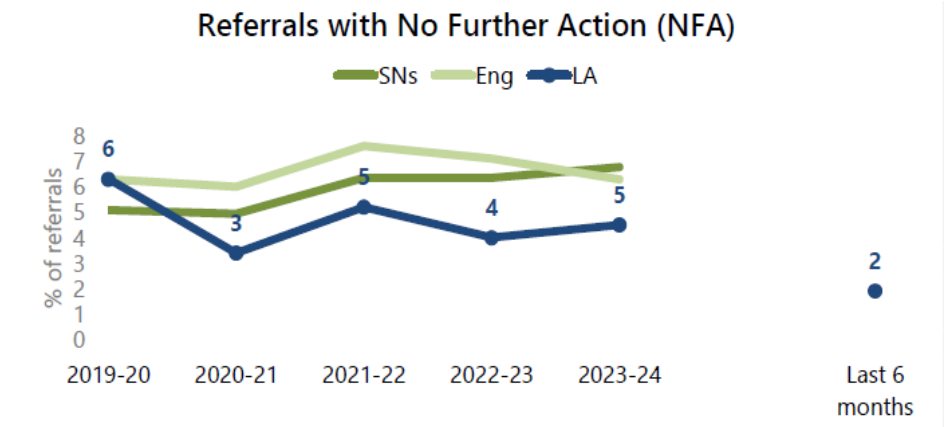
4.181 Referrals relate to information being shared that requires consideration of a social work assessment, so a threshold is met that raises concerns about the child being 'in need' or 'at risk of significant harm', level 4 intervention.

4.182 This is reflecting a continuing downward trend in receipt of referrals and the conversion rate to hem becoming social work assessments is high. Suggesting that our partners are referring appropriately and providing the service with the relevant information to enable decisions to be made quickly and withing the 24-hour timeframe that is expected.

Referrals data as @ 4th April ChAT Tool, a 6-month rolling view.



- Showing the continuing reduction in referrals received.



4.183 Showing the high % of referrals that have been progressed to a social work service, following good quality referrals, enabling assessments to be undertaken on the basis of effective decision making which is consistently applied.

4.184 Contacts and referrals continue to show reductions that are being sustained because of effective and timely early help support when required and robust social work statutory interventions that are supporting families to support themselves within their communities when appropriate and safe to do so.

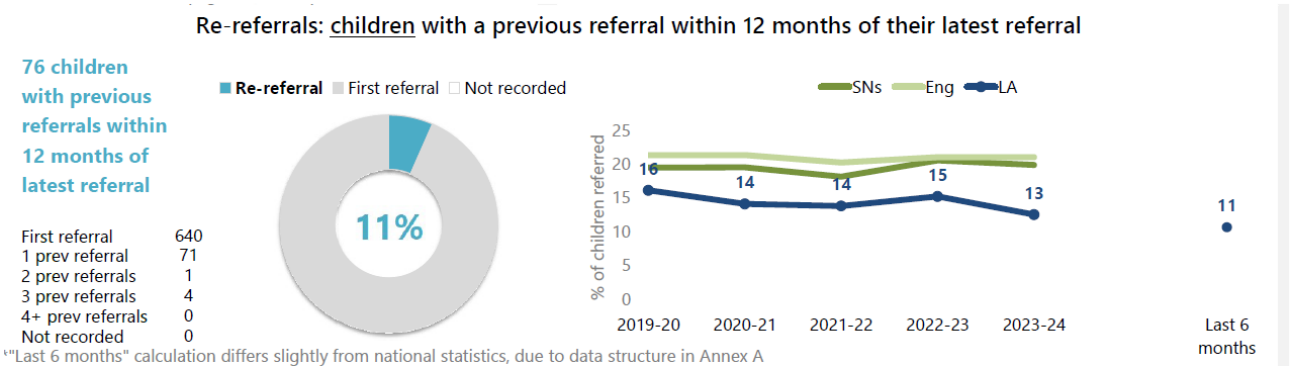
4.185 A variation in the rates of contacts and referrals is to always be expected and can be significantly influenced by large sibling groups for example. The total number and outcomes are reviewed weekly through robust performance monitoring processes and responded to quickly should there be a challenge seen in the system to ensure the impact of that variation is understood and resolved quickly.

4.186 Our referral rate per 10,000 children in the population has reduced further, keeping us below our statistical neighbours' and national rates.

4.187 Our percentage for No Further Action remains very low and below our statistical neighbours' and national rates. Meaning that a decision is made and an intervention is progressed, whether that is a step down to Early Help or to open for a social work assessment or a strategy discussion. The following intervention is then likely to have impact, as families are not frequently re-referred to the service.

4.188 Some families are subject to more than one referral and/or social work assessment within a 12-month period. These are recorded nationally as re referrals.

Re-referrals – data below: where there has been a previous referral to the current one in the past 12 months

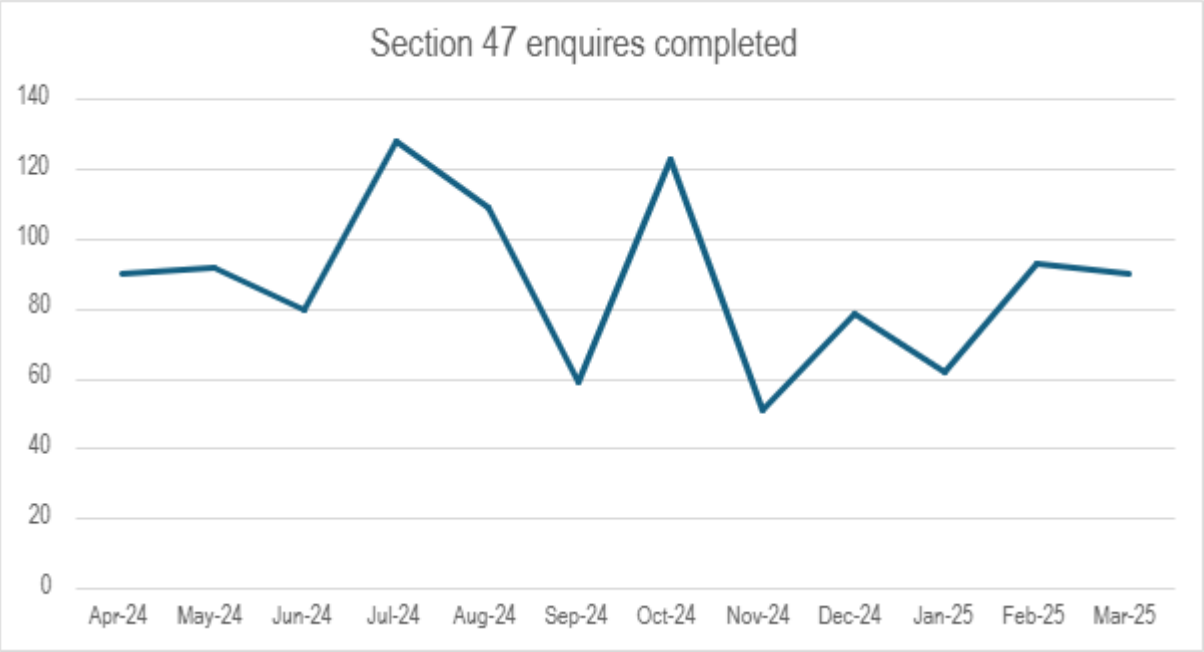


4.189 The continuing low re-referral rate consistently remains significantly lower than the national and statistical neighbour averages. This reflects good practice that suggests the interventions provided have secured the safety of children effectively and/or have secured a good support plan around the family and the children and young people to enable them to move forward without social work intervention in their communities.

