

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Date: Monday 13th October 2025

Time: 9.30am

Venue: Council Chamber - Guildhall, Bath

Councillors: Dine Romero, Liz Hardman, Paul Crossley, David Harding, Lesley Mansell, Joanna Wright, Onkar Saini, Bharat Pankhania and Michael Auton

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

The Panel will have a pre-meeting at 9.00am



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NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday
13th October 2025**

at 9.30am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 5.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

- (a) The agenda item number in which they have an interest to declare.
- (b) The nature of their interest.
- (c) Whether their interest is **a disclosable pecuniary interest** or an **other interest**,
(as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

Questions have been submitted to the Panel by Councillor Saskia Heijltjes and Councillor Joanna Wright.

Jon Gore, Orchestra of Everything has registered to make a statement.

7. MINUTES: 15TH SEPTEMBER 2025 (Pages 7 - 22)

8. CABINET MEMBER UPDATE (Pages 23 - 28)

The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

9. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE (Pages 29 - 40)

The Panel will receive an update from the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) on current issues.

10. OFSTED INSPECTION REPORT (Pages 41 - 72)

This report presents the ILACS Inspection Report findings to the Panel.

11. ATTENDANCE AND EXCLUSIONS ANNUAL REPORT (Pages 73 - 98)

This report provides the Panel with an overview of attendance and exclusions key trends across 2022-2023 and 2023-2024.

12. PANEL WORKPLAN (Pages 99 - 104)

This report presents the latest workplan for the Panel. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Panel's Chair and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk 01225 394458.

BATH AND NORTH EAST SOMERSET

**MINUTES OF CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY
DEVELOPMENT AND SCRUTINY PANEL MEETING**

Monday 15th September 2025

Present:- **Councillors** Dine Romero, Liz Hardman, David Harding, Lesley Mansell, Joanna Wright and Michael Auton, Anna Box and Jess David

Co-opted Member (non-voting): Chris Batten

Cabinet Member for Adult Services: Councillor Alison Born

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Rebecca Reynolds (Director of Public Health & Prevention), Laura Ambler (Place Director for the B&NES locality in the Integrated Care Board), Marcia Burgham (Public Health Principal), Victoria Stanley (Head of Primary Care – Community Pharmacy Optometry and Dentistry, BSW ICB) and Helen Wilkinson (Community Pharmacy Clinical Lead, BSW ICB)

25 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

26 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

27 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Councillors Onkar Saini, Paul Crossley, Bharat Pankhania and co-opted member Kevin Burnett.

Councillors Jess David and Anna Box were present as substitutes for the duration of the meeting.

28 DECLARATIONS OF INTEREST

Councillor Michael Auton declared an other interest with regard to agenda item 10 (Adult Social Care Improvement Plan Progress Update) as through his work with Community Catalysts he works with many people involved in Adult Social Care.

29 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

The Chair informed the Panel that she intended for an update of the Early Help Task Group to be given at their October meeting.

30 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

Questions to Councillor Alison Born (Cabinet Member for Adult Services) have been received and responses have been circulated. A copy of them can be found as an online appendix to these minutes.

31 PRESENTATION: EMPLOYMENT INCLUSION SERVICE / VOCATIONAL HUB FOR ADULTS

The presentation was deferred until another meeting of the Panel.

32 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel and highlighted the following points from her update.

Newton House

B&NES families who draw on care and support at Newton House came together on 18th July to share their experience and hear from the working group looking at options for future building-based respite services. The meeting was attended by 4 parents, managers from Dimensions and council officers, who recognized the value of continuing to regularly meet together to take this work forward.

Updated the group on the contract changes coming up in 2026 and a strategic piece of work to review current services and develop a Learning Disability, Autism, and Neurodiversity framework. This is a significant undertaking, encompassing community support, day support, and supported living services. Respite care is also part of this broader initiative.

Discussed the importance of long-term planning, including understanding future housing needs for individuals and families. By working together, we can ensure that the B&NES Local Plan reflects the housing needs of individual and families.

The update has been shared with all families who use Newton House support. The working group will continue its work on the all-age respite and all families will be invited to take part, with more opportunities for engagement opening in the autumn.

Community Support Recommissioning

Recommissioning of community support services is progressing as planned. Several tenders were evaluated in August, with more evaluations happening in September, with good level of engagement from health and social care practitioners and carers, as relevant for each service. We are on time to finalise contract awards by the end of September. A communication strategy is being updated, and procurement outcomes will be communicated later in the autumn.

Community Resource Centres & Extra Care Housing

CQC conducted an unannounced inspection of Cleeve Court in July following a 'test and learn' approach with an expert by experience as part of the inspection team. The inspection concentrated on the domains of Safe and Well Led as these were rated as requires improvement in the previous inspection. As part of the inspection methodology the service has worked with the Lead Inspector to develop an action plan, and this has been updated and reviewed with the Lead Inspector in early August. It is expected that the inspection report will not be available until mid-late September from CQC.

Visits – Suzanne Westhead (Director of Adult Social Care) and I visited both Cleeve Court and Combe Lea during August and were delighted to meet staff, residents and some visiting relatives. Since taking these regulated services back in house in 2020, B&NES has invested significantly in both staff and infrastructure and I was struck by the many improvements since I last visited.

Both homes are clearly offering high quality, person centred care in a comfortable and homely environment and staff are committed to ensuring that residents live fulfilling lives for the time that they are there.

Cool Spaces

With our Summer's becoming warmer, Public Health and Sustainable Communities have worked with partners to ensure residents' can access cool spaces. Companies and community organisations in Bath and North East Somerset who could provide a cool indoor space for residents to rest on hot days and shelter from the sun are being encouraged to register on a new Indoor Cool Spaces Directory. Each Indoor Cool Space provider will agree to certain facilities being available such as toilets and drinking water, and will sign up to the Cool Spaces Charter which guarantees visitors respect, dignity and a warm welcome. An online map and directory has also been developed so that residents can look up where their nearest cool space is. This includes indoor spaces and outside shaded areas.

Councillor Liz Hardman said that she welcomed the update on Newton House, but sought assurance that things were moving on as part of the process.

The Director of Adult Social Care replied that they had agreed with all the families to go out to tender for an all-age respite service and said she would seek to bring a timetable for that process to the November meeting of the Panel

Councillor Hardman asked for further information regarding Be Well B&NES as to who was overseeing this work.

The Director of Public Health & Prevention explained that it was part of a Health Improvement Framework that was identifying lots of commonalities across the Council with the hope of providing a whole system approach to the issues identified.

The Public Health Principal added that a steering group, comprising of Council officers and external partners was in place to work with communities. She added that

a Be Well B&NES Children and Young People's Network is in place and prioritising delivery of the Education Attainment Action Plan.

Councillor Hardman commented that she thought the Cool Spaces was a great initiative and asked if more were to be added for next year.

Councillor Born replied that with the increased temperatures over the summer it was clear that this initiative was needed. She added that the foundations were now in place and would identify more spaces where possible for next year.

Councillor Anna Box referred to the NHS 10 Year Plan and said that more emphasis was being placed on holistic care, preventative measures and lack of hospital escalation. She asked what role Public Health will play in accessing funding as the model was changing from fund per service to yearly payments.

The Director of Public Health & Prevention replied that they work alongside their NHS colleagues, other Regional Public Health Directors and nearby Public Health teams across the ICB and ICA on both a practical and policy planning level to see how we can work effectively across the system to avoid pressures.

Laura Ambler, BSW ICB, explained that there are 3 key areas as to how the NHS intends to work in the future.

- From hospital to community: More care will be available on people's doorsteps and in their homes
- From analogue to digital: New technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online
- From sickness to prevention: We'll reach patients earlier and make the healthy choice the easy choice.

She said that she felt that locally they were a little ahead of the plan, although work was required to align with ongoing programmes for drugs and alcohol for example.

She added that she would also be working with the Director of Adult Social Care regarding the Better Care Fund.

Councillor David Harding referred to Be Well B&NES and said that different pressures exist within the rural areas of the Council. He asked when they could see work from this project be in place to help them.

The Public Health Principal replied that the project had been focussing on the areas of Twerton and Whiteway for the past two years, but has also been looking at how the wider population of the Council can be supported. She stated that any local arrangements were planned to remain in place.

Councillor Jess David asked if outdoor shaded areas have been considered to be included in the Cool Spaces Directory.

The Director of Public Health & Prevention replied that they have and were likely to be included in the spaces available next summer.

Councillor David asked if the Parks department had been involved in the Governance of Be Well B&NES.

The Director of Public Health & Prevention replied that they were as representatives from across the council were part of the Steering Group.

Victoria Stanley, Head of Primary Care – Community Pharmacy Optometry and Dentistry, BSW ICB, addressed the Panel to inform them of a project that had recently commenced that will see local GPs and Dentists promote prevention work for mouth care and oral health. She said that this was the first time for such a collaboration and that they were hopeful for improvements.

The Chair said that she would welcome an update on the project in due course.

Councillor Lesley Mansell asked if the future delivery of the Holiday Activity and Food Programme would include areas of North East Somerset.

The Public Health Principal replied that feedback has been gained following the programme and was pleased to report that the SEND offer had been strengthened alongside an extension to the range of activities. She said that she would share a list of where the programme had taken place and that a list of future activities would be updated soon.

Councillor Mansell referred to sexual health and the upcoming agenda item of the School's Health and Wellbeing Survey and asked if promotion of safe sex was carried out within schools and colleges.

The Director of Public Health & Prevention replied that lessons on sexual health will be delivered by different curriculums and will vary from school to school. She added that they work with many of the school nurses and said that work was ongoing to deliver information to Fresher's Fairs for the new intake of students.

The Public Health Principal added that key stakeholders would be made aware of any issues ahead of the next survey.

Councillor Mansell commented that the Cool Spaces was a great initiative and encouraged more to be done to make the public aware of it.

The Chair referred to Newton House and asked if parties had learnt from each other and the overall process.

The Director of Adult Social Care replied that she believed they had and explained that two events had been held as part of the process. She stated that the families have been very clear on what they expect and that as officers they were constantly learning.

The Chair asked if further information could be provided relating to the Community Support Recommissioning.

The Director of Adult Social Care replied that a Community Support Transfer & Strategy Group was in place oversee this work and that ten events have been held with providers to enable feedback to be given.

The Chair asked why the new online free testing service for chlamydia and gonorrhoea was specifically for women.

The Director of Public Health & Prevention replied that this was because of the known reproduction health risks for women concerning these infections. She added that their sexual partners would be contacted as part of the service if their details are given. She explained that an in person testing service remains available for all at the Riverside Health Clinic in Bath.

The Chair asked if the Council's Community Drug and Alcohol Service were working with homeless people within the area.

The Director of Public Health & Prevention replied that there is an outreach team that work alongside officers from Housing Services.

The Chair, on behalf of the Panel, thanked Councillor Born for her update.

33 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

Laura Ambler, Executive Director of Place for Bath and North East Somerset, BSW ICB addressed the Panel and highlighted the following areas from within the update.

Chair announced for new Integrated Care Board cluster

Rob Whiteman has been announced as the new Chair of the Dorset, Somerset and BSW Integrated Care Board cluster. Previously Chair of NHS Dorset, Rob's appointment comes as ICBs across the country, including those in the south west, come together across much larger geographical footprints as part of the government's planned changes to the form and function of Integrated Care Boards.

While work is continuing at pace to formally establish the new cluster organisations, the three existing ICBs remain focussed on delivering their respective operational plans and developing programmes that will deliver the improvements required by the recently published 10 Year Health Plan.

Hospital passports for members of the Gypsy, boater and traveller communities who have a learning disability and/or autism

The ICB has worked with providers to help more individuals with a learning disability and/or autism, who are at risk of hospital attendance or admission, to receive a hospital passport.

There are a small number of people with a learning disability and/or autism living in Bath and North East Somerset who are members of the Gypsy, traveller and boating communities who have such passports.

It is currently not possible to provide everyone with a health passport and this work is targeted at those at greatest risk, such as individuals who have frequent attendances and admissions to hospital under the high intensity user programme.

Working together to co-design the future of neighbourhood health, including the delivery of integrated neighbourhood teams, presents further opportunities to develop health passports.

Update on region's new £20 million specialist mental health facility

Work to put the finishing touches to a new purpose-built specialist mental health inpatient facility in Bristol is well under way. The Kingfisher will be a state-of-the-art care environment, fully equipped to provide personalised support to autistic people and those with learning disabilities whose needs cannot be met by existing community mental health services.

Having this modern facility based locally will help to ensure that more patients living in Bath and North East Somerset, Swindon and Wiltshire receive the specialist care they need closer to home, while also reducing the likelihood of people being cared for out-of-area and away from family and friends.

The Kingfisher has been designed and built with input from service users, people with lived experience of the type of the care the new unit will be providing, as well as their families and carers.

When fully open in 2026, the facility will be able to provide short-stay admissions for those in genuine need of supervised hospital-level care.

Councillor Michael Auton commented that the NHS 10 Year Health Plan was likely to have wider issues for the rural areas of the Council and its older population, in particular regarding the digital changes. He asked if the BSW ICB had a specific plan for the region's health and care needs.

Laura Ambler replied that she would reply formally to this question via a future update report to the Panel. She said though that there is a requirement to have in place integrated neighbourhood teams to provide community services such as nursing, therapy and personal care to homes, care homes, clinics, schools and community centres to bring more personalised support to local people.

Councillor Lesley Mansell said that the footprint of the new ICB cluster was huge and asked how this would affect local decision making.

Laura Ambler replied that an operating model had yet to be determined and said that the blueprint remains in place with the identified functions to be delivered locally.

Councillor Mansell commented that she welcomed the work carried out regarding health passports and asked if consideration could be given to them also being provided to members of the public with dementia and mental health needs.

Laura Ambler replied that they could consider whether information gathered as part of a Care Act Assessment could be captured as long as the person concerned was able to give their consent.

Councillor Mansell asked if the take up of flu vaccination invites would be monitored and could the information be shared with the Panel.

Laura Ambler replied that she was sure that data would be available and would seek to provide it in a future update report.

Councillor Mansell asked how access to the Kingfisher facility would be measured.

Laura Ambler replied that there is an operating plan that contains some local metrics that has been discussed with the ICB Board and suggested that this be shared with the Panel. She added that 'lived voice' feedback would continue to be sought when the site opens.

The Chair referred to the topic of the ICB cluster and said that she was not sure that she had seen the blueprint that was mentioned in an earlier answer.

Laura Ambler replied that this could be shared with the Panel and advised that some elements will have changed since its first publication.

The Chair commented that she had concerns that some local elements of work might be unpicked in the new cluster arrangements as it may move away from provision within Bristol.

Laura Ambler replied that other cluster options were considered, but explained that the patient flow does make sense for the footprint. She said that they were aware of the range of views that need to be considered in the next stage of this process.

Overview of how decisions around local pharmacy provision are made

The purpose of the Pharmaceutical Needs Assessment is to understand the needs of a given population, and to help decisionmakers in that area plan new services and identify any gaps within current provision.

The PNA, which is valid for up to three years and publicly available through the Bath and North East Somerset Council website, is used by NHS England when making judgements on applications to make changes to a local community's pharmacy provision.

While there may be some changes over time in the location or opening hours of particular pharmacies, the PNA assesses provision across localities as a whole.

It also aims to ensure that gaps are not identified inappropriately, nor in locations where the market cannot sustain another provider. PNAs will consider issues such as future housing developments, GP practice changes and major infrastructure projects which could affect the need for local services.

Victoria Stanley, Head of Primary Care – Community Pharmacy Optometry and Dentistry addressed the Panel. She explained that the PNA had been discussed at the Health & Wellbeing Board earlier in September and thanked them for their comments and observations.

She said that the issue of temporary closures across the Council had been noted by the Board.

Helen Wilkinson, Community Pharmacy Clinical Lead, BSW ICB said that ongoing support is available for Community Pharmacies.

The Chair asked if a definition for the term 'temporary closure' could be given.

Victoria Stanley replied that the term is used to allow pharmacies to close temporarily for a number of different circumstances. She added these could range from a pharmacist not being present on site, low number or lack of permanent staff or issues with the pharmacy premises.

Councillor Michael Auton asked if population numbers within certain geographical locations were considered a factor as part of the PNA. He added that he felt there was a low provision of pharmacies in the rural areas, particularly Midsomer Norton and was concerned about the potential growing pressures on pharmacies and GPs.

