Children’s Services Omnibus
Wave 5 Research Report
July 2020

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– Department for Education
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Executive Summary

This report presents the findings from the fifth wave of the DfE Children’s Services Omnibus Survey. The survey explored senior local authority and Children’s Services Trust’s leaders’ perceptions on, and activities relating to, a range of policy areas. These included children’s social care; early years and childcare provision in authorities; and services for children and young people with special educational needs and disabilities. The questionnaire comprised a mix of open response questions and fixed category response questions.

The online survey was sent to all 151 upper tier LAs in England. Overall, 93 LAs took part, representing a survey response rate of 62%. In total 84 LAs answered all the survey questions, whilst an additional nine partially completed the survey (meaning they completed at least one full section of the survey).

The profile of LAs which completed the survey is largely in-line with the overall profile, based on the type of authority, region, Income Deprivation Affecting Children Index (IDACI) score and rates of children in need.

The research was carried out between 21 October and 2 December 2019. The key findings are outlined below. Throughout this report, figures are based on all LAs responding to each question.

Children’s social care

A total of 90 LAs answered questions on children’s social care.

Advocacy

- Around a half of LAs (52%) said they signpost parents of children in social care to local face-to-face advocacy services (only available to specific groups) either most or half of the time.

Vulnerable adolescents

- Four in five (81%) said they have a vulnerable adolescent’s protocol or strategy in place.

Social work workforce

- The majority of LAs (60%) said they were very or fairly confident they would have enough social workers to meet their needs over the next year.
• Whilst a high percentage of LAs (86%) said they found it easy to recruit newly qualified social workers, just 2% said it was easy to recruit experienced social workers.
• Just under half (49%) of LAs found it difficult to recruit team leaders and around a third (34%) found it difficult to fill senior manager vacancies.
• A quarter (26%) of responding LAs said new social workers were prepared for all areas of their role with appropriate support, whilst 12% thought they required significantly more support than expected.
• Almost all (96%) LAs said they found the Assessed and Supported Year in Employment (AYSE) effective in supporting newly qualified social workers to make the transition from training to practice.
• Around nine in ten (88%) said they used the knowledge and skills statements in performance management conversations.
• Nine in ten (89%) LAs said they thought social workers in their LA were aware that a system of accreditation and assessment was being introduced. A third thought social workers in their LA were not supportive of this system, while 39% thought social workers were supportive.
• Almost all (96%) LAs said they were a signatory to a regional memorandum of understanding for the use of agency staff.
• Just 26% said the memorandum had been beneficial for reducing the number of agency staff used, and 44% said it was beneficial for reducing the cost of agency staff. Non-compliance by other authorities was the most cited reason why LAs said the memorandum was not beneficial.

Innovation, research and learning

• Almost all LAs (94%) said senior local leadership had helped to improve social care in their area. Nine in ten said correctly identifying key areas of development had helped improve social care.
• Retention of high-quality staff (80%), local political leadership (77%), use of data on children’s outcomes (76%) and recruitment of high-quality staff (74%) were all frequently chosen factors which had helped improve children’s social care.
• Nine in ten (89%) LAs thought social workers in their authority kept up to date with the latest research on social work practice.
• Four in five said they had engaged with the What Works for Children’s Social Care centre, with most (81%) of these saying they had engaged with the centre by accessing the What Works website and evidence store.
Children’s social care data

- Nine in ten (89%) LAs said their system for collecting data on children in their LA was effective, whilst 82% said it was effective for collecting data on families, and 72% said it was effective for collecting workforce data. The figures were similar when LAs were asked about reporting this data.
- A quarter (26%) of LAs said they use predictive analytics to predict the needs of families in their area using children’s social care. The most common uses of predictive analytics were to understand trends and themes, identify future areas of need, and to improve targeting of early help.
- Just under half (48%) of LAs said predictive analytics had helped them improve the cost effectiveness of support they provide to families to a great or moderate extent. Just over half (52%) said it improved the quality of support they provide to families to a great or moderate extent.

Special Educational Needs and Disability (SEND)

A total of 90 LAs answered all questions in the Special Educational Needs and Disability section.