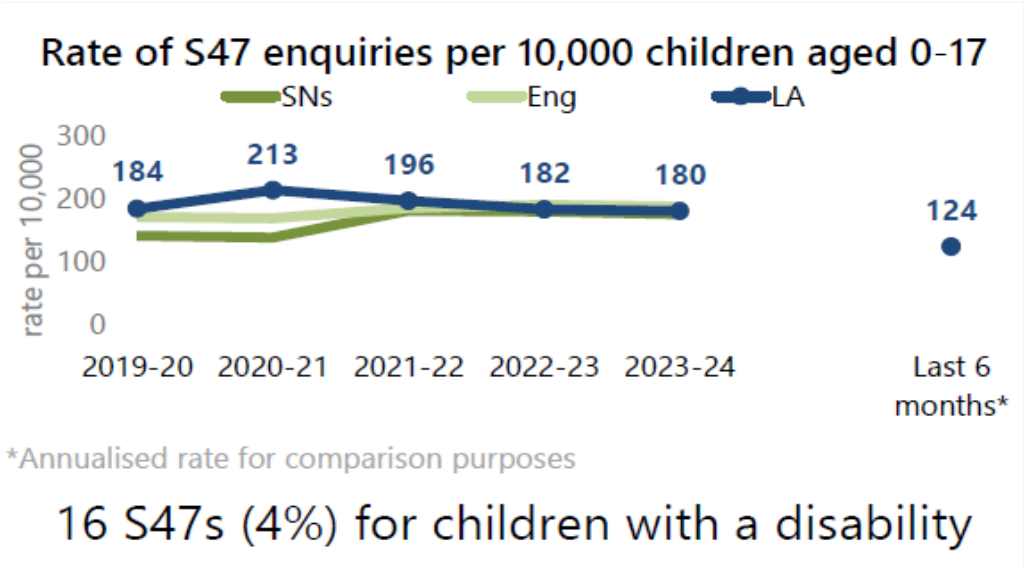
Section 47 Enquiries

4.190 Section 47 Investigations take place following a Multi-agency Strategy discussion that considers all relevant information about a child or young person that could be at risk of significant harm.

4.191 The graph below shows that we continue to see variation in demand with spikes often around the time of school holidays. This is an expected variation in demand nationally and evidences the importance of the relationship children have in schools and how they act as a protective factor for them.



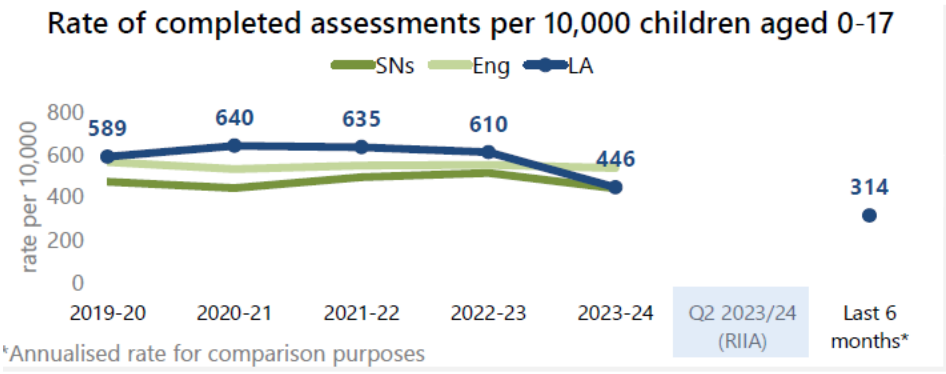
4.192. The graph below shows the decrease in section 47 enquiries being undertaken across the teams, lower than statistical neighbours and England averages.

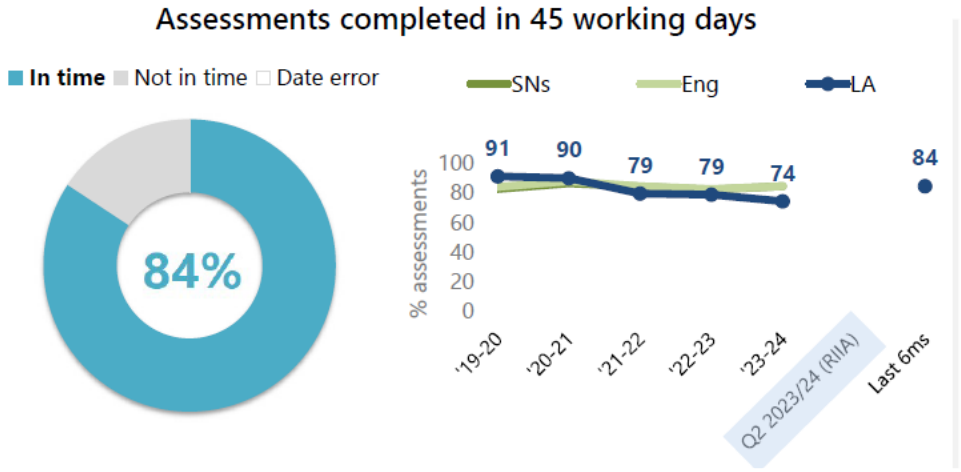


4.193 This activity all contributes to reducing individual workers caseloads enabling them to become more manageable as social workers told inspectors directly during the recent ILACS. This also supports the system to be able to provide the right service at the right time. Reducing the potential for drift and delay in case work and enabling social workers and all children's practitioners to build meaningful relationships with the families they are working with.

Assessments

4.194 Assessments are the multi-agency tool that social workers must use to determine the best way of enabling children and young people to be safe and or have their needs addressed more effectively and consider what support would be most helpful.