Victoria Stanley replied that there is an application process to follow for those seeking to open a new premises, but said this was not led by the ICB or the NHS. She added that the onus was on the applicant to address how local services would be improved.

Helen Wilkinson said that pharmacists are in the process of being freed from dispensing roles as pharmacy technicians were receiving training to take on more dispensing responsibilities that will allow them to supply and administer medicines. She added that all newly qualified pharmacists will become independent prescribers from 2026, enabling them to directly treat patients and deliver more clinical services (when these are commissioned).

Councillor Michael Auton commented that recent census numbers have shown that the number of older people is increasing locally and was therefore likely to have an impact on health services.

Councillor David Harding referred to GP dispensaries and lack of access to the pharmacy App in rural areas. He said that GP dispensaries do not receive Pharmacy Access funding, have to pay for their own IT support and he was concerned about the possibility of an increase in the digital divide.

Victoria Stanley replied that they would offer support to a dispensing GP where possible.

Helen Wilkinson asked Councillor Harding to send further information to them regarding his concerns.

Councillor Lesley Mansell commented on the number of pharmacies available in Radstock and Midsomer Norton and their variation in opening hours. She asked if any gaps in provision had been identified / addressed following the PNA.

Victoria Stanley replied that no gaps in provision had been identified. She said that online pharmacies were available to deliver prescribed medication directly to people's homes.

The Chair asked what could be done to encourage more people to take up roles such as Dentists, GPs and Pharmacy staff as there was a shortage / capacity issue.

Helen Wilkinson replied that work has taken place within schools and colleges to raise awareness of such roles. She added that the previously mentioned pharmacy changes planned for 2026 may help with an increase.

The Chair asked if they had considered a focus on recruiting older people or those potentially seeking a career change for pharmacy positions in particular.

Helen Wilkinson replied that they had not and thanked her for the suggestion.

Councillor Liz Hardman referred to the transfer of services between AWP and HCRG Care Group that took place in April and said she was concerned that no proper transfer plan was in place for people in receipt of the Autism Diagnostic Service or the ADHD Prescribing Service.

She said that she believed that around 5,000 people were still awaiting a diagnosis and asked how the work of HCRG Care Group would be monitored.

Laura Ambler replied that an update had been recently been given to the Wiltshire Health Overview & Scrutiny Panel and that this could be forwarded to this Panel. She said that she was aware of the significant waiting times for a diagnosis and that all who were on the waiting list had been written to at the time of the transfer to make them aware of their choices.

She explained that a lack of a diagnosis should not unduly delay any request for reasonable adjustments.

She said that they were working on a range of strategies to enable and help people to wait well, in terms of their diagnosis and that around 50 cases had been identified as needing to be advanced.

She said that measures were in place to monitor the work of HCRG Care Group through their community based contract. She added that improvements have been

noted recently in Children & Young People with learning disabilities. She added that further information could be provided in a future update.

The Chair commented that it was disappointing to see the RUH receive a low ranking in the recently released NHS trusts performance league tables.

Laura Ambler said that she would prefer colleagues from the RUH to provide a response on this matter. She added though that the rank will not always correspond with the experience of the patients.

The Chair said that the Panel should consider inviting representatives from the RUH to a future meeting.

The Chair, on behalf of the Panel, thanked Laura Ambler, Victoria Stanley and Helen Wilkinson for attending and the BSW ICB for their update.

34 CQC ACTION PLAN UPDATE

Councillor Alison Born introduced the report to the Panel. She explained that the Adult Social Care Improvement Plan is aligned to specific CQC feedback and structured according to the CQC Local Authority Assessment Themes.

She stated that there are 9 improvement priorities across the four CQC Themes with 15 projects/action plans to deliver them.

Councillor Liz Hardman said that she could see a lot of positives in the report and asked if it was felt that they were able to meet the challenge of enabling sustainable improvement.

The Director of Adult Social Care replied that she believed they would be able to achieve the work set out in the Improvement Plan and was particularly proud of the work carried out so far with carers and the Carers Centre. She added that a Healthwatch survey was due to be distributed in the next month to ascertain further feedback and that the Panel would be updated on this at their January 2026 meeting.

Councillor Jess David stated that she was reassured by the report and asked if there was any indication of when the next CQC assessment might take place.

The Director of Adult Social Care replied that she expected the service to be assessed again by the summer of 2026 and that there would be a focus on public experience, with themed assessments also likely.

Councillor Lesley Mansell said that the service must do its utmost to ensure that there is a level playing field for all in terms of the co-production of services. She added that whilst the EQIA with the report was welcome, its focus was the Improvement Plan and she asked if a separate one was required for the service users.

The Director of Adult Social Care replied that there is a level playing field in place for co-production and that a range of communications was being used to share information with organisations such as Live Well B&NES and the Community Wellbeing Hub.

With regard to further EQIAs, she said that this was under consideration as part of their ongoing work and that they would seek to demonstrate their understanding of protective characteristics as work progresses.

Councillor Joanna Wright asked if the service had enough resources for the work they are required to do.

The Director of Adult Social Care replied that to have the contingencies available within this financial year for extra staff has been so helpful. She said that where possible staff were using new IT products / apps to aid them in their work. She explained that for the forthcoming financial year they were seeking an additional £5m of investment to assist with two continuing areas of growth, older people and transitions.

The Chair asked how often staff have to undertake equalities duty training.

The Director of Adult Social Care replied that this was mandatory for all staff on an annual basis.

Councillor Wright asked when the Panel could expect to discuss the forthcoming Council budget.

The Director of Adult Social Care replied that she believed that this process would begin in November / December.

The Panel **RESOLVED** to:

- i) Note the summary of progress towards the Adult Social Care Improvement Plan which highlights main themes and action for achieving a good CQC rating.
- ii) Agree that a further update report on the progress against the ASC Improvement Plan is submitted to Panel in January 2026.

35 CHILDREN AND YOUNG PEOPLE HEALTH & WELLBEING SURVEY

Councillor Alison Born introduced the report to the Panel. She explained that the survey provides robust data and insights into the health, wellbeing, and behaviours of children and young people, supporting evidence-based service planning and targeted interventions.

She informed the Panel that the work is supported by St John's Foundation, which has provided grant funding to B&NES Council to enable the continuation of the SH&WS for five survey rounds on a biennial basis, through to 2030.

She stated that a number of areas for concern have been identified and that the survey highlights persistent inequalities affecting vulnerable groups, including pupils eligible for Free School Meals (FSM) either now or in the past six years, those with s SEND, young carers, children looked after and those identifying as LGBTQ+, pupils living with just one parent or from BAME backgrounds.

Councillor Liz Hardman commented that she felt that the survey was a useful tool and was pleased to see that arrangements were in place to start the organisation of the next survey.

She asked what can be done to improve the response rate (58%) from Primary Schools, while noting that 100% of Secondary Schools had responded.

The Public Health Principal replied that all schools are invited to take part in the survey and that they had not received a direct notification to say that a school would not be taking part. She said that the assumption was that they had not had the time to complete it.

Councillor Hardman asked what can be done to improve the areas of concern identified.

The Public Health Principal replied that Public Health use the survey to assess where resources should be placed, promote particular campaigns and to advise partners in B&NES, Swindon & Wiltshire.

Councillor Hardman said that she was concerned that the inequalities for Young Carers were across many of the categories.

The Public Health Principal replied that the concern was shared and she was aware of work planned to begin to address this.

The Director of Public Health & Prevention added that they would also welcome suggestions for where the results of the survey could be shared.

Councillor Anna Box raised a number of points on behalf of Councillor David Harding who had left the meeting.

- The increase in self harm from 14% to 17% in primary schools. Was this known why and is there a policy to address it?
- Vaping remains high with 27% of secondary and 54% of FE students having tried e-cigarettes at least once. Work to be done.....
- Exercise – No mention of this within the survey to address obesity or losing weight. Young people should be encouraged to enjoy exercise.

The Public Health Principal replied that self harm remains a priority locally and that Mental Health support teams were in place across BSW alongside School Nursing.

She explained that a Parent & Carer seminar had been held recently on vaping and hoped that information gained from this would lead to ways that could be identified to reduce numbers.

She stated that exercise was indeed a key area to address to ascertain the level of physical activity undertaken by young people.

Councillor Michael Auton asked if a list of the schools that did not take part was available to be able to encourage their involvement.

The Public Health Principal replied that she would check what information could be shared and said the offer of help was appreciated.

Councillor Jess David asked if the data from the survey could be compared nationally.

The Public Health Principal replied that not all areas of the country take part in the survey. She added that they do compare some elements of the data with the Office for National Statistics.

Councillor Joanna Wright commented that she was concerned about the amount of screen time / digital use by young people.

The Public Health Principal replied that they are aware of this as an issue and said that schools do receive an individual report back for them to use the results to address areas of concern.

Councillor Joanna Wright asked when the B&NES Play Policy was last reviewed.

The Public Health Principal replied that she was not able to answer that question.

Councillor Lesley Mansell commented that she acknowledged the areas of concern raised and asked how young people could be addressed to ensure that messages are being received correctly and understood.

She also asked if the Primary questions were set out for them in the right way.

The Public Health Principal replied that she wanted to assure the Panel that representatives from the provider carrying out the survey attend the school to support survey responses from pupils.

The Chair commented that she would welcome an update on this work to a future meeting of the Panel.

The Director of Public Health & Prevention replied that it was their role to share the results of the survey and to change, where direct control allows. She added that they could seek follow-up from partnerships on other matters.

The Panel **RESOLVED** to promote and refer to the survey results when considering the needs of their local children and young people.

36 MINUTES: 14TH JULY 2025

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

37 PANEL WORKPLAN

The Chair introduced the item and referred to the following items that were already on the workplan/had been raised at this meeting:

October (Children)

- Covid figures / Flu / Vaccination update
- Play Policy
- Free School Meals – Auto enrolment
- Safety Valve - DfE/Culverhay issue
- St Michael's Primary School/Orchestra of Everything update

November (Adults)

Modern Slavery

January (Adults)

CQC Action Plan Update

Other (no timescale)

- Home to School Transport
- Community Wellbeing Hub / Live Well B&NES (Attend the Panel)
- Attainment gap, to include wider determinants project from public health

The Panel **RESOLVED** to note their current workplan and these proposals for future reports.

The meeting ended at 12.19 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Lead Member PDS Report 13/10/2025.

Senior Leadership changes (update)

As previously reported, there have been some key changes to the senior leadership team in Children's Services.

Following Mary Kearney Knowles retirement in March 2025, Jean Kelly is now in role as the Director of Children's Services. Jean arrived in mid- August.

Phoebe Holland is the interim Assistant Director for Children's Social Care having stepped up from her permanent role as Head of Service for Safeguarding Outcomes. We will be advertising the Assistant Director role for permanent recruitment in the coming months.

Darryl Freeman joined in early September, as Executive Director for People. He is responsible for Adult Social Care, Children's Services and Public Health. This follows Mandy Bishop's move to South Gloucestershire as Chief Executive.

Inspection of Local Authority Children's Services (ILACS) update

An ILACS inspection was announced and took place in June 2025. A report has been shared with this meeting for consideration and will be presented for information and discussion.

Very positively, Children's Services maintained 'Good' judgements across all 5 inspected domains, including a new judgement area for the experience and progress of care leavers.

Link to the report here: <https://files.ofsted.gov.uk/v1/file/50283932>

New OFSTED Early Years and School Inspection Framework

OFSTED has launched a new school inspection framework, effective from November 2025, which outlines how OFSTED will inspect registered early years settings, maintained schools, academies, non-association independent schools, and further education and skills provision in England. The framework includes principles of inspection, main evaluations, and standards used to inspect providers. It introduces a five-point grading scale, ranging from 'exceptional' to 'urgent improvement', across six core evaluation areas: inclusion, curriculum and teaching, achievement, attendance and behaviour, personal development and well-being, and leadership and governance.

I welcome the focus on inclusion in this new framework and we believe this will support the Local Authorities' drive to support our most vulnerable pupils, especially those with SEND. At the same time, we realise that any new inspection framework does cause concern for our education colleagues, who balance so many competing demands as school leaders. We will do what we can locally to support schools through this transition and with ongoing training/CPD to support all children with SEND in our Schools.

For more details, you can access the full framework

(<https://www.gov.uk/government/publications/education-inspection-framework-for-use-from-november-2025>)

Education White Paper

The Education White Paper is anticipated to be published in Autumn 2025. This will be the first significant piece of education legislation/reform for over a decade. Whilst I expect that this will mean introducing substantial reforms to the SEND system, I will not speculate on what these will be at this stage. It is a sensitive topic, and my best hope is that the changes keep children and families at the centre of any proposed changes. More updates will follow.

Free School Meals – Auto Enrolment

The Local Authority have successfully implemented our Free School Meals (FSM) Auto-Enrolment system. As a result, we have seen an additional 139 children enrolled for FSM directly or indirectly as a result of this exercise. While this number is lower than the assumed unclaimed benefit based on the dataset we gathered from our Local Council Tax Support (LCTS) system, the welfare team has manually checked all 462 cases from the original dataset and is satisfied that, other than the handful who opted out, all families in receipt of LCTS are now enrolled in Free School Meals where they are entitled.

Of 139 new cases, 55 enrolled themselves, after receiving our letter highlighting potential entitlement. The table below breaks down the number of enrolled participants by ward.

Westfield	17
Moorlands	5
Keynsham East	1
Walcot	11
Midsomer Norton North	7
Keynsham North	1
Newbridge	1
Timsbury	2
Odd Down	32
Twerton	24
Peasedown	1
Southdown	13
Radstock	14
Widcombe & Lyncombe	2
Bath North	1
Combe Down	3
Kingsmead	1
Lansdown	3

SEND Updates, the SEND team, SEF and OFSTED/CQC inspection readiness

SEND Team

I am pleased to report that, following additional council investment, our SEND team is fully staffed and caseloads have been reduced. I am very impressed with the leadership locally of our SEND service and the way staff have responded to all the challenges we have faced over the last 18 months. With strong leadership and increased capacity, I am very positive about the future of this service area.

SEND Self Evaluation

I am pleased to say that our latest self-evaluation of our joint arrangements between education, social care and health for supporting children and families with SEND is now published.

It can be viewed here <https://livewell.bathnes.gov.uk/sites/default/files/2025-10/BNES%20SEF%20signed%20off%20by%20LAIP%20Sept%20%2725.pdf>

Whilst there is always more work to do and room to improve, I am satisfied that this document helps us prioritise and focus as a partnership on the key areas where we need to improve and with the support of our Parent Carer Forum, we can do this in an informed and collaborative way.

On the subject of self-evaluation and collaboration, the Children's Leadership team on the 9th of October 25, will be participating in a South West SEND, regional peer challenge, the focus of the day will be on self-evaluation, with an opportunity to challenge and learn from other Local Authorities on how to improve our evaluation and ultimately, the services we provide. I look forward to receiving the feedback from this event.

OFSTED/CQC SEND Inspection readiness

I anticipate that there will be a full SEND/CQC SEND inspection this academic year. The last time this area was inspected was in 2019. Alongside self-evaluation, we are undertaking a number of activities to prepare, including our 3rd Inspection Dry Run, which focuses on the deep dives into our work that inspectors will conduct during the inspection. A regular OFSTED Inspection sub-group is in place and has been meeting for some time to ensure we are ready to manage the anticipated 3 weeks of inspection.

We are always keen to learn and develop in this area. If we do not receive an inspection by the spring term, I am aware that our Senior Leadership will consider requesting an LGA Peer Review of SEND services and systems to ensure that we remain focused and informed.

Our Virtual School for Children in Care

Finally, I wanted to conclude the education updates with a positive reflection on our Virtual School and the progress it continues to make in providing not only support for children in our care, but also in supporting children in need and those in need of protection. I attended the September Virtual School Governing Body meeting and was impressed by the quality of staff now in the team, the continued praise the team receives whenever inspections

arrive, and the continued drive to ensure we lead the development of trauma-informed practice in our schools. No child in a protection plan was excluded from school in the last academic year. Well done to the team.

Families First Partnership Reforms in Children's Social Care

Following the publication of the Children's Wellbeing and Schools Bill, Children's Social Care services across the country have been asked to implement some key elements of the reforms by April 2026. These reforms are called the Family First Partnership and this links to key developments arising from The Review of Children's Social Care undertaken by Josh McAlister and the National Panel Review into the deaths of Star Hobson and Arthur Labinje-Hughes.

There are four key elements of the Family First Programme of reform:

1. Family Group Decision Making

All families should benefit from decision making that includes their family network, in order to find preventative solutions which, support children to be supported in the community and with their family network wherever possible.

In Bath and North East Somerset, we have an established Family Group Conference service, and we are working to develop our approach to ensure families benefit from a way of working which has family group decision making at the heart of all we do.

2. Family Help and Family Help Lead Practitioner role

The reforms support a change to the way we support children in need of early help and support to reduce the number of changes of worker and to build effective relationships that lead to positive outcomes. Focusing on preventative support is important so that we work in partnership to reduce the likelihood of risk escalating and ensuring that children can remain in their family network.

In Bath and North East Somerset we are working to develop this way of working which will include a range of practitioners, including but not limited to qualified social workers, supporting children and families in this preventative way.

3. Multi agency Child Protection Teams

Where harm is suspected or occurs for children, it is important that statutory response and decision making is effective. The development of a multi-agency child protection team approach will extend the approach we already use in Bath and North East Somerset.

4. Lead Child Protection Practitioner role

The lead protection practitioner role will be part of the Multi Agency Child Protection Team approach. These practitioners will be experienced social workers and will lead decision making when there is concern that children have or are likely to suffer significant harm.

They will oversee key decisions and interventions alongside multi agency partner agencies, such as the police, education and health colleagues.

In Bath and North East Somerset we are reviewing our existing approach to develop and strengthen this further.

The Scrutiny Committee may want to consider devoting a full meeting to all of these reforms in early 2026.

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**Bath and North East Somerset,
Swindon and Wiltshire**
Integrated Care Board

**Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel –
Monday 13 October 2025**

Chief Executive of new ICB cluster appointed

Earlier this month, Jonathan Higman was appointed as the new chief executive for the recently-established integrated care board cluster covering Bath and North East Somerset, Swindon and Wiltshire, Dorset and Somerset.

Jonathan, who is currently chief executive of Somerset ICB, has more than 25 years of experience in both NHS provider and commissioning organisations.

He has been the chief executive of Somerset ICB since its inception in 2022, and has focused on developing neighbourhood models of support, shifting care closer to people's own homes, while also maintaining financial balance and delivery of the key national targets.

Prior to joining the integrated care board, Jonathan was chief executive of Yeovil District Hospital NHS Foundation Trust.

Rob Whiteman, Chair of the new integrated care board cluster, said: "Jonathan's extensive knowledge and experience within the NHS make him extremely well-suited for the role."

Speaking about the appointment, Jonathan said: "I truly believe there is a bright future for ICBs, working to improve the health and wellbeing of the people we are here to serve."

Sue Harriman, former Chief Executive Officer of BSW ICB, announced her departure from the organisation earlier this year, and formally stepped down from the role at the end of September.

Launch of winter vaccinations

Eligible groups are now able to receive a free flu and Covid-19 vaccination.

Pregnant women, along with children aged two and three, were among the first to be called forward in early September.

On Wednesday 1 October, the flu vaccination offer was widened to include over-65s, people with a weakened immune system, care home residents and frontline health and social care workers.

While most people in these groups should have already received an invitation from the NHS to book their vaccination, individuals do not need to wait to be contacted before making an appointment.

There are a number of different ways in which people can arrange their flu vaccine appointment, with bookings available online through the NHS App and at www.nhs.uk/bookflu, or over the phone by calling 119.

People looking to get their flu vaccine quickly and without delay can use the pharmacy finder tool on the NHS website to see which sites near them are offering on-the-day walk-in appointments.

The eligibility criteria for Covid-19 vaccines has been changed, following a review by the Joint Committee on Vaccination and Immunisation.

Now, only those people aged 75 and over, as well as older care home residents and those who are immunosuppressed, will be offered a vaccination against Covid-19.

A more detailed overview of recent vaccination performance in Bath and North East Somerset is included as an appendix.

Closure of the outpatients medicine courier service at the RUH

Author: Uzoma Ibechukwu, Director of Pharmacy, Royal United Hospitals Bath

Date: 3 October 2025

Overview

During the Covid-19 pandemic, the Royal United Hospital in Bath introduced the outpatients medicines courier service to support vulnerable patients who were shielding.

It helped to ensure that they were able to receive their RUH-prescribed medication safely, without needing to leave home.

As of 2025, the service is still in operation and currently carries out between 300 and 350 deliveries each month, mainly for oncology, haematology and dermatology patients.

In June of this year, the RUH agreed to decommission the service, and transition to a modern, digitally-enabled model, which aligns with the requirements of the government's 10-Year Plan for the NHS.

Rationale for change

- Improved patient experience: The current model supports only a small number of patients. An electronic prescribing service will be able to support a wider cohort of patients.
- Also, due to multiple supply routes, the medicine supply is fragmented and confusing, and there are incidences of delays and missed medication in the current service.
- Digital misalignment: Reliance on paper prescriptions inconsistent with NHS digital strategy and not supportive of providing care closer to home.
- Equity and sustainability: RUH is the only acute provider in BSW offering this service, while courier emissions conflict with wider net-zero goals.
- Cost effectiveness: The current service costs between £35 and £45 per delivery, with the majority of users able to access medicines through other means, such as their local community pharmacy

New model

- Electronic Prescribing Service (EPS): Prescriptions sent directly to a community pharmacy of the patient's choice for collection following an outpatient appointment.
- Improved access: Faster, more convenient medicine collection, especially for virtual outpatient appointments.
- Enhanced governance: Digital audit trails, reduced risk of lost prescriptions, and better safety oversight.

Benefits

- For patients: Greater convenience, reduced delays and improved virtual care.

- For system: Financial savings, reduced emissions and better alignment with regional and national strategy.

Impact and mitigations

- Patients affected: Fewer than one per cent of outpatients (40 out of 5,900 seen by the RUH every month), mainly in haematology and oncology. This cohort consists of patients who have a virtual appointment and are prescribed a medicine that can only be collected from hospital.
- All other patients can collect medicines at the same time as receiving RUH care or via their community pharmacy.
- Mitigations include volunteer delivery for exceptional clinical needs, targeted communications, escalation pathways for stock issues, staff training, and patient helpline.

Equality considerations

- EQIA identified potential impacts on elderly, rural, and carer-dependent patients.
- Mitigations include accessible patient information and case-by-case delivery from RUH volunteers.
- Ongoing monitoring via governance and patient experience frameworks.

Next steps

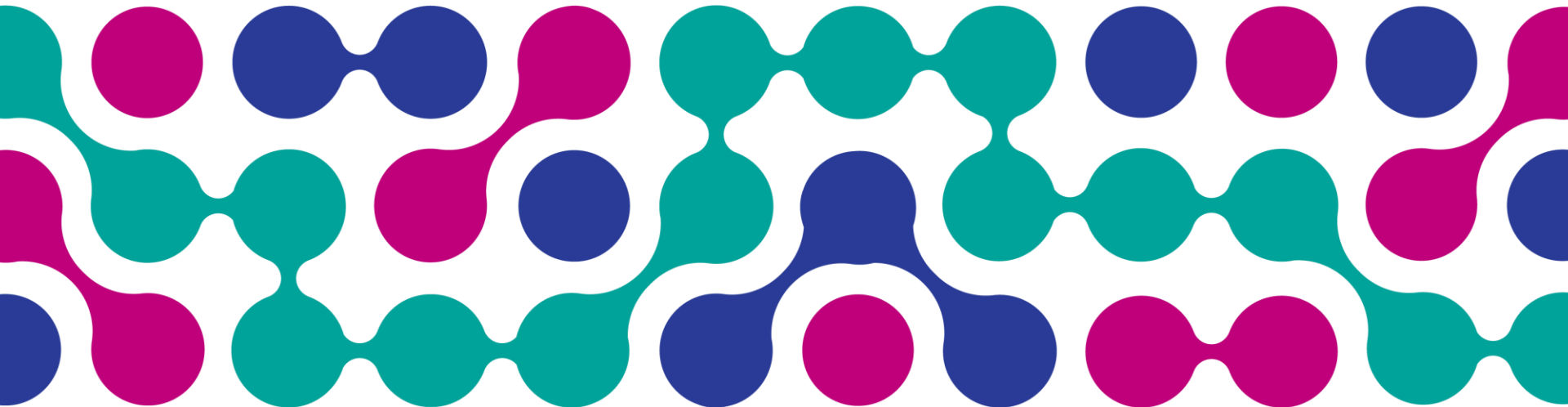
- Implementation is under way. Scrutiny committee feedback is welcomed to ensure continued protection of patient interests and service quality.
- Patients directly affected will receive a letter describing the change to their current service and an opportunity to discuss any concerns with the RUH's Patient Support and Complaints Team.
- Staff directly impacted by the change to service have been engaged with by the senior pharmacy team over the summer.
- The RUH will also share opportunities to feed back on the new service before its launch during winter 2025/26.

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BSW ICB Vaccination Programme Autumn/Winter 2025/2026

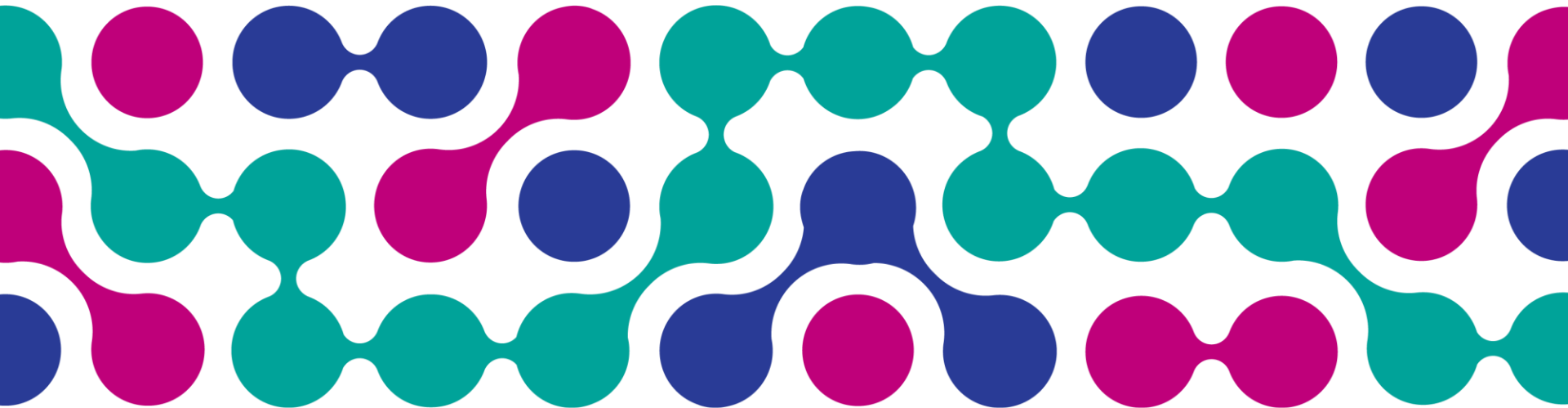
BaNES
HOSC Update

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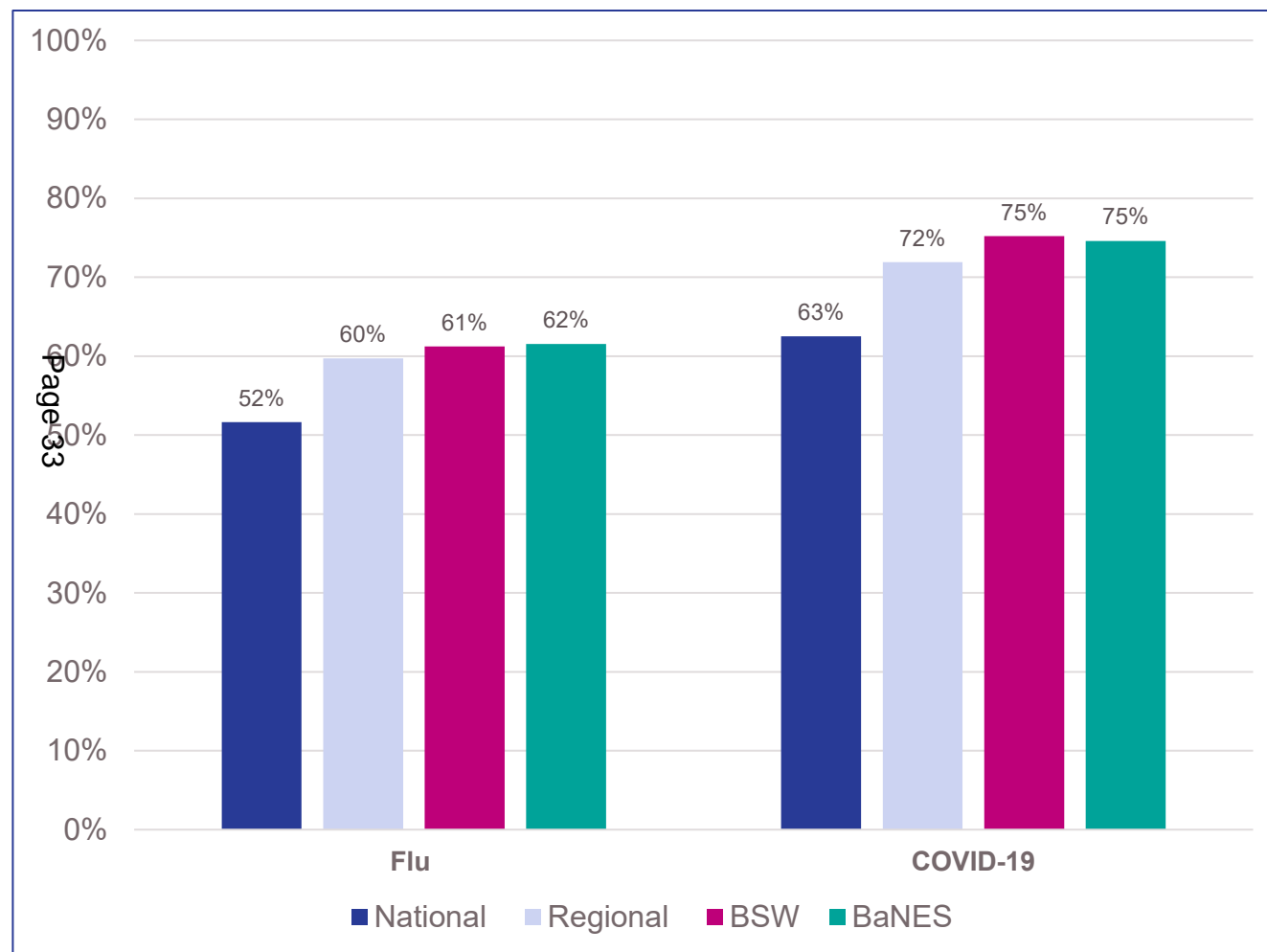