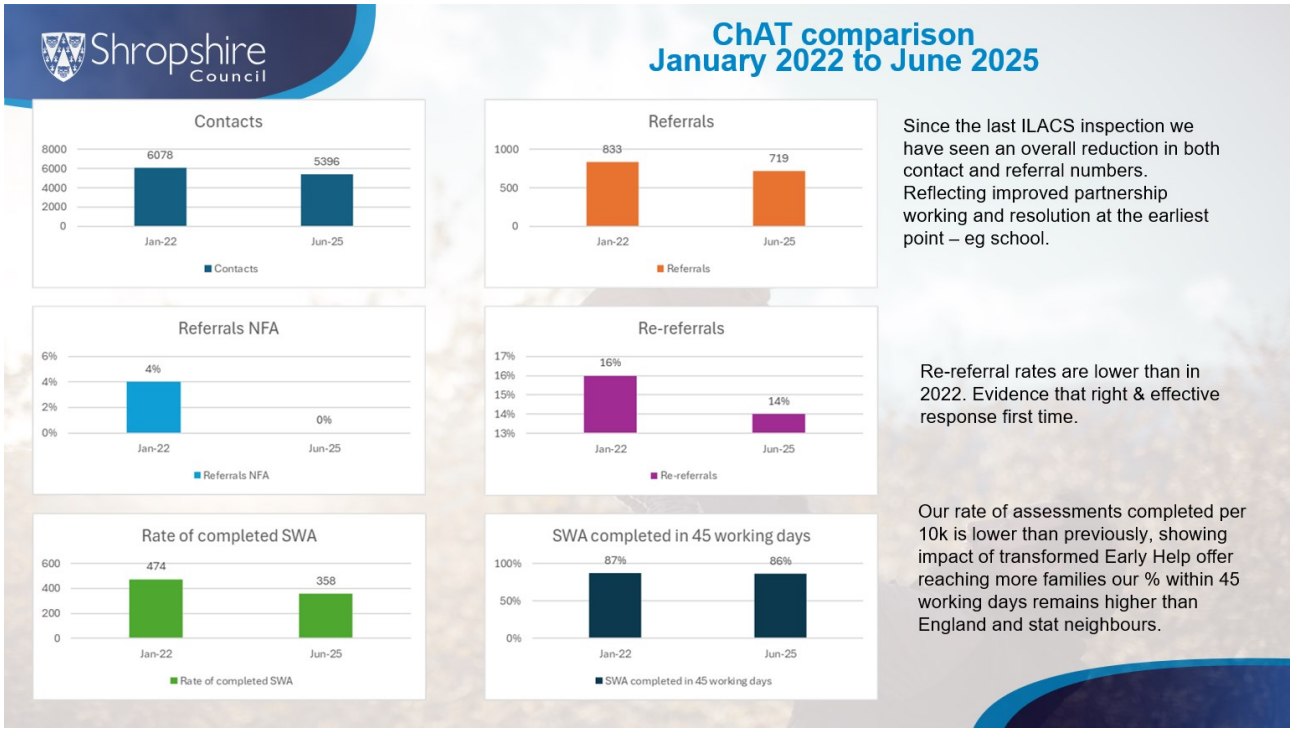


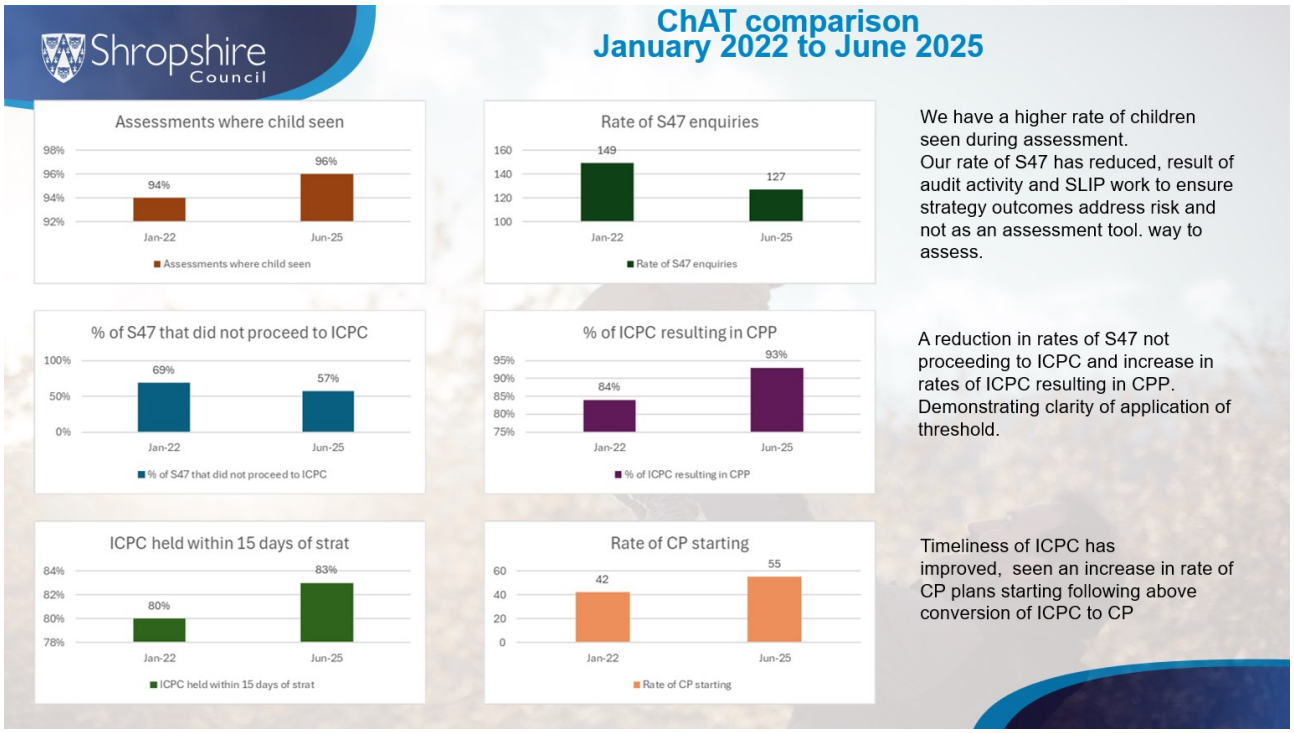
4.195 Timeliness of completed assessments within the window of the expected 45 working days shows good performance at the end of Quarter 4. The service has sustained its improvements made since that time and performance has remained higher than statistical and regional neighbours. This means that assessments are being completed effectively alongside all relevant services and the family themselves.

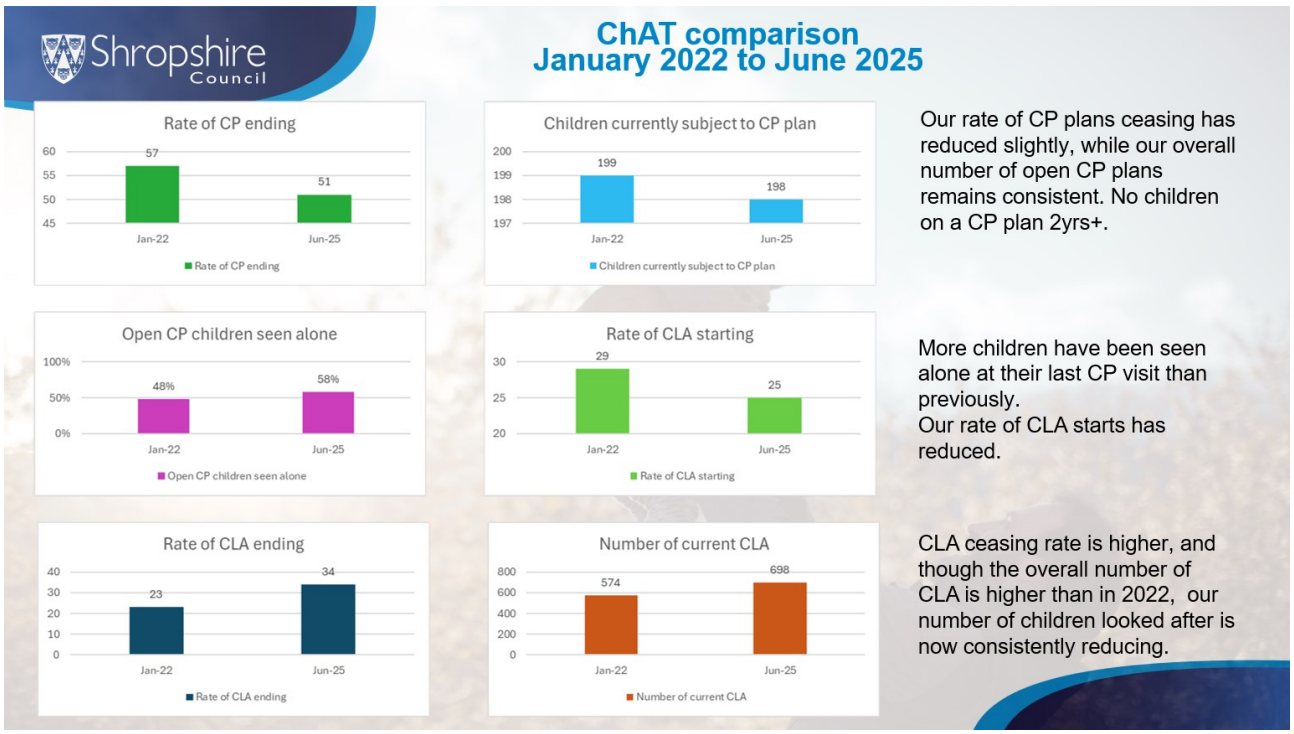
4.196 Chat is the tool used by the DFE: a rolling 6-month window into all Local Authorities performance.