Summary from previous seasons

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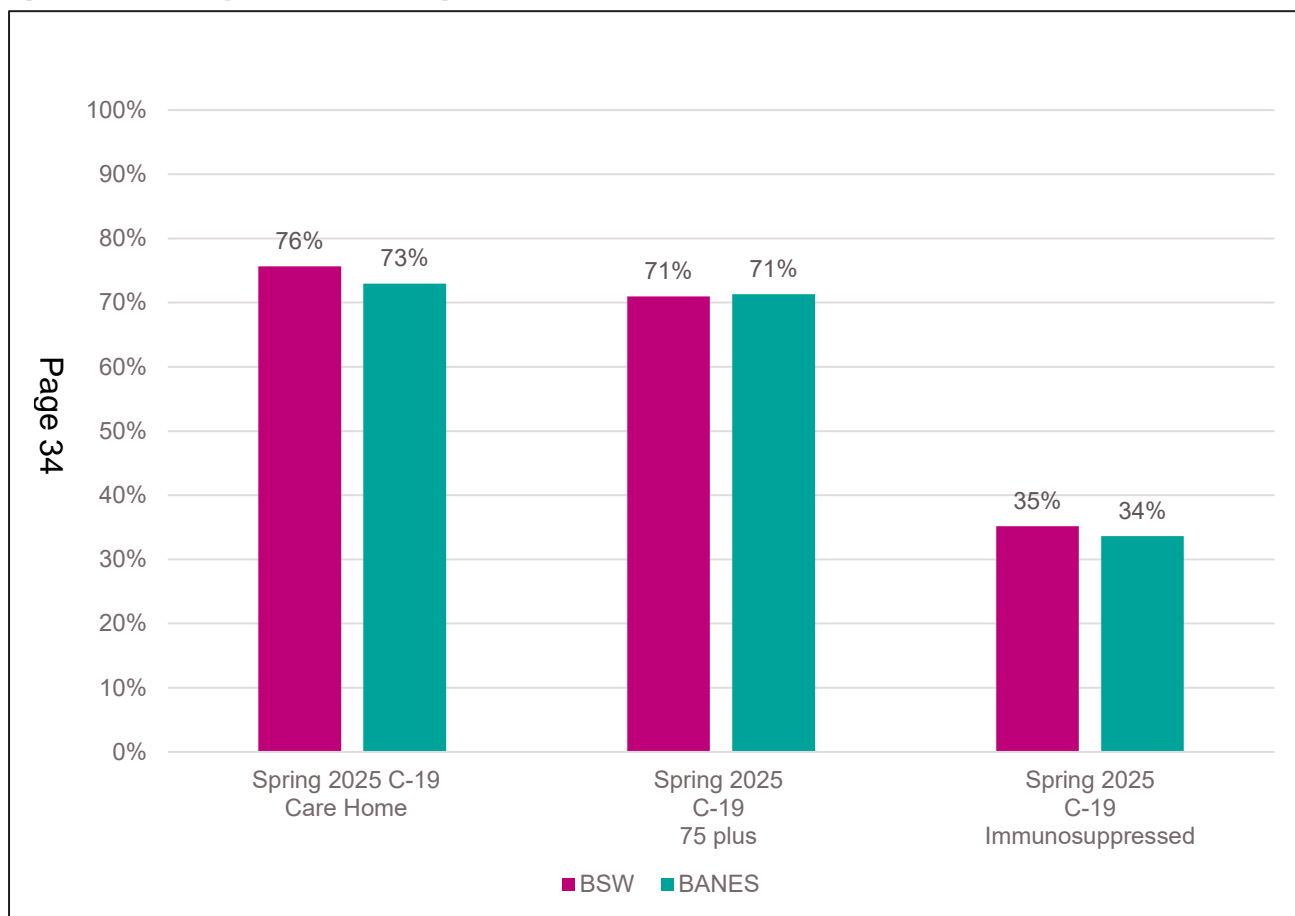
Flu and Covid-19 uptake (Autumn 2024/25) (data as at 31/03/2025)



BaNES shows steady performance, and remains 12 per cent higher than the national Covid-19 average and 10 per cent higher for flu

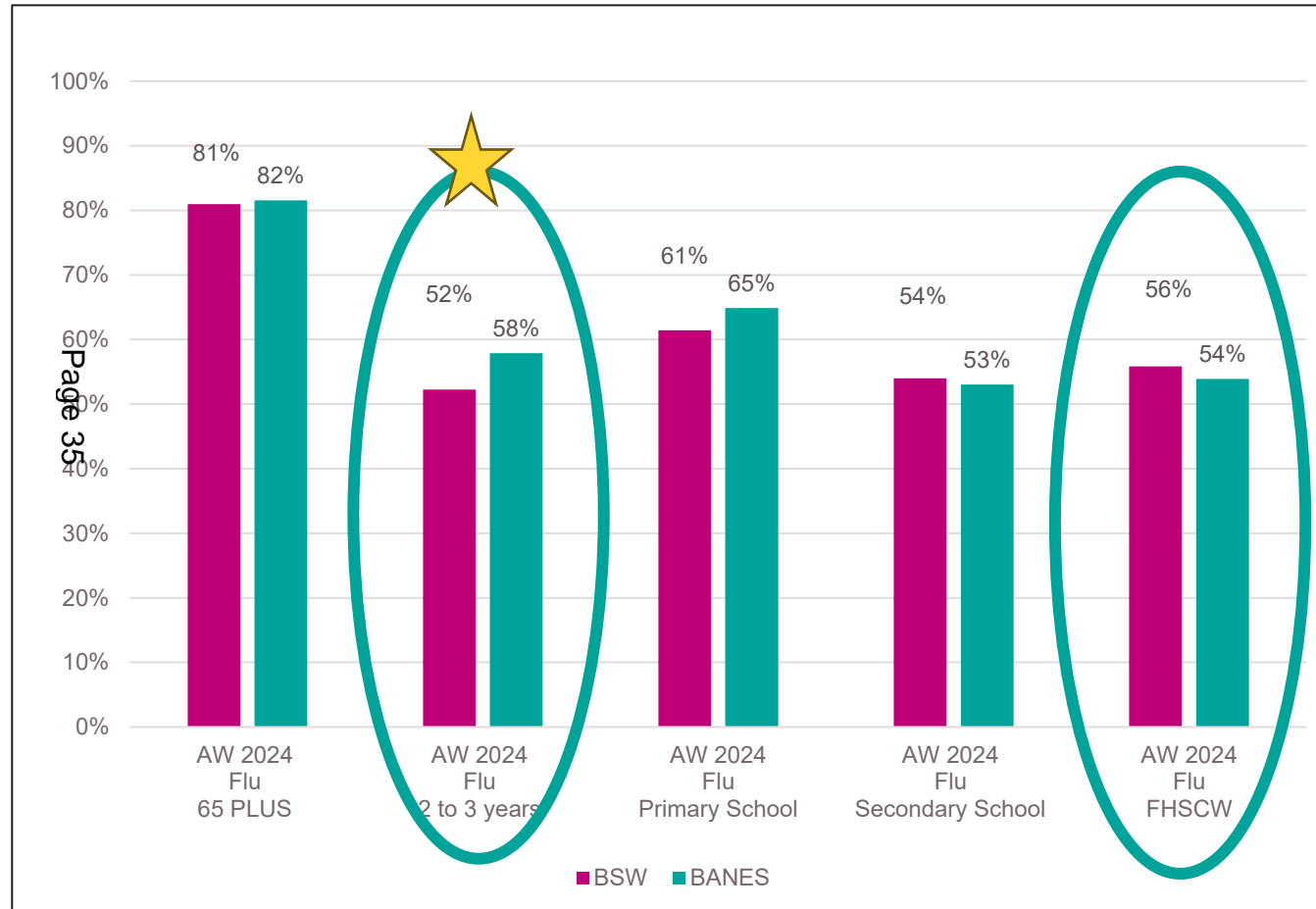
Covid-19 uptake

(Spring 2025)



Immunosuppressed
traditionally
challenging to keep
uptake due to coding
and/or awareness

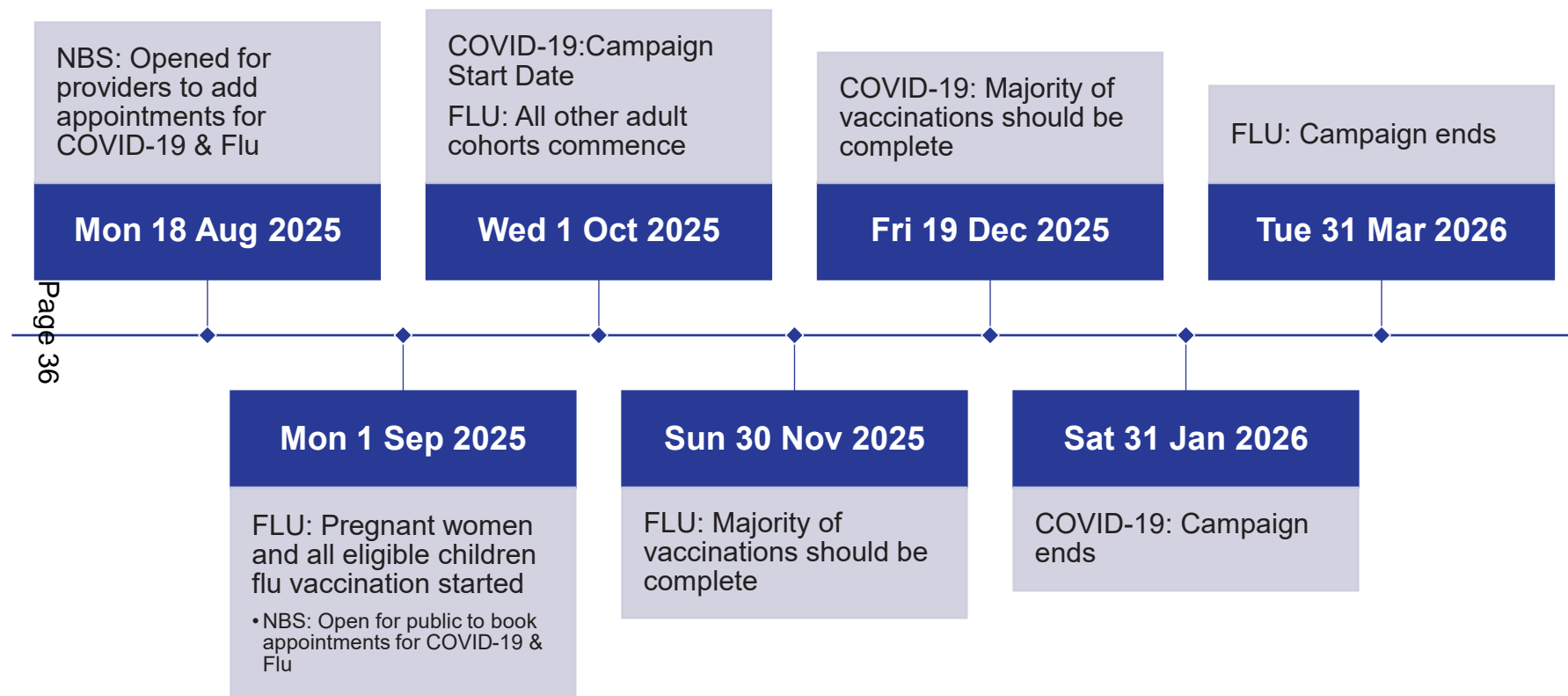
Flu (Autumn 2024)



2-3 yr flu is a priority nationally and locally, and work is needed to increase this uptake, although BaNES has highest in BSW. Community pharmacies will be offering in 2025/2026

BSW trusts had the highest staff Flu uptake nationally at 56%

Autumn and winter 2025/2026 Covid-19 and flu dates



PCN'S

All 5/6 PCNs opted IN

Contracted deliver to all eligible patients alongside Flu

Asked to prioritise care homes & housebound patients

Community Pharmacies

19 COVID-19 sites in total

All existing sites

No new sites

13 contracted to offer flu for 2-3yrs

Hospital Hubs

1 acute trusts

Inpatients (long stay) and COVID-19 & Flu offer

Maternity and FHSCW Flu only offer

Community Provider

Still Onboarding

Inpatient offer at community wards in line with acute trusts – COVID-19 and Flu

FHSCW – Flu only offer

Access & Inequality Provider

Housebound and care homes completion where no contract in place with PCN/practice

Access clinics where no other provision available

Inequalities clinics

Current seasonal progress

(Based on available 03/10/2025)



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

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Covid-19

All cohorts

One per cent above national
(started 1 Oct 2025)

Flu

All cohorts

Five per cent below national
(main cohorts started 1 Oct 2025)

BaNES

Current progress

Flu

Two to three years

10 per cent above national
(started 1 Sept 2025)

Flu

Pregnancy

11 per cent above national
(started 1 Sept 2025)

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Scrutiny Panel	
MEETING/ DECISION DATE:	13th October 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	ILACS Report	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: B&NES Children’s services ILACS Report, June 2025.		

1 THE ISSUE

- 1.1 We are presenting our ILACS Inspection Report Findings

2 RECOMMENDATION

The Panel is asked to;

- 2.1 Consider the findings of our inspection report and provide related scrutiny.

3 JUNE 2025 ILACS REPORT- OUR STRENGTHS

- 3.1 This report describes the service we offer to children and families as 'Good' overall and good across all areas.

Judgement	Grade
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care	Good
The experiences and progress of care leavers	Good
Overall effectiveness	Good

- a) When children are referred to children's services, they are given appropriate priority based on their presenting level of need and risk.
- b) Consequently, children in BANES receive the right help and support, at the right time. When concerns are significant, action is taken swiftly to safeguard children. This remains the case out of ours, when support is offered by the Emergency Duty Team.
- c) Families open to early help and to children's social care receive detailed assessments of their needs, which includes input from other agencies who know the child. Assessments receive robust management oversight.
- d) Social workers take time building relationships with children and families, meaning that they know their needs well and offer a trauma informed service. The local authority offers innovative support, through initiatives such as Fostering Families, which aims to keep families together and reduce the number of children coming into care.
- e) When children do need to come into care, their family networks are thoroughly explored, meaning that the majority of children are placed with people they know. Children receive timely direct work from their social workers, to ensure that they understand why they cannot live with their parents, when this is the case.
- f) The majority of children who come into care are in the right placement to meet their needs. However, due to placement sufficiency, a small number of children are not in the correct provision. Leaders are aware of this and working to increase the number of placements available. Where children are in unsuitable placement, there is strong senior leader oversight and ongoing searches for the correct accommodation.
- g) Children in care are well supported to meet their educational goals and do well. Social workers advocate for children in the care of B&NES, as do the Virtual School, ensuring they receive the correct support to meet their emotional, vocational and academic needs.

- h) Many children in care are supported through the Life -Long Links Service, to nurture their relationships and connectivity. Children in care are also well supported by their Independent Reviewing Officers, who know them well and advocate on their behalf, driving forward planning.
- i) Disabled children receive a bespoke service, which is child centred and considers their holistic needs.
- j) Young people who come to B&NES seeking asylum receive a timely response that meets their needs, and this continues when they reach 18.
- k) Personal Advisors are strong advocates for Care Experienced Young People. PAs develop enduring relationships, offer relational support and advocate strongly for those they work with.
- l) Care leavers benefit from a comprehensive local offer that easily accessible via an app. Support is practical and includes accompanying young people to appointments, for example. There is targeted support in place for those who need it, such as when young people become parents themselves.
- m) There continues to be strong corporate commitment to children in B&NES, demonstrated by recent staffing investment for children with disabilities and care experienced young people.
- n) There is a strong Quality Assurance Framework, which includes input from children and families and ensures that senior leaders know the service well. This is demonstrated through their accurate self-assessment.
- o) Leaders know their strengths well and also work diligently and collectively to address areas that need improvement. Leaders are transparent and this allows for continued improvement and growth.
- p) Social workers speak positively about working in B&NES. They feel well supported by managers and senior leaders. They make excellent use of the Practice Framework, to support and inform their interventions with families.

4 JUNE 2025 ILACS REPORT- OUR AREAS FOR IMPROVEMENT

- 4.1 The report highlights the areas we need to continue to work on and helps to give a roadmap for how to further improve our service, as we strive towards outstanding.
 - a) Whilst the recent visit highlighted that we have made changes to our Return Home Interview Process. This remains an area for improvement and needs more strategic oversight, to improve consistency. Young people who go missing are not always offered a return home interview in a timely way.
 - b) Leaders made the decision to reduce audit activity in recent months due to organisational restructure. Leaders are aware of the need to increase audit activity and have plans in place to do this.