4.197 The comparison of key areas performance below evidences the positive impact that the services practice, approach to demand management, good timeliness of activity, all continue to support manageable workloads and pressure in the system.

Consistently securing the right service at the right time for children and young people in Shropshire.







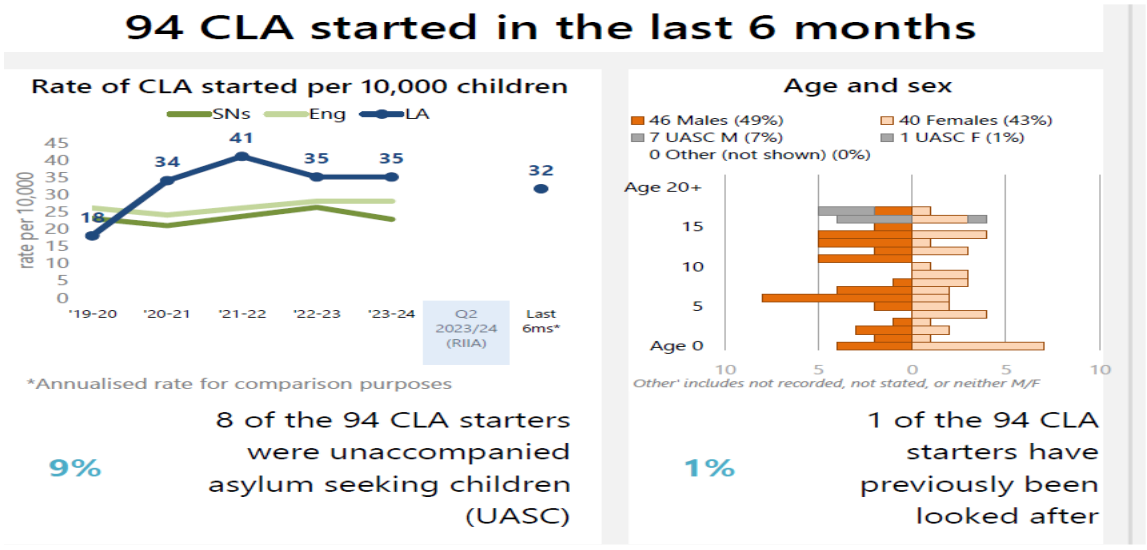
Children Looked After numbers:

4.198 The numbers of children looked after decreased further during 2024/25 from a high of 742.

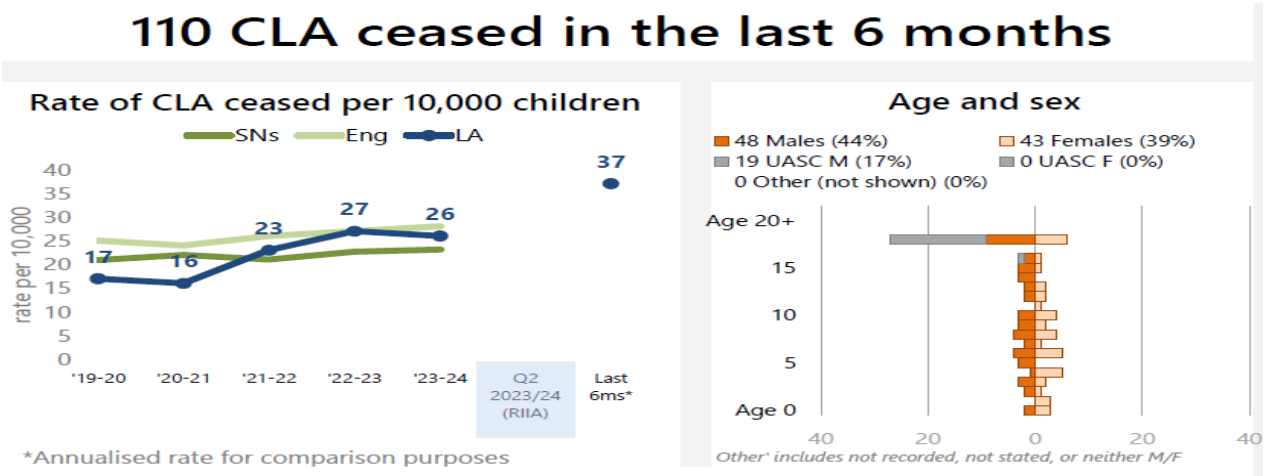
4.199 This decrease has been secured whilst receiving an increasing number of unaccompanied asylum seeker children being referred into Shropshire Council children's services. This is in the context of us continuing to take a significant number of Unaccompanied Asylum-Seeking Children from the National Transfer scheme (mandatory).

4.200 Numbers of children and young people starting to be looked after continues to be less than the number of children and young people coming into care, this is monitored on a weekly basis.

Data below is @ 4th April 2025 a 6 month window



Data below is @4th April 2025 a 6 month window



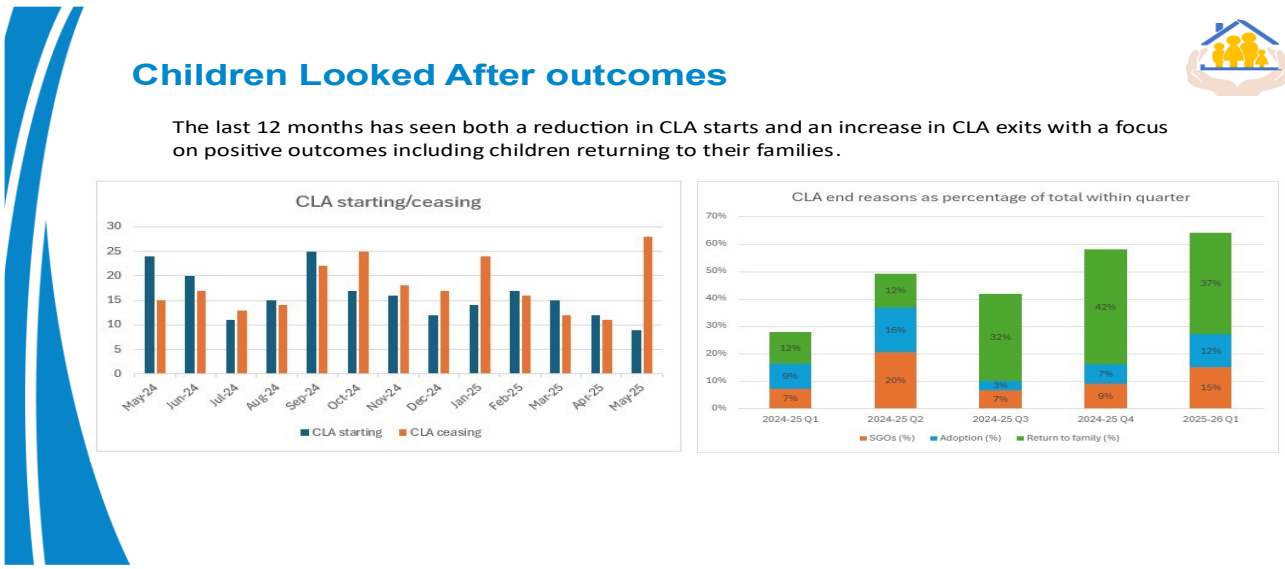
4.201 Children starting to be Looked After by the Local Authority rate: 4th April 2025 was 32 per 10,000.

4.202 Children ceasing to be Looked After by the Local Authority rate @ 4th April 2025 was 37 per 10,000.

4.203 This reflects the consistent trajectory in the services endeavours to reduce the number of Looked After children in total, whilst enabling them to be secured in family and care arrangements that meet their needs effectively and safely.

4.204 Children currently Looked After is 121 per 10,000 at the end March 2025 and Actual Child looked After in Shropshire numbers in this period are down from 746 to 724 at year end 25. (This has further reduced since year end to 699).

Data below is 2024/25



4.205 The Stepping Stones service continues to effectively support the plans for children looked after to return home. Alongside this the focused work on concluding care proceedings has led to this positive reduction and the service is striving to further reduce this through the work streams ongoing, including a focus on concluding Special Guardianship conversions, Placement with Parents discharges and timely conclusion of care proceedings.

Permanence overview:

4.206 This describes the work completed to ensure that children and young people are clear about the looked after status, when this ceases and know who their forever families are, that could include their own family and friends.

4.207 Newly looked after children are being booked onto Permanency Forum agenda as soon as they become looked after and prior to their second CLA review. During the period from the 1st of March 2025 and the 31st of March 2025 there has been a total of 147 children who have attended Permanency Forum prior to their 2nd review.

4.208 There continues to be a high number of children for whom parallel planning is still required by their 2nd LAC Review.

4.209 Between the 1st of March 2024 and the 31st of March 2025 215 children left care. This is including our UASC young people.

Of these:

- 84 children were 18 and over
- 44 left care to return home to family
- 23 children were adopted
- 27 residence order or supervision orders were made. These orders assign legal parental responsibility to a parent or carer) these orders mean that those children and young people are no longer looked after by the local authority. Supervision orders require the local authority to offer support for at least a year as determined by the court.
- 24 Special Guardianship Orders were made. These orders also mean that the children and young people cease to become looked after and legal parental responsibility is given by the courts to a family, carers, friends following assessments and court hearings.
- 8 children ceased for any other reason
- 4 children's care was taken over by another LA
- 1 Age dispute assessment relating to an unaccompanied asylum seeker child.

Impact for children

4.210 Permanence planning is embedded in practice in Shropshire. The Permanency forum enables managers and Independent Reviewing Officers (IROs) to have oversight of permanence decisions and the progression of care plans.

4.211 The strategic lead continues to meet with individual social workers and their managers where any drift or delay has been identified to assist in putting plans back on track. This may be through advice or 'hands on' support such as completing Child permanence reports (CPRs), Placement with Parents assessments (PWPs) and statements or Special Guardianship Assessments (SGOs)

4.212 We have a separate Legal planning meetings twice a month which oversees all the discharge applications and work has been completed prior to LPM to have a number of care plans discharged through the accelerated protocol which enables us to conclude court hearings in a timelier way.

4.213 We have seen an increase in Supervision and child arrangement orders at the conclusion of care proceedings.

4.214 We are embedding in practice at an earlier stage requesting copies of birth certificates where we share PR for a child.

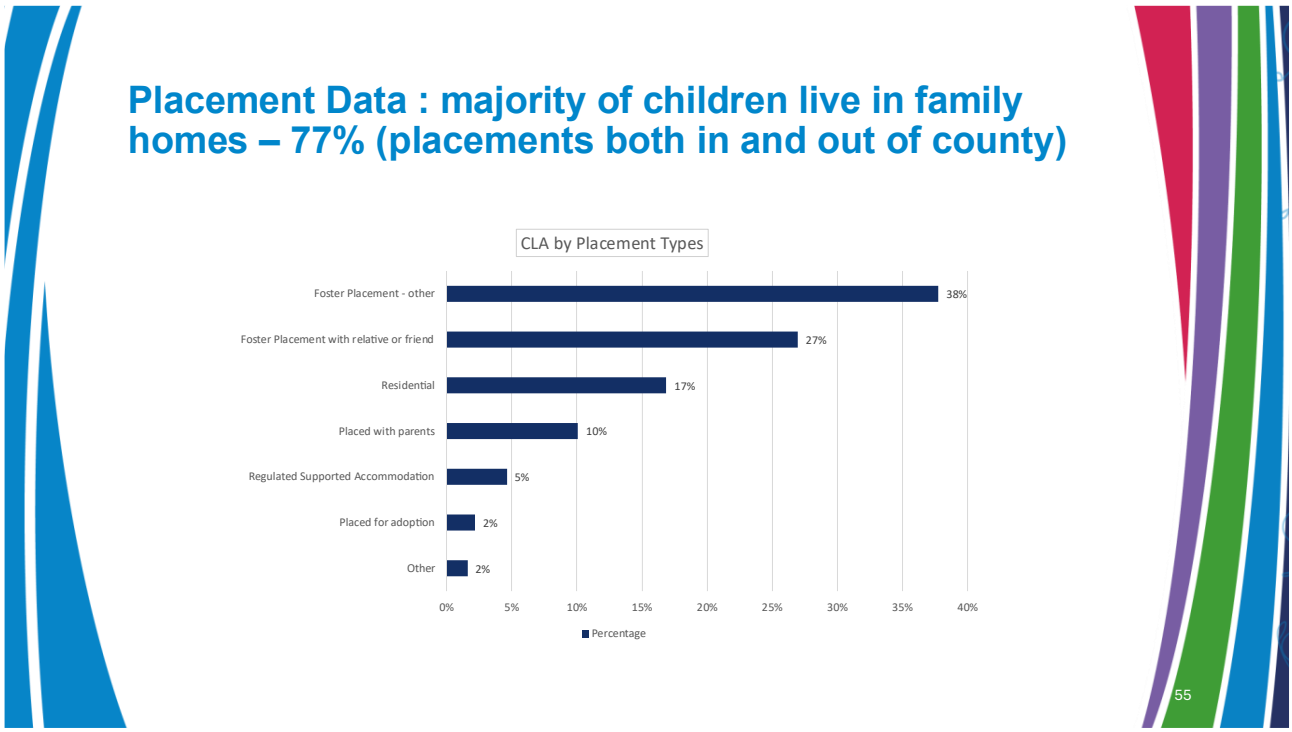
4.215 The strategic lead and the progression office are supporting social workers with blocked workflows on the system and getting these back on track for the child/children, this includes liaising with our health colleagues to ensure that we are meeting the timescales for the Initial health assessments that all children and young people that become looked after must have access to.