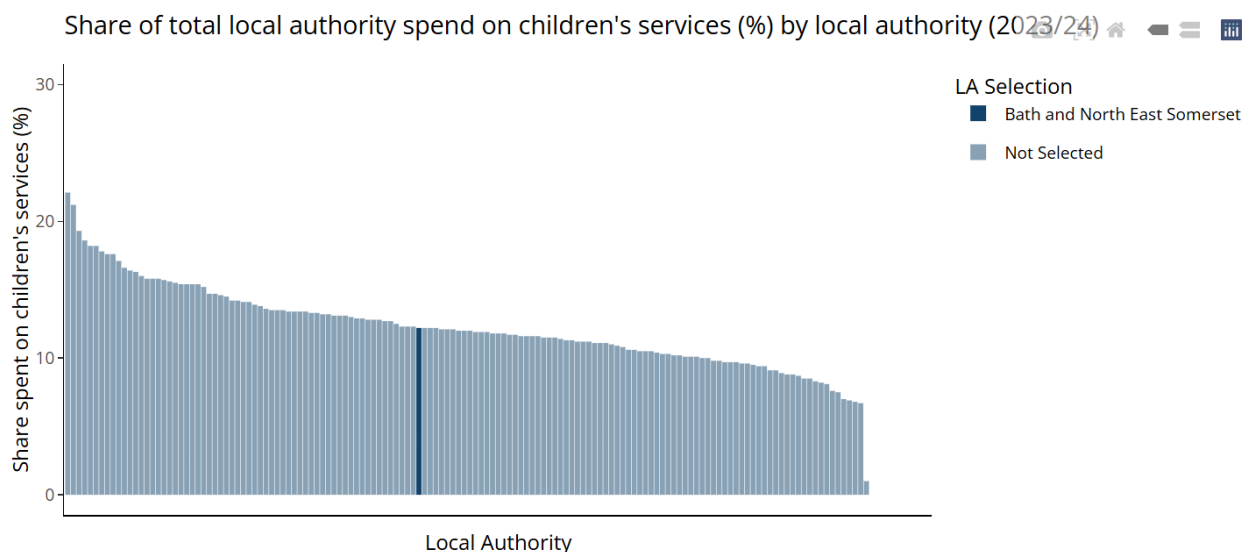
- c) Where young people require intense therapeutic support; this is spot purchased. Senior leaders are aware that aspects of the emotional health offer can be limited and have plans to address this.
- d) Case recording for some young people, particularly those in care, is not always consistent and more is needed to improve this. Leaders have recently invested in technology to support staff with recording; however this investment is too recent to be able to see its impact.
- e) Management oversight and supervision is not consistently recorded. For some young people, this has meant that rationale for key decisions is not visible in care records. Though these are often captured via panels.

5 STATUTORY CONSIDERATIONS

- 5.1 Our Ofsted Inspections are carried out under s.136 of the [Education and Inspections Act 2006](#). Detailed guidance is contained within the Framework for Inspecting Local Authority Children's Services ([ILACS](#)), last updated in April 2025. Where a local authority is judged to be 'Good', they receive one 'Short' ILACS inspection every 3 years, with a 'focused' visit in-between. This Short Inspection lasted two weeks, with inspectors being off site for the first week carrying out reading and preparatory work, and on site visiting different teams within our service, during week two.
- 5.2 The inspection report described how we are meeting our statutory duties for young people in our area. This includes through applying the correct thresholds at the front door and escalating concerns as appropriate under the [Children Act 1989](#) and [Working Together 2023](#). The report describes the good quality support offered by our virtual school, as legislated through s.99 of the [Children and Families Act 2014](#) and detailed in [policy guidance](#).
- 5.3 There is much new legislation and policy guidance for children's services, some of which has already been passed and some of which is on the horizon. Of note is the group of policy changes referred to as '[Families First](#)'. This includes significant changes to the way we work with families, which we are currently planning through various workstreams and via our Transformation Steering Group. These changes are due to be implemented in April 2026. At the core of these changes is reducing the number of children entering care, by providing a greater level of multi-agency support at an earlier stage.
- 5.4 Part of the Families First changes includes the [Children's Wellbeing and Schools Bill 2024](#), which is due to receive royal assent in Autumn 2025. This places extended duties on our Virtual School and increases oversight around children who are electively home educated, particularly those subject to a Child Protection plan. Our recent inspection described our current Election Home Education service as providing robust support and oversight, putting us in a good place to enact these additional duties. There will be greater scrutiny on the support offered to children and young people open to children's social care to access education. Work has begun to increase oversight in this area, with greater links now in place between our Family Support Teams and the Virtual School. The recruitment of our Designated Social Care Officer has also helped to increase links between our family support and education teams.

6 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 6.1 From a financial perspective, it is a positive that we have retained our 'Good' status within children's Social Care, as moving down to 'Requires Improvement' can lead to significant cost implications and also, to increased inspection and scrutiny.
- 6.2 The below chart shows our spending on children's services in 2023/24, in comparison to other Local Authorities. In 2023/24, 12.2% of our overall spend was on Children's Services. For more information, please visit the [DfE Children's Social Care Outcomes and Enablers Dashboard](#).



- 6.3 We are currently carrying out a review of how we operate our services and planning our Families First Transformation. We will ensure that we include any investment required to help us to improve in the areas identified by Ofsted within this business planning.

7 RISK MANAGEMENT

This Inspection has demonstrated that we are performing well in many areas. However, it has identified moderate risk, related to the below factors. Please see updates in orange.

- 7.1 Our recording practices for some children, especially those in care needs to improve. We have implemented new scrutiny measures at Director level, to improve oversight regarding recording practices. As mentioned by Ofsted, we have invested in Magic Notes AI technology, and we have started to see improvements in recording as a result, these now need to be embedded.
- 7.2 Our Supervision and management oversight is sometimes not recorded in a timely and detailed way. We have a new data report relating to supervision, to increase our ability as leaders to scrutinise this aspect of our work and drive change. Since 02/09/2025 when this was launched, we have seen a 13% increase in the number of supervisions now recorded as occurring on time and expect to see this continue to improve. We have planned a Supervision

Thematic Audit for November 2025, to help to continue to drive practice in this area.

- 7.3 Return home interviews for our young people require greater oversight. We have implemented greater senior management oversight and scrutiny relating to our return home interviews. We are planning on changing the structure of support relating to return home interviews as part of our Families First Transformation. We are releasing a 'two-page guide' to the Return Home interview Process for all social workers in October 2025 and rolling out increased return home interview training for from October 2025.
- 7.4 Auditing was slightly reduced in the lead up to the Ofsted Inspection, due to the Being our Best Process and the pressure this put-on managers across our teams. We need to ensure that we are conducting an appropriate number of audits for individual children. Auditing has increased over the past 2 months. We are planning auditing training for managers in November 2025. There is now increased scrutiny and oversight around auditing themes and actions within our Service Improvement Board.

8 EQUALITIES

We have a strong commitment to promoting equality and equity of service within our directorate. Whilst we are not proposing any changes to services within this report for scrutiny, we would like to highlight the below factors, relating to equality.

- 8.1 There is a strong social gradient linked to intervention from children's services, with [research](#) showing that those from more deprived areas are more likely to have social care intervention. The provision of more preventative services, as in planned via our Families First Reforms, will help us to reduce this inequality.
- 8.2 The inspection report praised our work with children with disabilities, discussing how this cohort receive a "child centred response from committed social workers, who know them well."
- 8.3 The inspection report praised our work with unaccompanied asylum-seeking young people, who receive a bespoke service both when they are in care and care experienced. This is a strength of our service.
- 8.4 Our inspection praised our participation work with care experienced young people. As we look to improve our recording practices, we are planning on recruiting some of our young ambassadors to be involved in a workshop with social workers, to help them to understand the importance of good quality and contemporaneous recording practices.
- 8.5 We need to continue to improve our council wide commitment to promoting care experienced as a protected characteristic. This will be achieved through the continuation of our Working Group, led by Cherry Bennet (Director of People and Change). This report identifies ways in which we need to continue to improve our service for Care Experienced young People and these changes will be considered through our current Families First Transformation Programme.
- 8.6 We are holding a conference focusing on 'Justice-Centered Practice: Challenging Racism in Systems' for colleagues across Children's Services, on

5th November 2025. We are committed to embedding anti-racist practice across our service.

9 CLIMATE CHANGE

9.1 No climate change impacts identified.

10 OTHER OPTIONS CONSIDERED

10.1 None.

11 CONSULTATION

11.1 To be completed following consultation.

Contact person	Jean Kelly, Director of Children's Services.
Background papers	Please visit the Ofsted Website for all previous reports. https://reports.ofsted.gov.uk/provider/44/80427
Please contact the report author if you need to access this report in an alternative format	

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Inspection of Bath and North East Somerset local authority children's services

Inspection dates: 9 to 13 June 2025

Lead inspector: Amanda Maxwell, His Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care	Good
The experiences and progress of care leavers	Good
Overall effectiveness	Good

Children in Bath and North East Somerset (BANES) continue to benefit from good-quality support, help and services that have a positive impact on their lives. Senior leaders have a thorough understanding of the quality of support and services and have continued to make improvements since the time of the last inspection in 2022. This includes how well families are supported to keep children living with them when safe to do so, and the quality of work to reunify children with their families. Although some action has been taken by leaders to address the areas for improvement noted at the last inspection, these are not embedded or having the impact they need to. The response to children who go missing, the consistency of support to care leavers aged over 21 and the quality and impact of supervision and management oversight are not fully effective.

What needs to improve?¹

- The effectiveness of return home interviews with children who go missing from home and care. (outcome three, national framework)
- How well all care leavers, especially those over 21, are provided with support from personal advisors (PAs) and understand the care leaver offer. (outcome four, national framework)
- The consistency and quality of management oversight and supervision. (enabler two, national framework)

The experiences and progress of children who need help and protection: good

1. Children in BANES receive the right help and support when needed. Social workers know children well and spend quality time with them, building meaningful and trusting relationships.
2. Most children and families benefit from timely support from a variety of targeted early help services. Early help assessments and plans are clear and focus on the needs of children and families. They are written in language which families understand. Children and families participate in the creation of their plans, and this helps everyone to understand what is needed to support children to thrive. When needs escalate, circumstances are reviewed, and children are supported at the appropriate level.
3. When children are referred to children's services, they are given appropriate priority based on their presenting level of need and risk. When concerns are significant, swift and appropriate action is taken to ensure that risk is understood, and children are safeguarded. Children benefit from a timely, detailed and effective initial assessment of their needs. Enquiries are thorough and include a detailed exploration of children's histories. Additional information is sought from partner agencies and used effectively to inform analysis and decision-making. Managers apply robust oversight and decision-making at every stage.
4. The emergency duty team is a responsive service and meets children's needs well when concerns arise outside office hours. The service responds quickly and appropriately to urgent issues and focuses on ensuring that children are safeguarded.

¹ The areas for improvement have been cross-referenced with the outcomes, enablers or principles in the [Children's Social Care: National Framework](#). This statutory guidance sets out the purpose, principles for practice and expected outcomes of children's social care.

5. Children's assessments, including pre-birth, are of good quality. They reflect purposeful engagement with families and include a detailed and considered analysis of risk and history. Most are completed in a timely manner and contain clear recommendations and management oversight.
6. The response to children affected by domestic abuse is effective. Social workers understand the impact of domestic abuse on children and act swiftly to reduce risk. Adult victims receive appropriate support, intervention and access to services. They are helped to understand the impact their relationships are having on themselves and their children. Social workers work collaboratively with a range of partner agencies to understand and respond to the risks posed to children. When safe to do so, children are supported to maintain relationships with parents from whom they are separated.
7. When concerns for children escalate, strategy meetings for children at risk of significant harm take place in a timely manner. Meetings are well attended by partner agencies, and they consider risk and threshold for each child. Decision-making and actions are appropriate and in line with presenting risk and worries.
8. Children benefit from child in need (CIN) and child protection (CP) plans that are detailed, target needs and risk, and are easy for all to understand. They provide clarity about what needs to happen next for children, with time-bound actions and consideration of contingency plans if circumstances change for the child.
9. A wide range of services support children and families to address needs and behaviours. Family group conferences (FGCs) and the New Way service, which works with families to enable them to meet their children's needs, have a positive impact for families. They enable families to gain additional support from wider family members, to develop their insight and to make changes to their parenting, which positively impacts on the care they provide to their children. When parents make changes and risks to children reduce, children step down from child protection plans and remain at home under a CIN plan.
10. Senior leaders have focused on strengthening the support provided to children to help them to remain living with their families when it is safe to do so. The innovative 'fostering families' service provides bespoke and creative support to families and has successfully enabled children to remain living at home. It has prevented families from needing higher levels of intervention and support, and children from coming into care.
11. Children's CIN and CP plans are regularly reviewed. Parents and children are engaged in reviewing plans and contribute meaningfully to meetings. Reviews provide clarity of progress and plans are updated to reflect changes in the child's needs and circumstances. Interventions, goals and actions address individual children and carers' needs. Child protection chairs provide valuable oversight of the progress of CP plans via the midway reviews. This helps to avoid drift and delay.

12. The response to children who go missing from home is not well coordinated. Some children benefit from timely conversations with a worker about the reasons they are going missing. This helps workers to understand and develop plans that help to reduce episodes of going missing. Senior leaders are aware that the response being provided to children is still not consistent enough and have plans in place to address this. However, progress is slow and strategies to improve this are not making the difference they need to.
13. Children at risk of exploitation receive robust, intensive support from the adolescent and child exploitation (ACE) team. Social workers build meaningful relationships with children and help them to understand their needs and vulnerabilities. Workers use direct work purposefully to reduce and manage the risk to children.
14. Disabled children receive bespoke help and support from knowledgeable social workers who understand their unique needs and vulnerabilities. Meetings for disabled children are well attended by a range of multi-agency partners who actively contribute to progressing children's plans and reducing risk and concerns.
15. Decisions to escalate intervention and support via the Public Law Outline pre-proceedings stage are appropriate. Clear and concise letters to parents detail the concerns and the support they have been offered so far. Legal planning meetings provide a clear rationale for decision-making and next steps. Senior leaders regularly review and track progress to ensure children's situations improve within the child's timescale. Early help and support work well in enabling families to step down to lower levels of intervention.
16. Education leaders have robust systems in place to monitor the safety and well-being of children who are missing education or electively home educated. There has been effective work by the virtual school to reduce the number of exclusions and suspensions for vulnerable children in need.
17. The local authority designated officer provides a comprehensive response to managing allegations made about professionals.
18. Children who live in private fostering arrangements have their situations appropriately assessed and overseen. There is detailed consideration of children's needs and carers' suitability.
19. Children aged 16 and 17 who present as homeless receive a needs-led and child-focused response to their situations. The protocol for assessing homeless 16- and 17-year-olds is out of date and does not reflect the good practice being undertaken by workers or statutory guidance and legislation.

The experiences and progress of children in care: good

20. Most children come into care at the right time and when it is in their best interests. When children cannot remain with their parents, there is early

consideration of the identification and assessment of children's kinship networks. This ensures that children remain with their extended family when it is safe to do so.

21. Social workers invest time in building strong, trusting relationships with children, taking care to get to know them well and understand their individual needs.
22. Independent reviewing officers provide regular oversight of children's progress and advocate for children and escalate issues of concern when these arise.
23. Children are helped to achieve their aspirations and are well supported in education, training or employment. The virtual school is effective in identifying the educational needs of children in care and ensuring personal education plans are in place to help them make progress. Children also benefit from accessing a wide variety of social activities which they enjoy.
24. There is some variability in the frequency and quality of recording in some children's care records. This means that children's records are not always sufficiently clear to gain a current understanding of children's current circumstances. Records do not always support children in later life to understand their experience of care and why decisions were made.
25. Children benefit from creative and engaging direct work and life-story work which helps them explore their journeys into care and begin to gain an understanding of their identities. The need for life-story work for children is recognised, and it is provided at an early stage of planning.
26. Most children live in safe and suitable homes that meet their needs, and they make good progress. They achieve timely permanence with carers, which helps them to feel secure and settled in their homes.
27. The physical and emotional health needs of children are understood and met. Children's plans clearly address their health needs and carers support children to access the appropriate help and healthcare.
28. Managers and social workers thoroughly consider the full range of placement options to ensure they meet children's current and long-term needs. Senior leaders are aware that sufficiency of homes remains a challenge, and this limits their options to meet the needs of children under 10. Senior leaders acknowledge that this is not what they want for these children, and they need to do more to ensure they have a sufficient range of homes to meet need and demand. Unregistered children's homes are rarely used, and only as a last resort. There is clear senior leadership decision-making and oversight of these arrangements, in line with children's needs and vulnerabilities.
29. Children are supported to stay in touch with family members and there is good consideration of children's important relationships. The lifelong links service

ensures that relationships are explored and maintained, which helps children understand their identity and support network.

30. Disabled children in care receive a child-centred response from committed and skilled social workers who know them well. They live in homes which meet their needs and make progress in their lives. When disabled children in care are transitioning towards adulthood, their needs have not always been assessed by adult care professionals soon enough. Senior leaders are working to address the earlier engagement of adult services to better support and plan for children ahead of their 18th birthday.
31. Most children who are deprived of their liberty have their needs regularly reviewed and overseen by professionals in the team around them. They are living in suitable homes which meet their needs.

The experiences and progress of care leavers: good

32. Care leavers develop trusted and positive ongoing relationships with their PAs and feel safe to turn to them for support when they get into difficulties. PAs are strong advocates for their care leavers and ensure that their voices and views are heard and responded to.
33. PAs know their care leavers well and provide them with the practical help and emotional support they need. Some care leavers are not allocated a PA early enough to enable them to build a trusting relationship before they reach the age of 18. Through the work of the lifelong links workers, care leavers are helped to be in touch and reconnect with people from their past who are important to them.
34. Most pathway plans are written with care leavers and appropriately identify their needs, and the actions needed to help meet them. Most plans are kept up to date, and most importantly include realistic goals that care leavers have set themselves. A small number of pathway plans are not reviewed with care leavers, and some are not shared with care leavers. This means that some care leavers do not understand the offer of support. Management oversight has not addressed these shortfalls in practice.
35. PAs provide effective help to care leavers to make sure their health needs are well met. PAs accompany care leavers to appointments such as talking therapies to address historical trauma in their early years. Helpfully, there are some services which target emotional well-being/mental distress and when needed, specific therapy services are spot purchased. Senior leaders are aware that aspects of the commissioned emotional health offer are more limited and have plans to address this.
36. Care leavers benefit from a comprehensive local offer that is easily accessible via an easy-to-use app which translates into different languages. Some areas of the offer are still under development to be more ambitious for care leavers, for

example the emotional health offer, and to ensure all care leavers have equal access to help with council tax. It is not always clear how care leavers are updated and informed of their rights and entitlements on an ongoing basis.

37. Care leavers who are parents receive practical help and support to be prepared and ready for the arrival of their children.
38. PAs are in regular contact with care leavers who are in custody. This ensures they receive the right support and assistance to enable them to positively settle back into their communities once released.
39. Care leavers who arrived in the UK as unaccompanied asylum-seeking children receive support from knowledgeable and caring PAs who ensure they are fully supported to make applications regarding their immigration status and to settle in the UK.
40. When care leavers reach 21, they can choose whether to continue to access the support from their PA. However, a small number of vulnerable care leavers who would benefit from having ongoing support do not have an allocated PA and they may not understand the offer of help available to them. There is some inconsistency in how well this has been communicated to them by PAs.
41. Most care leavers are supported to recognise risky situations and are helped to understand how to keep themselves safe. PAs work effectively with specialist services, including the Willow team, who provide early support to help children and young people understand risk outside the home. This helps care leavers to understand the risks and vulnerabilities. Care leavers are supported to develop strategies that help them to stay safe in the community.
42. Care leavers are well supported to access and engage in education, employment and training. Care leavers access additional support which prepares them for work. They have focused one-to-one support helping them explore a variety of opportunities in line with their individual aspirations for the future. This may include seeking an apprenticeship or gaining additional skills.
43. Care leavers live in safe and suitable accommodation which meets their needs. There is a clear accommodation pathway which ensures that they move into the right type of accommodation that meets their needs. Many care leavers are supported to remain living with their former foster carers.

The impact of leaders on social work practice with children and families: good

44. There have been recent changes in the children's services social care senior leadership team. A new director of children's services has been recruited and is due to arrive later in the year. Positively, clear and effective interim leadership arrangements are in place to maintain the progress of children's services improvements.

45. There continues to be a strong corporate commitment, recognition and prioritisation of the needs of children and families in BANES. The additional investment by council leaders to further develop and improve services for children is making a positive difference to their lives. As a corporate parent, the council takes its responsibilities seriously and is continuously looking at how to improve their response, support and services to children in care and care leavers. Children's views are used effectively to help shape service development.
46. Senior leaders continue to work diligently and collectively to address areas that they identified as needing to improve. The accurate self-assessment identifies key areas of practice which require further improvement and development, alongside the key areas of which they are proud and which they celebrate. They are not afraid to try new approaches and encourage innovation and test out new ways of working with children and their families. Leaders are open and transparent about the key areas of performance which are not yet at their desired targets and identify what they are doing to address this. Leaders know they have more work to do to reach their goals.
47. There is a diverse range of activities which contribute to the quality assurance framework. This supports staff and leaders in their understanding and oversight of the quality and impact of practice. Leaders decided to pause audit activity during a period of corporate review, which reduced their oversight of the impact of practice for children. Audit activity is not yet being fully used to ensure that it drives the quality of practice. Leaders acknowledge and have plans in place to address this.
48. Leaders work positively and collaboratively with partner agencies and there is a good shared understanding and collective response to need across the partnership. Strong constructive relationships with the judiciary and Cafcass have improved the response to children and families who are subject to legal processes.
49. A minority of children's care records are not up to date and do not reflect the current circumstances, management oversight and supervision. There are many conversations, panels and other forums in which children are spoken about, and key actions are agreed. However, these are not consistently reflected in records. Leaders have recently invested in new technology with the aim of supporting practitioners to improve the quality and timeliness of record-keeping.
50. There is regular and strong participation activity and consultation with children in care and care leavers. This is used well to inform services and support. A 'lived experience group' has also been set up for children and adults to share their experiences of services with leaders. This is being used effectively to help shape and influence the social care reforms agenda within BANES.

51. Social workers enjoy working for BANES and speak positively about their experiences. They feel well supported by managers and get the right help, support and direction they need. Social workers and practitioners make excellent use of the practice framework to support and inform their practice and intervention. There has been significant focus and investment to embed this across the whole service.

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Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	Children's Social Care
Name of directorate and service	Children's Services
Name and role of officers completing the EqlA	<ul style="list-style-type: none">• Jean Kelly, Director of Children's Services• Felicity Groves, Service Development Manager
Date of assessment	29/09/2025

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council’s website following relevant service lead approval.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. <ul style="list-style-type: none"> • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes 	This analysis is being completed in relation to our Ofsted ILACS Report (June 2025) and it’s presentation for scrutiny on 13th October 2025.
1.2 Provide brief details of the scope of the policy or service being reviewed, for example: <ul style="list-style-type: none"> • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there? 	We are not currently proposing changes to our service. We will however be looking to implement a Service Improvement Plan, from November 2025, as a result of this report. This will be scrutinised on a quarterly basis at our Service Improvement Board.
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	This Ofsted report describes how we are meeting our overall goal, to improve the lives of children and families in our area. Our continual improvement

journey, resulting from this report, will be carried out in line with existing council policies.

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?	<p>As well as Corporate Equalities Training, Children's Service staff have access to themed training, carried out by Stand Against Racism and Inequality (SARI). This covers a wide range of topics, with the below planned for the 2024/25 financial year:</p> <ul style="list-style-type: none"> - Working with Asylum seeking and Refugee Families - Exploitation and Modern Slavery - Educational Disparities for those young people with a Social Worker - Gypsy, Roma and Traveller Communities - Men, Fathers and Boys - Working with LGBTQ+ Communities <p>Additionally, an emergency reflective session was held in September 2025, following the rise of the far-right anti-immigration agenda, for staff to reflect on how this has been impacting our communities.</p> <p>Social Workers can also book 1:1s and group supervisions with SARI, to gain insight into how to improve our work, relating to protected characteristics.</p>
2.2 What is the equality profile of service users?	<ul style="list-style-type: none"> - There is a strong social gradient linked to intervention from children's services, with research showing that those from more deprived areas are more likely to have social care intervention. In Bath and North East Somerset, the majority of the families we are

	<p>working with under Child Protection are disproportionately from our most deprived areas of Twerton, Whiteway, Midsomer Norton and Radstock.</p> <ul style="list-style-type: none"> - National and local data shows that children of parents with learning differences and disabilities are more likely to be supported through child in need and child protection. - Research suggests that children from Black and some Mixed or multiple ethnic groups are most likely to be subject to Child Protection Planning and to come into care. - Research suggest that the children of care experienced young people are more likely to come into care.
2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	Parents and young people are spoken to during audit activity. This has not identified any themes relating to inequality at this time.
2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	Ofsted inspectors spoke to a number of parents and care experienced young people. Their views helped to inform the ILACS report.
2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?	We will be looking to drive improvement work via our Families First Transformation. Part of the governance structure for this work includes consultation with a lived experience group, which includes members with relevant protected characteristics.

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equality groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	<p>Our practice model is based on systemic social work practice. This model encourages us to reflect on the wider impact of our work with families and to consider their presenting needs within their unique context, which includes all protected characteristics.</p> <p>Ofsted commented on how well embedded our practice model is and the training that has been invested in for our workforce. Through reflective supervision, social workers are invited to reflect on what they bring to their work with families and its impact. This helps to create an anti-racist approach to our work, which promotes equality.</p>	<p>Without reflective practice, practitioners are more likely to treat service users with a different background as an 'other'. This could lead to them receiving a lesser service and being directly or indirectly discriminated against.</p> <p>Systemic social work aims to tackle discrimination and inequality head on, and encourages social workers to consider the family's needs as a whole, rather than seeing their presenting needs in isolation.</p>
3.2 Sex – identify the impact/potential impact of the policy on women and men.	<p>Sex was not directly mentioned within the Ofsted report. However, our work with families around Domestic Abuse, a gendered crime, was highlighted as a strength.</p> <p>Over the past year, we have:</p>	<p>Social workers need to understand the impact of domestic abuse and recognise the signs, including coercive control. Not doing so can lead to victim blaming, due to not understanding complex dynamics within families.</p>

	<ul style="list-style-type: none"> - Planned a Domestic Abuse Stakeholder Event for November 2025. - Implemented new Practice Guidance on working with men and fathers was finalised in 2024. - Planned a SARI Training session on working with Men and Fathers scheduled for this financial year. - Continued to offer our 'Caring Dad's' Group. This is an evidence based approach, aimed at helping fathers to form positive relationships and reduce harm causing behaviour within the home. 	It is important that our staff work with fathers, seeing them as equally important as mothers within their work. To not do this reduces our services ability to highlight strengths and reduce risks, within households.
3.3 Pregnancy and maternity	In 2024, we launched our Care Experienced Parents Policy, aimed at reducing the number of care experienced parents whose own children are subject to child protection planning and court proceedings. This policy means that we work with care experienced parents at an earlier stage in their pregnancy and support is planned between family support and care experienced teams.	Where we do not provide early support to pregnant mothers, this can increase the likelihood of children entering care.
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	Gender is discussed as part of the social work assessment policy. Social workers ensure that they work sensitively around	Nationally, trans people have statistically worse outcomes across different

	<p>this subject and can seek a 1:1 consultation with SARI if required.</p>	<p>measures, and this is linked to discrimination and loneliness.</p> <p>We aim to work inclusively with families, promote connectivity and always work proactively to counter discrimination.</p>
<p>3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)</p>	<p>If a parent or child has a disability, then they are more likely to receive a social work service.</p> <p>Ofsted highlighted our work with Disabled children as a strength.</p> <p>We aim to identify any disabilities and additional needs early on when working with families and ensure we are offering the right support. This occurs through the social work assessment process.</p> <p>Over the past year, we have implemented the below measures, aimed at reducing inequality for this cohort:</p> <ul style="list-style-type: none"> - Recruited a DSCO, to help to coordinate social work input into education and health care planning for our children with disabilities - Trained many of our social workers in the Cubas parenting assessment model in August 2025, to allow the majority of our 	<p>We need to ensure that we are proactive in providing bespoke support to parents and young people with disabilities. If we do not do this, then needs will increase and the number of children coming into care is likely to rise.</p>

	<p>staff to now complete parenting assessments suited to parents with learning differences and disabilities.</p> <ul style="list-style-type: none"> - Trained many of our staff in Non-Violent Resistance, to enable them to offer this intervention to parents and help to increase positive interactions with their children who have SEND or trauma needs that can lead to violence or risk-taking behaviour. - Increased our Parental Advocacy offer to all parents receiving a child protection service, meaning that parents do not need to have a diagnosed learning difference to receive advocacy. - We provide hands on support to parents with disabilities impacting on their ability to parent their children. This includes long term support through our Fostering Families service. 	
3.6 Age – identify the impact/potential impact of the policy on different age groups	The Ofsted report discusses how our service carry out life story work and permanence planning in a timely way, across different ages. Young people in care across different ages are supported to increase their connectivity and	It is important to ensure that we have the correct service to match need for each cohort, to reduce escalation of need.

	<p>relationships, with our Lifelong Links service.</p> <p>The report identifies that some young people under 10 are not in the correct placement and we need to do more to increase placement sufficiency for this cohort. This will form part of our improvement planning.</p>	
3.7 Race – identify the impact/potential impact on across different ethnic groups	<p>Race was not specifically mentioned within our Ofsted Report. However, the service offered to unaccompanied asylum-seeking young people was highlighted as a strengths.</p> <p>Specific work linked to reducing inequalities linked to race includes the below:</p> <ul style="list-style-type: none"> - In 2024, we moved to a new, specialist company for our hair strand testing during court proceedings, after learning that standard hair strand testing can potentially be racially biased. - We are convening a Conference in November 2025 across the directorate, to help to further embed an anti-racist stance to our work. - We are developing an Anti-Racist Policy for Children's Services. This 	<p>We know that children from the global majority are more likely to come into care. If we did not question our decision making and encourage reflection around race, then we may continue to increase this trend, doing a disservice to our communities and adding to intergenerational trauma.</p> <p>We need to ensure we consider the needs of different communities when designing our services and implementing change.</p>

	will include input from colleagues and families with lived experience.	
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people	<p>This was not discussed within our Ofsted report.</p> <p>Sexual orientation and its potential implications should be considered as part of social work assessment and planning. Where further support is required, staff should seek a 1:1 from SARI.</p>	If we did not consider the impact of sexual orientation then we might indirectly discriminate against a parent or young person we were working with, due to not considering their needs.
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	<p>This was not discussed within the Ofsted Report.</p> <p>Social Work assessments should consider who is within a household and what their needs and strengths are, regardless of marital status.</p>	If we did not take marriage/civil partnership into consideration and reflect on its impact within our work, then this could lead to discrimination against single mothers of other groups, for example.
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	<p>This was not discussed within the Ofsted report.</p> <p>The below forms part of our service:</p> <ul style="list-style-type: none"> - We offer and encourage 1:1 and group sessions with SARI, where expert advice can be sought around working with different faith groups. - In 2024, we held a SARI session for staff from members of the Jewish and Muslim communities, to deepen staff understanding 	We need to ensure that we are considering religion within our social work assessments and planning. Not doing this could mean misinterpreting religious customs or practices and not drawing on religious communities for support.

	regarding the current conflict in Gaza/Israel and deepen understanding.	
<p>3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).</p>	<p>We recognise the need to reduce inequalities relating to socio-economic disadvantage as a priority. The best way to do this is to ensure that we offer high quality, preventative services.</p> <p>Ofsted Inspectors commented during their visit to us that we are working creatively to “really change intergenerational patterns and reduce the number of children coming into our care”. Initiative such as Fostering Families and our Building Bridges Advocacy service aim to reduce barriers to the families using our service and consequently, reduce the number of children coming into care in our area.</p> <p>We are holding a SARI workshop relating to educational attainment in November 2025.</p>	<p>We know that many of our children and families are living in poverty. If we do not factor this into our planning and decision making, then we risk mislabelling disadvantage as neglect, for example.</p> <p>We need to ensure families are being signposted to the correct resources to meet their basic needs. Our staff need to be proactive in working with families to increase opportunities for education, training, employment and advocate on their behalf.</p>
<p>3.12 Rural communities* identify the impact / potential impact on people living in rural communities</p>	<p>This was not mentioned within our Ofsted report.</p> <p>We aim to offer services across the local authority and consider transport links and the impact of living within a rural community to access services within our social work assessments. This then</p>	<p>Without consideration of the unique needs of our rural communities, we risk further isolating families and offering them a poorer service than families in our towns and cities. This could lead to more children from these communities being subject to child protection planning, or coming into care.</p>

	allows plans to be put in place to reduce barriers, based on individual need.	
3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).	<p>This was not mentioned within our Ofsted report.</p> <p>Being a member of the Armed Forces Community would be considered as part of the social work assessment process and services put in place to meet individual need. This would include referrals/signposting to any relevant Armed Forces Support Services.</p>	<p>We know that we need to provide trauma informed services, that meet the needs of armed forces families.</p> <p>Without the provision of such services, risk factors such as domestic abuse and drug and alcohol addiction are more likely.</p>
3.14 Care Experienced *** This working definition is currently under review and therefore subject to change: In B&NES, you are 'care-experienced' if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.	<p>Our Ofsted report highlighted many strengths within our care experienced service. Personal Assistants are strong advocates for those they work with. However, we need to do more to ensure that we are offering an outstanding service to our young people. This includes:</p> <ul style="list-style-type: none"> - Ensuring young people in our care consistently receive a needs assessment by their 16th birthday and are allocated a PA before turning 17. - Improving the consistency of therapeutic support offered to our Care Experienced young people with enhanced needs. 	<p>We need to ensure that we continue to promote the wellbeing of our care experienced young people, to increase their wellbeing, connectivity. Happiness and outcomes.</p> <p>We know that if we are not proactive in our services and support for this cohort, then the outcomes for this cohort are more likely to be adverse.</p>

	- Ensuring young people over the age of 21 receive support when they need/ask for this.	
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*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

***The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

4. Bath and North East Somerset Council Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Ensure the service offered to our Care Experienced young people aims to combat systemic inequality	Care Experienced working group established to help us to understand what improvements may be required and feed this	Next meeting on 30/09/2025 This work will be finalised in February 2025.	Felicity Groves	February 2025

and takes a proactive approach in promoting this groups needs.	into our Families First Transformation			

5. Sign off and publishing

Once you have completed this form, it needs to be ‘approved’ by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality Team (equality@bathnes.gov.uk), who will publish it on the Council’s website. Keep a copy for your own records.