4.216 Where there are delays with progressing SGO and PWP's we are aware of where the blocks and the reasons for these. We are aware that there is a number of children who are experiencing drift and delay with their long term matched and have not been matched in a timely way, these are all being reviewed through permanency review meetings to understand the challenges and how we can support to get these back on track, determining if it is the right plan for the child at this time.

4.217 37 children have been long term matched as their permanency plan in 2025. These are children placed with foster carers that have agreed to be their long-term carers, but the local authority retains parental responsibility until they are 18 years old. The children and young people remain as looked after children until they are 18 years old and continue to have the oversight of an IRO and social worker.

4.218 77% of children looked after are cared for within family settings. Ensuring that we meet children's needs wherever possible by them being cared for in families. 11%

are living at home with their parents; this cohort of children are being reviewed and those where care orders can be discharged are being progressed.



Court Proceedings and PLO (pre-court work)

4.219 There has been a 30.04% increase in legal planning meetings held since 2023, this shows a greater management oversight and thorough decision making.

4.220 For children who were made subject of court proceedings, there was an increase of 15.82% in applications being submitted to the court compared to 23/24.

4.221 However, the number of children where care proceedings were concluded in the period between 24/25 was 39.13% higher than the year before.

4.222 The average number of weeks children were subject to care proceedings decreased significantly during 24/25 by 28.07% compared to 23/24.

4.223 This outcome is a result of increased management oversight that is ensuring all court directions are complied with and not allowing timetables to drift off track, this also ensured children secure their permanency quicker often meaning they are no longer children looked after.

4.224 Ensuring all court directions are complied with has resulted in fewer c2 applications being submitted into the court (when the Local Authority asking for further time potentially to complete a piece of work), resulting in huge cost savings for the department.

4.225 Children entering Public Law Outline (PLO), the process where we can work with families alongside lawyers to try and avoid care proceedings, if possible, has almost doubled in 2024/24 compared to 2023/24.

4.226 This results in the service giving families additional support earlier in the process to avoid court proceedings.

4.227 More children entering PLO allows work with the family to be frontloaded prior to any court application. This has supported families to step back into child in need, early help and community services more quickly, and decreased the length of time court proceedings when they are actioned due to comprehensive assessments and expected supports already having been in place to try and avoid the application.

4.228 During 2024/25, 70 children were taken into police protection (PP), this is when police use their powers to be able to take children and young people to a place of safety for 72 hours maximum duration if they deem them to be unsafe in the circumstances they find them, usually this is supported by another family member or foster placement if available.

4.229 There had been a spike in this number earlier during 24/25. This was addressed by a multi-agency audit with police and the Department for education advisor. The learning from this resulted in a significant decrease in the numbers of children made subject to police protection from January 25.

4.230 2024/25 Private law application matters saw a significant increase by 61% for requests for section 7 reports. These are requests by the court for a social worker to assess a child, young person's wellbeing, usually relating to families separating or custody applications made by parents.

4.231 However, there was a 38% decrease for requests for section 37 reports. This is a request form the court for a social worker to undertake an assessment of risk in relation to children and young people's home circumstances and parental relationships and care. This can sometimes result in a referral to children's services and child protection or care proceedings being required.

4.232 8 children were made subject to Deprivation of Liberty Orders. Usually these are applications made to the court following a significant period of intervention with children or young people where we require legal support to be able to keep them safe. This is a rigorous process reviewed and required to have the Directors oversight.

Legal Planning Meetings:

4.233 These are meetings held to determine what legal status the service has for intervening with the family presented. They are held with the council's Legal Team and Service Managers chair these meetings given their gravity.

Number held:

24/25: 290 (30% Increase)
23/24: 223

Outcomes of the LPMS 24/25:

Issue proceedings: 107
Enter PLO: 80
Continue PLO: 23
End PLO: 32
DOLS: 4
No Action/CP: 34
Other: 10

Care Proceedings Initiated:

24/25: 183 children in 106 families (15% increase)
23/24 158 children in 97 families

Legal Status outcomes during proceedings.

Children subject to Interim Care Order application: 168
Children subject to Interim Supervision Order application 15
87 children subject to urgent court application
82 children were in PLO at the time of issuing

Care Proceedings outcomes when concluded:

24/25: 224 children in 133 families concluded proceedings (39% increase)
23/24: 161 children in 89 families concluded proceedings

Legal Status final orders made by the court

Care Order: 113
Care & Placement Order: 26
Supervision Order: 62
Special Guardianship Order: 8
Child Arrangement Order: 6
Other: (non-agency adoption): 1
No Order: 8

Timeliness of proceedings
National average is expected to be 26 weeks.

24/25- Average week in proceedings: 41 weeks (28% improvement)
23/24- Previous year- average weeks in proceedings: 57 weeks

PLO entered:

24/25: 148 children in 80 families (92% increase)
23/24: 77 children in 42 families

PLO ended:

24/25- 144 children in 83 families ended PLO (33% increase)
23/24- 108 children in 62 families ended PLO

Outcomes achieved:

75 children stepped up into court
69 children stepped down from PLO

Private Law Matters

Issue	23/24	24/25	% increase/decrease
Section 37	13	8	38% decrease
Section 7	13	21	61% increase

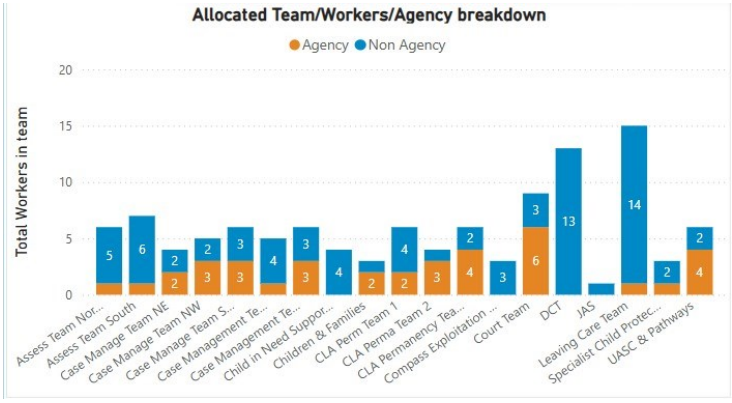
4.234 It can be seen from these figures that the activity in relation to Care Proceedings, some of our most complex work, is significant and progress has been made in the progression and conclusion of proceedings. This is the result of a range of measures from the Judges' approach and decision making, the improvement of management oversight and decision making and the court regional Trailblazer project that is working with all parties in the court arena and offering high quality training to all the different participants.