Signed off by:

Jean Kelly

(Divisional Director or nominated senior officer)

Date: 30th September 2025

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	13th October 2025	
TITLE:	Attendance and Exclusions – Key Trends 2023/2024	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Exclusions and Attendance data report.		

1 THE ISSUE

- 1.1 This report provides the panel with an overview of attendance and exclusions key trends across 2022-2023 and 2023-2024.
- 1.2 This report's summary of education performance is drawn from the council's Strategic Evidence Base (SEB) produced by the council's Business Intelligence team and data, and the DFE National statistics:

<https://explore-education-statistics.service.gov.uk/>

2 RECOMMENDATION

The Panel / Committee is asked to;

- 2.1 Note our pupils' overall positive attendance for 2023-2024. Our overall absence rate, % persistent absentees and unauthorised absence rate sits below national and regional data.
- 2.2 We are aware that our attendance for children open to free school meals is an area that we need to address and this is a target that sits across the local authority.
- 2.3 Last year we saw a drop in the permanent exclusion rate, placing us below the national and regional average. This was despite there being an increase in most local authorities and nationally.
- 2.4 Last year we did see a rise in suspensions and this is a target for the local authority, working alongside schools and MAT colleagues.

- 2.5 Be assured that Local Authority Officers continue to collaborate strategically with schools and partners and the Regional Director's office to improve educational outcomes for all pupils in B&NES.

3 THE REPORT

- 3.1 Latest DFE data for school attendance (2023/2024): Our overall absence rate, % of persistent absentee and unauthorised absence rate is below national and regional data.
- 3.2 Our severe absentee showed a slight increase in 2023/2024 but internal data shows that this dropped during the latest academic year to 1.76% placing us below national and regional.
- 3.3 We have made considerable progress in addressing school attendance for children with a social worker. For both CIN and CLA our absence is below regional and national. We know that we still need to focus on our secondary pupils who are open to a child protection plan. Our latest internal data shows that this data is improving.
- 3.4 Our persistent absentee and severe absence for FSM pupils sits slightly above national. We still have a significant gap in attendance for our FSM cohort compared to FSM not eligible.
- 3.5 For our pupils with an EHCP, both persistent absence and severe absence sits slightly above the national levels but below regional. Our unauthorised absence for this cohort sits below regional and national suggesting that most of this absence is authorised.
- 3.6 Our data shows that pupils who are from an ethnicity major mixed or unclassified are more likely to show persistent absence. Whilst this trend is inline with national trends it remains an area of focus for the local authority.
- 3.7 Pupils who have ethnicity as major black or major mixed are more likely to show severe absence, this data is above the national data.
- 3.8 There has been a drop in the permanent exclusion rate, placing us below the national and regional average. This was despite there being an increase in most local authorities and nationally.
- 3.9 The permanent exclusion rate in the SEN support and SEN with EHCP cohorts has decreased in B&NES in 2023/24, whilst nationally the rates continued to increase in these cohorts.
- 3.10 In 2023/24, the permanent exclusion rate was highest in B&NES in Mixed/multiple ethnicity pupils and White pupils (0.12% and 0.1% respectively)
- 3.11 The suspension rate in 2023/2024 continued to rise, in line with the national and regional trends. Our suspension rate is slightly above national but below regional rates.
- 3.12 For our children who are cared for by us, there were no permanent exclusions, and our suspension rate sits below both the national and regional.
- 3.13 In 2022/2023, our data for children open to child protection was higher than regional and national. Our internal data for this past academic year shows no child with a permanent exclusion and our suspension rate has fallen to below both regional and national. We know that we still have a key target around reducing permanent exclusions and suspensions for children on a child in need plan.

3.14 Whilst our permanent exclusion rate has fallen for pupils who receive free school meals, our suspension data has seen a significant increase, placing us well above the national data

3.15 Rates of suspension in Mixed/multiple ethnicity pupils remain higher in B&NES than national and have been for a number of years. In 2022/23, the suspension rate in Black pupils fell below the national level for the first time since at least 2007/8.

4 STATUTORY CONSIDERATIONS

4.1 This report contains information on attendance and exclusions in B&NES schools. It directly relates to children and covers our statutory duties in relation to school attendance and exclusions.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 None

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

7.1 Disproportional suspensions of children from mixed global majority ethnicity.

7.2 Continue to support schools and MATS to close the school attendance gap for children who are eligible for FSM.

8 CLIMATE CHANGE

8.1 Not applicable.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1

Contact person	Sarah Gunner – Virtual School Headteacher - 07875488814
Background papers	
Please contact the report author if you need to access this report in an alternative format	

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School Attendance 2024 – 2025

Latest Data 2023/2024 [\(DFE\)](#)

Overall Trends:

This is the latest data
Move and reorder table headers

'Absence by geographic level' in Bath and North East Somerset, England and South West between 2022/23 and 2023/24

	2023/24			2022/23		
	England	South West		England	South West	
		South West	Bath and North East Somerset		South West	Bath and North East Somerset
Authorised absence rate	4.7%	5.3%	5.0%	5.0%	5.4%	5.1%
Percentage of persistent absentees (10% or more missed)	20.0%	20.8%	18.3%	21.2%	21.3%	18.1%
Percentage of severe absentees (50% or more missed)	2.3%	2.8%	2.3%	2.0%	2.4%	1.9%
Unauthorised absence rate	2.5%	2.3%	1.9%	2.4%	2.2%	1.6%

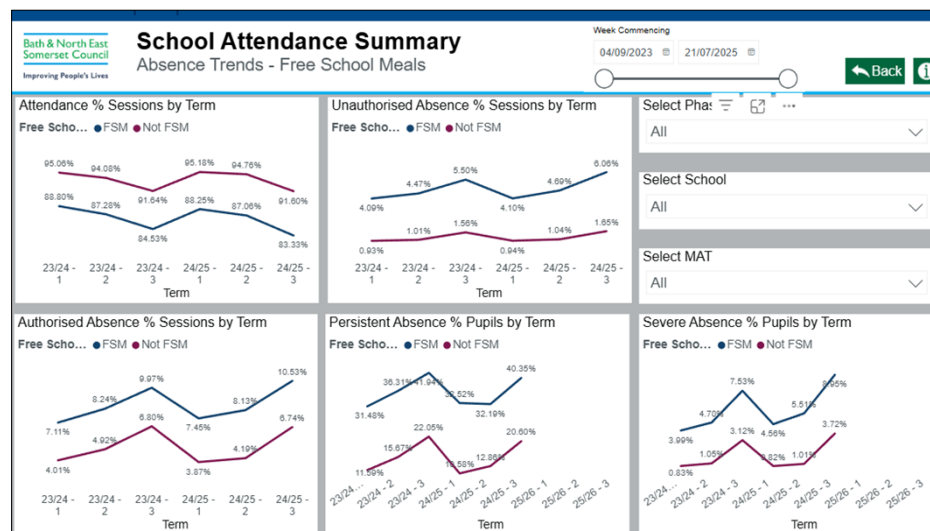
- This latest data shows that in all key areas we sit below the regional data for the South West.
- Our authorised absence sits slightly higher than national, but in all other areas we sit either below national levels or, for severe absence, in line with national levels.
- Comparison to 2022/2023 shows that whilst our % of persistent absence remains similar, our percentage of severe absence has risen along with a slight rise in unauthorised absence rate.
- Our latest internal data for 2024/2025 suggests that severe absence has dropped to 1.76%, with unauthorised absence also dropping to 1.75%. Our persistent absence has risen slightly to 19.66% but still below national and regional.

Pupils Eligible for Free School Meals:

'Absence by pupil characteristics' for FSM Not eligible and FSM eligible in Bath and North East Somerset, England and South West between 2022/23 and 2023/24

	FSM Not eligible						FSM eligible					
	2023/24			2022/23			2023/24			2022/23		
	South West		England	South West		England	South West		England	South West		England
	South West	Bath and North East Somerset		South West	Bath and North East Somerset		South West	Bath and North East Somerset		South West	Bath and North East Somerset	
Authorised absence rate	4.7%	4.5%	4.2%	4.8%	4.6%	4.5%	7.6%	7.6%	6.1%	7.6%	7.8%	6.4%
Percentage of persistent absentees (10% or more missed)	15.1%	13.0%	14.1%	15.9%	13.0%	15.6%	39.3%	39.3%	34.8%	39.8%	39.1%	36.5%
Percentage of severely absent pupils (50% or more missed)	1.5%	1.2%	1.2%	1.3%	0.9%	1.1%	5.9%	5.3%	4.2%	5.0%	5.1%	3.8%

- We still have a significant gap in attendance for our FSM cohort compared to FSM not eligible. This data shows that this gap is not closing and is summarised in our internal data as shown below:



Children with a social worker:

This is the latest data

'LA - Absence' for CINO at 31 March, CLA 12 months at 31 March and CPPO at 31 March in Bath and North East Somerset, England and South West between 2022/23 and 2023/24

Move and reorder table headers

		England		South West			
				South West		Bath and North East Somerset	
		2023/24	2022/23	2023/24	2022/23	2023/24	2022/23
CINO at 31 March	Authorised absence percentage	9.2%	9.3%	11.1%	11.0%	10.6%	10.4%
	Persistent absentees percentage	47.9%	48.5%	53.5%	52.9%	47.6%	41.4%
	Severe absentees percentage	11.3%	10.2%	14.5%	13.6%	9.2%	c
CLA 12 months at 31 March	Authorised absence percentage	5.4%	5.3%	7.1%	6.5%	6.2%	6.1%
	Persistent absentees percentage	20.8%	20.0%	23.7%	23.5%	18.8%	20.0%
	Severe absentees percentage	5.7%	4.9%	7.0%	6.2%	c	c
CPPO at 31 March	Authorised absence percentage	8.8%	9.0%	11.2%	10.9%	11.0%	11.0%
	Persistent absentees percentage	57.2%	57.5%	60.2%	61.9%	64.1%	60.5%
	Severe absentees percentage	15.6%	14.6%	18.7%	18.8%	15.4%	21.0%

- CIN – our persistent and severe absence sits below both national and regional. Our internal data for this academic year shows a drop in persistent absence, but a rise in severe absence particularly in the secondary cohort.
- CLA – Our persistent absence sits below both national and regional. Our severe absence is too small to show in this data set but internally we know that we have a small number of those who are severely absent from school all of who have clear education plans.
- CPP – Previously we have reported concerns over the high number of children who are persistently absent from school in this cohort. Our latest internal data shows a significant drop to 43.06% which would place us below both national and regional. Our severe absence still remains below regional and national.

Children with SEND:

This is the latest data

'Absence by pupil characteristics' for SEN - EHC plans, SEN - No SEN and SEN - SEN Support in Bath and North East Somerset, England and South West for 2023/24

Move and reorder table headers

			SEN - EHC plans	SEN - SEN Support	SEN - No SEN
Percentage of persistent absentees (10% or more missed)	South West	South West	38.6%	32.2%	17.1%
		Bath and North East Somerset	37.4%	28.1%	14.7%
	England		35.5%	30.1%	16.8%
Percentage of severely absent pupils (50% or more missed)	South West	South West	8.5%	5.7%	1.5%
		Bath and North East Somerset	7.6%	4.2%	1.2%
	England		6.8%	4.4%	1.3%
Unauthorised absence rate	South West	South West	4.1%	3.9%	1.9%
		Bath and North East Somerset	3.5%	3.2%	1.5%
	England		3.8%	3.9%	2.1%

- For our pupils with an EHCP, both persistent absence and severe absence sits slightly above the national levels but below regional. Interestingly though our unauthorised absence sits below regional and national suggesting that some of this absence is authorised, which is confirmed in the data below:

This is the latest data

Authorised absence rate for 'Absence by pupil characteristics' for SEN - EHC plans, SEN - No SEN and SEN - SEN Support in Bath and North East Somerset, England and South West for 2023/24

Move and reorder table headers

	South West		England
	Bath and North East Somerset	South West	
SEN - EHC plans	10.1%	10.0%	8.8%
SEN - SEN Support	6.7%	7.4%	6.3%
SEN - No SEN	4.4%	4.6%	4.2%

Attendance by Major Ethnicity (further data can be made available but for now this is just as defined by major ethnicity):

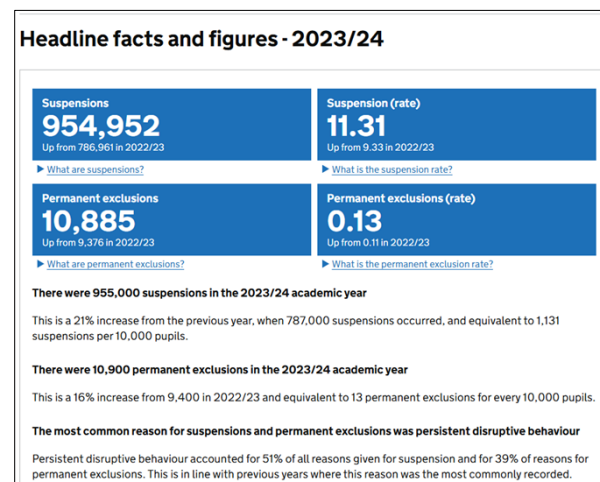
'Absence by pupil characteristics' for Ethnicity Major Any Other Ethnic Group, Ethnicity Major Asian Total, Ethnicity Major Black Total, Ethnicity Major Mixed Total, Ethnicity Major Unclassified and 1 other filter in Bath and North East Somerset, England and South West for 2023/24				Move and reorder table headers
		South West		England
		Bath and North East Somerset	South West	
Ethnicity Major Any Other Ethnic Group	Percentage of persistent absentees (10% or more missed)	21.2%	22.1%	19.2%
	Percentage of severely absent pupils (50% or more missed)	0.9%	2.4%	1.8%
Ethnicity Major Asian Total	Percentage of persistent absentees (10% or more missed)	14.8%	16.9%	17.7%
	Percentage of severely absent pupils (50% or more missed)	0.4%	0.9%	1.0%
Ethnicity Major Black Total	Percentage of persistent absentees (10% or more missed)	17.7%	14.3%	12.3%
	Percentage of severely absent pupils (50% or more missed)	2.8%	1.7%	1.3%
Ethnicity Major Mixed Total	Percentage of persistent absentees (10% or more missed)	23.5%	23.8%	21.8%
	Percentage of severely absent pupils (50% or more missed)	3.0%	2.9%	2.4%
Ethnicity Major Unclassified	Percentage of persistent absentees (10% or more missed)	24.7%	26.3%	25.3%
	Percentage of severely absent pupils (50% or more missed)	5.9%	5.2%	4.3%
Ethnicity Major White Total	Percentage of persistent absentees (10% or more missed)	17.8%	20.9%	20.7%
	Percentage of severely absent pupils (50% or more missed)	2.2%	2.8%	2.6%

- This data shows that pupils who are from an ethnicity major mixed or unclassified are more likely to show persistent absence. Whilst this trend is inline with national trends it remains an area of focus for the local authority.
- Pupils who have ethnicity as major black or major mixed are more likely to show severe absence, this data is above the national data.

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Suspensions and Exclusions Data 2025

National Data:



Bath and North East Somerset Data (23/24):

This is the latest data

'Suspensions and permanent exclusions - by geography' in Bath and North East Somerset, England and South West between 2022/23 and 2023/24

Move and reorder table headers

	2023/24			2022/23		
	England	South West		England	South West	
		South West	Bath and North East Somerset		South West	Bath and North East Somerset
Suspension (rate)	11.31	15.16	13.03	9.33	11.72	9.28
Permanent exclusions (rate)	0.13	0.15	0.10	0.11	0.13	0.14
Pupil enrolments with one or more suspension (rate)	4.04	4.60	4.47	3.61	3.98	3.88

- Last year we saw a drop in the permanent exclusion rate, placing us below the national and regional average. This was despite there being an increase in most local authorities and nationally.
- Our suspension rate increased, in line with regional. But this suspension rate is still above the national average and remains a target for the local authority to address alongside MATs.

- **Suspensions and Exclusions by Pupil Characteristic:**

Children with a social worker:

This is the latest data

'LA - Suspensions and permanent exclusions' for CINO at 31 March, CLA 12 months at 31 March and CPPO at 31 March in Bath and North East Somerset, England and South West for 2022/23

Move and reorder table headers

		England	South West	
			South West	Bath and North East Somerset
CINO at 31 March	Percentage of pupils permanently excluded	0.91%	1.47%	1.42%
	Percentage of pupils with one or more suspension	13.62%	17.29%	14.66%
CLA 12 months at 31 March	Percentage of pupils permanently excluded	0.10%	c	0.00%
	Percentage of pupils with one or more suspension	13.72%	15.94%	11.88%
CPPO at 31 March	Percentage of pupils permanently excluded	1.31%	2.31%	c
	Percentage of pupils with one or more suspension	16.05%	19.73%	21.28%

- For our children who are cared for by us, there were no permanent exclusions and our suspension rate sits below both the national and regional.
- In 2022/2023, our data for children open to child protection was higher than regional and national. Our internal data for this past academic year shows no child with a permanent exclusion and our suspension rate has fallen to below both regional and national.
- In 2022/2023 our data for children open to a child in need plan sat above national and below regional. Last year we had 7 children who had a permanent exclusion and our suspension rate for this cohort remains high.

Children Eligible for free school meals (FSM):

This is the latest data

'Suspensions and permanent exclusions - by characteristic' for FSM - Eligible and FSM - Not eligible in Bath and North East Somerset, England and South West between 2022/23 and 2023/24

Move and reorder table headers

		FSM				
		FSM - Eligible		FSM - Not eligible		
		2023/24	2022/23	2023/24	2022/23	
England		Suspension (rate)	27.55	21.70	5.99	5.47
		Permanent exclusions (rate)	0.33	0.29	0.06	0.06
South West	South West	Suspension (rate)	41.23	30.54	8.45	7.04
		Permanent exclusions (rate)	0.43	0.40	0.07	0.06
	Bath and North East Somerset	Suspension (rate)	43.34	27.81	6.69	5.52
		Permanent exclusions (rate)	0.46	0.54	0.03	0.06

- Whilst our permanent exclusion rate has fallen for pupils who receive free school meals, our suspension data has seen a significant increase, placing us well above the national data

SEND

This is the latest data

'Suspensions and permanent exclusions - by characteristic' for EHC plan, No identified SEN and SEN support in Bath and North East Somerset, England and South West between 2022/23 and 2023/24

Move and reorder table headers

		SEN provision						
		SEN support		EHC plan		No identified SEN		
		2023/24	2022/23	2023/24	2022/23	2023/24	2022/23	
England		Suspension (rate)	29.43	24.42	25.62	21.60	7.55	6.38
		Permanent exclusions (rate)	0.41	0.37	0.26	0.20	0.08	0.07
South West	South West	Suspension (rate)	42.08	32.87	38.32	31.22	9.12	7.17
		Permanent exclusions (rate)	0.51	0.46	0.34	0.31	0.07	0.07
	Bath and North East Somerset	Suspension (rate)	42.58	24.55	36.47	35.55	6.60	5.33
		Permanent exclusions (rate)	0.28	0.38	0.00	0.14	0.08	0.11

- Our permanent exclusion data shows a decrease across all areas, which goes against the national trend.
- Our suspension data has risen in all areas, again in line with national trends but this is most significant for pupils who are on SEN support where we sit well above the national average but close to the regional average.

- **Ethnicity – Shared by Ethnicity Major**

This is the latest data

'Suspensions and permanent exclusions - by characteristic' for Any other ethnic group, Asian / Asian British, Black / African / Caribbean / Black British, Ethnicity Unclassified, Mixed / Multiple ethnic groups and 1 other filter in Bath and North East Somerset, England and South West between 2022/23 and 2023/24

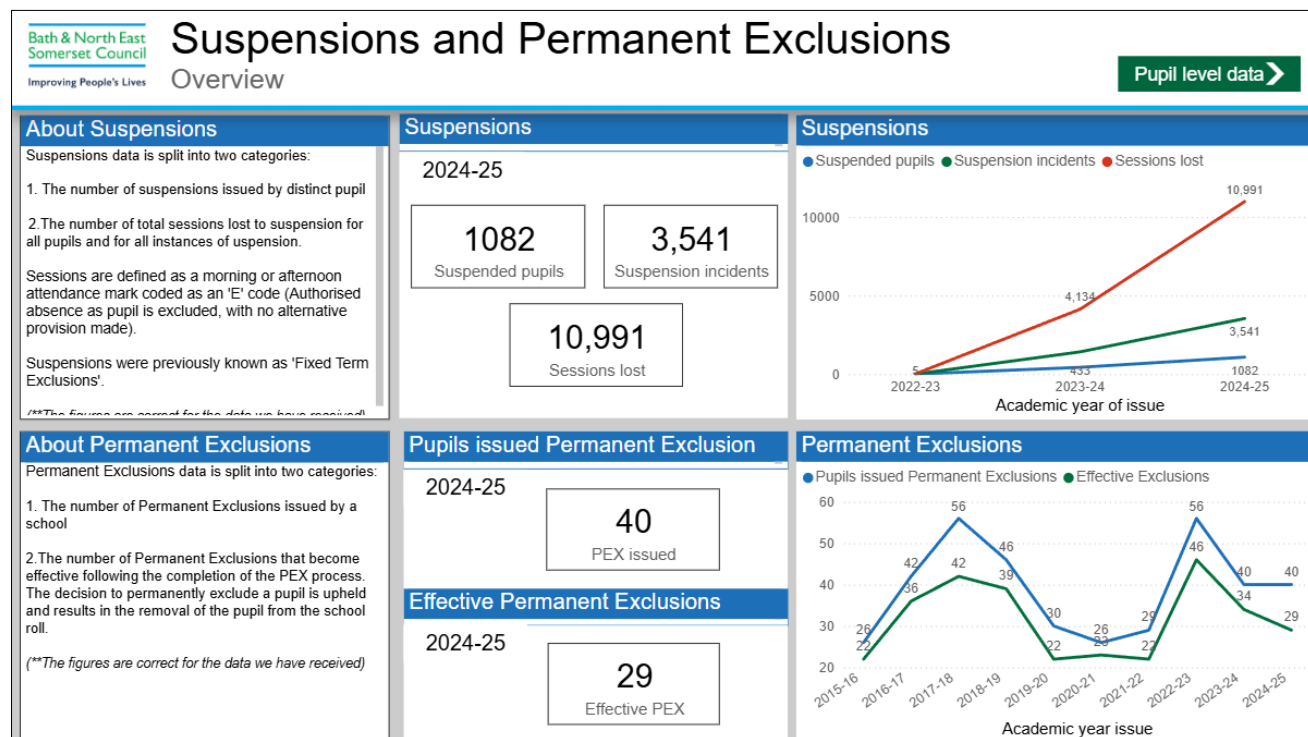
Move and reorder table headers

			England		South West			
					South West		Bath and North East Somerset	
			2023/24	2022/23	2023/24	2022/23	2023/24	2022/23
Ethnicity Major	Asian / Asian British	Suspension (rate)	3.75	3.16	2.73	2.55	2.76	3.00
		Permanent exclusions (rate)	0.05	0.04	0.02	0.01	0.00	0.14
	Black / African / Caribbean / Black British	Suspension (rate)	7.84	7.17	9.96	9.94	12.82	5.11
		Permanent exclusions (rate)	0.10	0.09	0.14	0.10	0.00	0.00
	Mixed / Multiple ethnic groups	Suspension (rate)	11.66	10.01	15.90	13.34	15.93	12.67
		Permanent exclusions (rate)	0.16	0.14	0.19	0.15	0.12	0.13
	White	Suspension (rate)	13.07	10.60	15.86	12.05	12.93	9.05
		Permanent exclusions (rate)	0.14	0.12	0.15	0.13	0.10	0.14
	Any other ethnic group	Suspension (rate)	7.20	5.86	9.41	6.81	6.25	8.04
		Permanent exclusions (rate)	0.09	0.06	0.12	0.09	0.00	0.00

- Our permanent exclusion rate shows that our data sits below the national and regional average for all ethnic major groups.
- Our suspension rate sits above both regional and national for ethnicity major black and mixed, with the greatest increase being for ethnicity major black.

Internal data for 2024/2025:

Overall numbers:



- At the time of writing this, there were still 3 PEX's working the way through the process so we end the year on 32 effective PEX, a slight decrease on last year which will place us below the national and regional averages.
- Our suspensions, in line with national, have increased and the suspension rate will place us above national and regional averages.

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Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	Report on Attendance and Exclusions
Name of directorate and service	Education & Safeguarding
Name and role of officers completing the EqlA	Sarah Gunner – Virtual School Headteacher
Date of assessment	13 th October 2025

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council's website following relevant service lead approval.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. <ul style="list-style-type: none"> • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes 	<p>This is a report on attendance and exclusions for schools in B&NES</p> <p>This report's summary of education performance is drawn from the council's Strategic Evidence Base (SEB) produced by the council's Business Intelligence team and data, and the DFE National statistics: https://explore-education-statistics.service.gov.uk/</p> <p>The report aims to inform Policy Development & Scrutiny (PDS) of the attendance and exclusion trends of children and young people in our schools. The report is used to assist Cllrs and Officers in understanding where children do well and if groups of children in B&NES do not achieve as well. It contains information about attendance and suspensions</p>
1.2 Provide brief details of the scope of the policy or service being reviewed, for example: <ul style="list-style-type: none"> • Is it a new service/policy or review of an existing one? • Is it a national requirement?). 	<p>This report is not a statutory requirement. However, it is of significant interest for the Council to understand the trends in school attendance and exclusions and to focus on where certain groups of children and young people is an area of concern.</p>

<ul style="list-style-type: none"> How much room for review is there? 	
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?	Cllrs have received mandatory equalities training in 2023. The Business Intelligence (BI) team produces the SEB; in line with the Council's priorities around equality and supporting disadvantage.
2.2 What is the equality profile of service users?	The school attendance data in B&NES applies to all statutory school age children attending B&NES schools. This data is then presented to reflect those who are open to social care and pupils eligible for free school meals. The exclusion data is split into permanent exclusions and suspensions, again this is reported for all statutory school age children attending B&NES schools. This data is then presented to reflect those who are open to social care, pupils eligible for free school meals and looking at disproportionality due to ethnicity.
2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	Not in relation to this report. Each school is OFSTED inspected which takes account of pupils and parent views.
2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	Use of national statistics and internal statistics.

2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?	None
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3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equality groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	<p>The LA provides a range of early help and preventative services to support all children and young people to engage in attending school from the earliest opportunity.</p> <p>The LA provides a range of early help and preventative services to prevent exclusion and support inclusion. This includes the addition of the Education inclusion co-ordinators this academic year.</p>	None identified

	All schools have access to a form where they can highlight equalities issues, or serious racial/inequalities incidents and request additional advice from Equalities Officers in B&NES	
3.2 Sex – identify the impact/potential impact of the policy on women and men.	The LA currently does not undertake work to close this gender gap.	
3.3 Pregnancy and maternity	We have no data in this area. However, when the LA is notified of teenage pregnancies, the LA/School nursing provides advice, support and guidance to schools on their legal duties.	
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	No data on attendance or suspension from this group is available from our SEB. Nor does the Department for Education (DFE) produce this data.	No data on the educational outcomes from this group is available from our SEB. Nor does the DFE produce this data.
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)	The LA provides additional resources through Education Health Care Plans (EHCP) funding/inclusion support funding and provision of SEND services, Education Psychology, Early Years Area Special educational needs co-ordinators (SENCO's) /Portage and Children's centres to assist children with SEND in their education. This academic year the SEND and AP advice service has been launched to support young people at risk of exclusion and for those struggling to attend school.	The Local Authority is investing additional capital to develop additional resource bases to ensure that we have enough specialist placements for children with SEND

3.6 Age – identify the impact/potential impact of the policy on different age groups	There are more suspensions and exclusions in the secondary age range.	
3.7 Race – identify the impact/potential impact on across different ethnic groups	The Council undertakes several work streams to support the improvement of educational outcomes of Ethnic minority children and young people in B&NES schools; this includes commissioning the Black Families Education Support Group, Stand Against Racism & Inequalities (SARI) and the promotion of the Race Equality Charter Mark.	Suspensions for children from mixed global majority ethnicity in B&NES schools are higher than regional and national averages.
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people	No data on educational outcomes by sexual orientation is available in the SEB. Nor does the DFE produce this data	No data on educational outcomes by sexual orientation is available in the SEB. Nor does the DFE produce this data
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	N/A	N/A
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	No data on educational outcomes by religious belief is available in the SEB. Nor does the DFE produce this data	No data on educational outcomes by religious belief is available in the SEB. Nor does the DFE produce this data
3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood,	The LA is engaged in several initiatives to support schools to develop strategies to improve outcomes for children in the early years and in primary school. E.g. Primary Empowerment Project & Language for Life and Improving	Attendance in B&NES for FSM children is below their peers. The % of FSM persistent absentees and severe absentees sits above neighbouring authorities.

employment status can influence life chances (this is not a legal requirement, but is a local priority).	Disadvantage Educational Outcomes Project.	
3.12 Rural communities* identify the impact / potential impact on people living in rural communities	N/A	The SEB does not break down education performance by geographical location
3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).	N/A	The SEB does not break down education performance for this group.
3.14 Care Experienced *** This working definition is currently under review and therefore subject to change: In B&NES, you are 'care-experienced' if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.	The SEB does not break down education performance by this characteristic.	The SEB does not break down education performance by this characteristic.

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

***The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

4. Bath and North East Somerset Council Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Disproportional suspensions of children from mixed global majority ethnicity.	Continue to work with partners through the Race Equality Task Force to promote strategies to reduce suspensions/exclusions in B&NES schools.	Full take-up of the Race Equality Charter Mark in all B&NES schools	Chris Wilford	September 2027.
Continue to support initiatives to support schools and multi-academy	This broad and complex issue requires the collaboration of several partners, including the	Schools are engaged in all available initiatives supported by	All education leaders in	September 2027

trusts to develop strategies to improve attendance for pupils eligible for FSM.	South West Regions group and trust leads.	the LA and the South West Regions Group.	B&NES and South West regions group	

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality Team (equality@bathnes.gov.uk), who will publish it on the Council's website. Keep a copy for your own records.

Signed off by:

(Divisional Director or nominated senior officer)

Date:

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CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
13TH OCTOBER 2025				
13 Oct 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	OFSTED Inspection Report	Jean Kelly	Director of Children's Services & Education
13 Oct 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Attendance and Exclusions Annual Report	Sarah Gunner	Director of Children's Services & Education
17TH NOVEMBER 2025				
17 Nov 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Modern Slavery	Cherry Bennett Tel: 01225 47 7203	Director of People & Change

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
15TH DECEMBER 2025				
15 Dec 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	IRO Annual Report	Sarah Hogan Tel: 01225 39 6810	Director of Children's Services & Education
FORTHCOMING ITEMS				
Page 100	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Dementia Strategy Update	Suzanne Westhead	Director of Adult Social Care
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid 19 - Impact of Long Covid across our communities		Director of Adult Social Care, Director of Public Health and Prevention, Director of Children & Young People

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Services Transformation - Community Health Services offer from April 2025	Laura Ambler, Natalia Lachkou	Director of Adult Social Care
Page 101	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Attainment Gap Project Update - St John's Foundation	Christopher Wilford Tel: 01225 477109	Director of Education
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Safety Valve Update	Christopher Wilford Tel: 01225 477109	Director of Education
The Forward Plan is administered by DEMOCRATIC SERVICES: Democratic_Services@bathnes.gov.uk				

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