Caseloads of Qualified, case holding social workers.

4.235 This data demonstrates the progress in relation to the average caseloads of qualified case holding social workers in the statutory function teams of Assessment, Case Management & court and Children looked after. It does not cover the data for other qualified roles case holding different caseloads, such as fostering, adoption, care leavers.

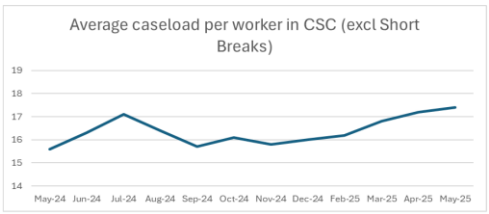
Social Worker Caseloads (including DCT Short Breaks) March 2025

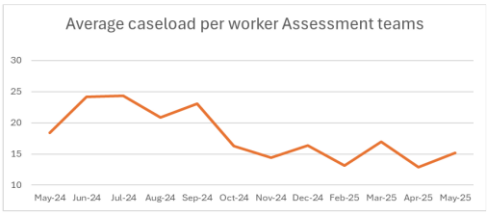
The average case load figure per operational Social Worker is 18.
This graph shows ALL CASES held by an allocated social worker.
This demonstrates a continuing downward trend over the last 12 months.
This means allocated workers caseloads are becoming increasingly manageable.
Although we are always aware that complexity can impact significantly, and allocation remains under review by the team managers overseeing them.

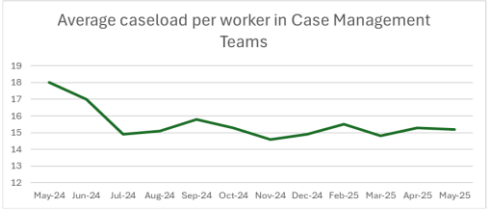


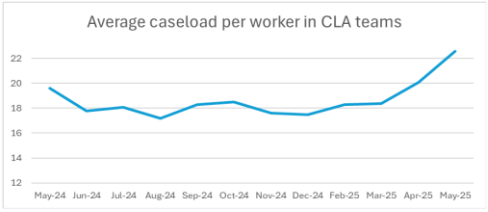
Average Caseloads over 12 months (excluding Short Breaks)

While average caseload across Children's Services has remained relatively steady , we have been able to reduce caseloads across the Case Management teams, including Court and Specialist Child Protection teams. Child in care teams have higher caseloads than we wish for however 60 children have plans to exit care by the end of August 2025.









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4.236 Overall caseloads are gradually reducing and are within tolerable parameters. The data shows the average caseloads. The aspiration is that social workers hold 15-18 children, depending on complexity, number in court proceedings, size of sibling group, distance to visit etc. Newly Qualified social workers in their first year (ASYE) are initially capped at 10 children and go up to around 15 during that first year, as we have a number of ASYE's it does impact the average calculation. We have a few workers with 18-20 children allocated, there is management oversight of these work loads and conversations are had with workers to progress work such as closures, transfers etc.

4.237 The progress in reducing caseloads over time is positive and supported by the reduction of work coming into the front door and the children exiting care.

5 Finance

5.1 Shropshire Council continues to manage unprecedented financial demands and a financial emergency was declared by Cabinet on 10 September 2025. The overall financial position of the Council is set out in the monitoring position presented to Cabinet on a monthly basis. Significant management action has been instigated at all levels of the Council reducing spend to ensure the Council's financial survival. While all reports to Members provide the financial implications of decisions being taken, this may change as officers review the overall financial situation and make decisions aligned to financial survivability. All non-essential spend will be stopped and all essential spend challenged. These actions may involve (this is not exhaustive):

- scaling down initiatives,
- changing the scope of activities,
- delaying implementation of agreed plans, or
- extending delivery timescales.

5.2 There are robust financial scrutiny measures in place, the financial oversight for the purchasing budget has been in place for a number of years, this has been further supported with the introduction of enhanced forums to discus our most complex individuals. This enables a cross team discussion about strengths, relationships, assets and VfM purchased services.

5.3 It is worth noting that Shropshire ASC benchmark well, managing new demand well, the increased financial pressure is, in the main, related to existing Individuals and Carers with support needs from a Care Act assessment that we have a legal obligation to meet. The financial pressure is in the areas of the cost of care/market pressure, the complexity /increasing need within the population we serve and the change of funding stream/income. The market uplifts have incurred a 6.6m pressure in isolation of other pressures.

5.4 Demand management has reduced demand on social care - coming in well below forecast population growth (9% ONS)

5.5 Average annual increases in demand between 2017-2020 grew by 26% PA, annual increases have been brought down significantly.

5.6 Frequency of formal meetings between senior managers and the ICB has increased to twice weekly, enabling greater opportunities for escalation and detailed discussion regarding complex issues.

5.7 Formal challenges and escalations are now more routinely raised with ICB senior managers at the director level to ensure prompt resolution of concerns.

5.8 Staff have been reminded of relevant protocols and procedures.

5.9 Additional targeted training on CHC delivered to enhance staff knowledge and compliance. The most recent training session was completed on 23/09/25.

5.10 Staff additional support provided with sessions to offer support and guidance being provided to staff

5.11 Historical reconciliations are being systematically reviewed to identify further potential savings, thereby enabling the Finance team to accurately invoice health partners.

Dedicated Schools Grant (DSG) and High Need Block (HNB)

5.12 Like many local authorities, Shropshire faces considerable challenges with respect to managing the pressure of finances to support the most vulnerable pupils in schools.
DSG and high needs funding pressures are one of the biggest challenges councils with education responsibilities currently face. The rising number of children and young people requiring an Education, Health, and Care Plan (EHCP) is a significant driver of these pressures.

5.13 The centrally retained Dedicated Schools Grant (DSG) is forecast to have an in-year deficit of £19.323m at the end of August 2025. When added to the £17.566m deficit carried forward from 2024-25, the total cumulative DSG deficit is £36.888m.

5.14 The High Needs Block DSG allocation for 2025-26 is £45.8m, an increase of £3.45m (8.1%) from the previous year. With an additional transfer of £0.476m from the Schools Block, the total High Needs Block budget is £46.275m.

5.15 However, forecast expenditure is £65.68m, resulting in an in-year deficit of £19.404m for the High Needs Block. There are various pressures that have led to this position.

5.16 With respect to mainstream schools, there is a £5.318m overspend on top-up funding, mainly due to increased requests for EHC Needs Assessments and plans, as well as expanded SEND hub capacity.

5.17 In terms of special schools, a £4.021m overspend is noted, linked to increased banding levels and higher pupil numbers. The strategy is to build capacity in state special schools to reduce independent placements, but this is a complex process involving multiple stakeholders. The budget for independent providers was increased to £14.589m, but forecast expenditure is £22.134m (21% higher than last year), resulting in a £7.546m overspend. The rate by which new independent school places have been commissioned has slowed, but this figure has not yet reached a position where it has begun to be reversed.

5.18 The government has extended the DSG Deficit statutory override until March 2028, keeping SEND deficits off council books. This statutory override provides temporary relief, but the underlying financial challenge remains significant. Officers met with the DfE in July to discuss the DSG management plan. The DfE confirmed no further funding increases are expected and supported mitigation strategies such as increasing capacity in resourced units, reducing independent placements, and lowering permanent exclusions.

5.19 Ongoing monitoring and review will be part of the new High Needs Block monitoring group established at schools forum in September 2025. This group will include interested parties from forum, including representatives from a range of schools.

6. Risk Assessment and Opportunities Appraisal

6.1. Risk table

Risk	Mitigation
Potential deterioration of capacity if demands increase on the system.	Children's Services current operating model of increasing early help capacity, secure threshold application, appropriate referrals from partners and timeliness of intervention, securing children and young people's long-term homes quickly including adoption was evidenced through the inspection. Performance and demand tracking that is embedded across the system evidence that we are seeing reduced numbers of open cases (per child) monthly, there are 699 children looked after as @ 04/09/25, including 32 unaccompanied asylum seekers through the government scheme in place. This is a reduction overall from 2023/24 and to date numbers of children requiring care for their safety is less than those leaving care month on month. The service is monitoring and tracking these areas of demand weekly/monthly with clear management oversight and service manager check and challenge sessions in place. Benchmarking data will be available in October 25 re numbers of Children looked after per 10.000 and Local Authority spends; the service will be evaluating its position against that when available to. Our drive is to reduce the numbers of children in our care, secure the right placements/homes for them quickly and exit children from the system as quickly and safely as we can with family and friends, if possible, for them. If not long-term fostering or adoption are applied. The implementation of the Families First Programme nationally driven should also enhance further the principle and practice of right service, right time, building on prevention and early intervention to prevent families escalating into children's social care going forward.
Placement capacity and homes for children and young people not meeting need.	Building and refining our internal capacity will be crucial to avoid the impact of placement breakdowns on costs and impact on children and young people's well-being. The fostering transformation programme and work related to building on our children's homes is ongoing. Adoption is supported alongside the regional adoption agency, and we have evidenced good practice in this area including sibling groups being placed together in the forever homes and family.
Outcomes for children and young people deteriorate. Practice standards and	A **continuous improvement approach** of high expectation, high challenge and high support is embedded as business as usual across all areas of

statutory timeliness (the activity of the service), deteriorate.	Children's Services. Performance weekly check and challenge sessions, audit monthly process, learning events and quality assurance activity underpinned by management oversight supervision and leadership overview of decision making and spend. DCS quarterly updates evidence what we know, what we are developing and improving, what our next steps are for addressing this. This framework allows the service to have transparent conversations about challenges that are identified quickly and responded to quickly with robust remedial actions. Monitoring of the challenge is put in place until resolution is secured.
Imposed spend on the council by DFE because of Ofsted determining standards and outcomes have deteriorated through their annual engagement meeting reviews with the DCS and intelligence gathering including performance tools nationally used re the CHAT Tool.	Potential for imposed spending against the budget for improvements required to safeguard children. Often more than £10-£15m depending on the issues noted. Can include increased staffing, resources and services, specialist support and intervention, and DFE advisor's oversight

7. Conclusions

7.1 In Children's Social Care we are seeing the start of the evidence of impact of the investment in Early Help and Stepping Stones, coupled with the focus on development of management oversight and progress of work in the court system to progress cases to conclusion, we are starting to see a shift in demand.

7.2 It is important, when managing demand in children's social care, that there is a focus on progression and completion of work to ensure that children's outcomes are met but that also workloads can be managed.

7.3 This could easily be influenced by sudden increases in work coming in, sickness, changes in staffing etc, but the current trends identified in this report are showing that incoming demand is decreasing, exiting activity is increasing and the most complex work in the system is progressing and concluding in a more timely way, these 3 elements combined are seeing demand being managed and reduced.

7.4 The next challenge is to continue to work with partners to become involved in the more complex situations at an earlier stage.

7.5 In Quarter 4 there was a partnership wide workshop being hosted by The Director of People with partners called 'Turning the Curve', this engaged partner agencies at all levels to strengthen the partnership working across the children's system to enable more children to be effectively diverted from statutory interventions.

7.6 Delivering the national structural changes in children's services through the implementation of the Families first for children programme is a focus for the service.

Requiring significant partnership support, multi-agency working, further early help support developments and integration of key partners into multi agency child protection teams. All working alongside the teams delivering child protection, pre and court work required.

7.7 In addition to national development related to workforce, residential provision and creating more choice for children and young people should it not be safe enough for them to remain with their families longer term.

7.8 With respect to Learning and Skills, performance across the directorate continues to improve and action plans are in place **where improvements are needed.**

7.9 Take up of Early Years entitlements for all ages remains strong. We compare favourably with regional and national figures with respect to this. Early Years provision is also of a high quality – again comparing favourably with regional and national figures.

7.10 Positive indicators are evident for the percentages of families securing a preferred primary and secondary school, including those securing their first preference. All of these indicators place the performance of Shropshire above the national averages and in a strong position against statistical neighbours.

7.11 The return of In-Year Admissions to LA control from September 2024 continues to have a positive impact on ensuring the movement of children and young people between school is timely, safeguarding and manged consistently for families.

7.12 Positive improvements can be noted in attendance, suspensions and exclusions for all children and young people in Shropshire using indicative data for the 2024/25 and the first half of the Autumn term. Innovative practice through the use of additional resources to schools is supporting schools to be ever more inclusive and to seek alternatives to exclusions.

7.13 Positive impact of the Shropshire Virtual School supporting strong education outcomes for Children Looked After, including securing stable placements and no permanent exclusions continuing this positive trend. This was recognised by Ofsted in the recent 'outstanding' inspection of Children's Social Care. The strong practice in the Virtual School is being used to inform the development of practice for all children supported by the education access teams.

7.14 Positive improvements in service delivery continue to deliver a reduction of 16 – 17-year-old young people (Year 12 or 13) who are NEET or 'not known' to levels better than national and statistical neighbours. Effective use of data is informing pro-active work by officers to promote the best possible outcomes for young people.

7.15 Governance arrangements through the SEND and AP Partnership Board are leading to improvements in the quality of EHC plans and challenging delays in the EHCP assessment and review process. This work is also being monitored by the DfE and NHSE England through the Accelerated Progress Plan (APP).

7.16 Increased capacity for more specialist provision has been delivered by September 24 through expansion of the mainstream SEND Hub programme, with further expansion

planned. However, there remain challenges with securing some placements for children and young people, particularly with the most complex needs and movers into Shropshire where limited information is known or available.

7.17 Increased demand for EHC plans has continued to increase pressure on services and education providers across Shropshire, however we should also see a corresponding increase in children and young people having their needs met and achieving positive outcomes through the operation of the new outcomes framework measures and work to support inclusive practice in schools.

Local Member:	**All**
Appendices	
Appendix 1 – Education Dashboard	