EHC plans

- Four in five LAs said their education and social care teams were very or fairly coordinated when securing education, health and social care provision.
- Just under two-thirds of LAs (63%) said they were effective at collecting social care information for new EHC needs assessments. Only 7% thought their LA was ineffective at collecting this information.

Ensuring sufficient SEN provision

- Whilst three-quarters of LAs said they thought LA officers had a great deal of choice or some choice when commissioning appropriate post-16 placements for children with EHC plans, almost a third (32%) said there was hardly any or no choice when commissioning appropriate school placements.
- Nine in ten LAs said they worked with other authorities in the same region when planning places for children and young people with Education, Health and Care (EHC) plans.
- A lack of regional directive, joint systems and shared resources were among the reasons why LAs said they did not work together to plan places.
SEN support

- Over nine in ten (91%) LAs said they monitored the overall numbers of children placed at SEN support in schools in their area. Under a third (28%) moderated school decisions about individual children.
- Authorities which did moderate school decisions about individual children being placed at SEN support most frequently involved LA SEN Officers (80%) in their moderation process.

Joint working

- Four-fifths (79%) of LAs thought their joint working with health partners (CCGs) had improved since the transition period for the SEND reforms ended on 31st March 2018.
- Some LAs who reported that their joint working had not improved since the transition period said this was because they already had a strong partnership. However, others noted pressures on funding, differing priorities and structural/personnel changes had prevented improvement.
- Almost nine in ten (87%) of the LAs who said that their joint working had improved said this was because of improved joint working amongst LA and CCG officers, whilst 80% said it was because of improved joint working amongst leaders.

Preparation for adulthood

- Just under two-thirds of LAs (61%) said they had developed a Preparation for Adulthood strategy. The majority (85%) of LAs which did have a strategy said they co-produced it with young people with SEND.
- Just under half of LAs (47%) said they had a supported internship forum.
- The most common barriers which prevented LAs from setting up a supported internship forum were funding pressures (45%) and LA workforce capacity (45%).

Disability

- Around four-fifths (79%) of LAs said they maintain a register of disabled children and a further 12% said that another body/organisation maintains this in their area.
- Out of the LAs which did not have a disability register, the main reasons for not introducing one were a lack of dedicated resources, a lack of incentive for families to complete the register and a lack of clarity around responsibilities between health and social care.
- Some LAs which did have a register said they used it to identify needs and inform commissioning activity. Other uses included using it to plan or develop provision, in consultations and to monitor performance.
Early years and childcare

A total of 89 LAs answered all the questions in the early years and childcare section.

SEN Inclusion Fund

- Over half (54%) of LAs said they paid the SEN Inclusion Fund both directly to early years providers and to fund SEN support services delivered centrally to early years providers.
- Where only one approach was used LAs were most likely to pay directly to providers (39%) than SEN support services being delivered centrally to EY providers (7%)

Early Years Pupil Premium

- When asked how LAs had promoted the Early Years Pupil Premium (EYPP) in the past year, the most common response, selected by 80% of LAs, was supporting providers and/or children’s centres to communicate with parents and carers.
- However out of the LAs who said they had done this in the past year, under a third (30%) said it was the most effective way for improving the uptake of the EYPP.
- Other ways LAs promoted the premium was through training and developing early years professionals on different aspects of the EYPP (70%), streamlining administrative processes (60%) and providing information and publicity directly to parents and carers (57%).
- Almost 60% of LAs who said they promoted the premium in other ways not listed in the survey said this was the most effective way of promoting the premium. Other ways mentioned included identifying eligible children, using parent champions, revising parental declaration forms, and briefings/newsletters.
- The most cited challenge LAs experienced when implementing the EYPP was parents not appreciating the value of the premium for their child, which 45% of LAs said was a challenge.

Early education entitlements

- LAs were most likely to promote early education entitlements for disadvantaged two-year-olds by supporting providers and/or children’s centres to communicate with parents and carers (93%) and providing information and publicity directly to parents (93%).
- When asked about what challenges LAs faced when promoting the early education entitlements, the majority (62%) cited eligible parents not wanting or needing childcare for their two-year-old.

- Eligible parents not knowing about the offer (37%), providers not wanting to offer funded places to eligible two-year olds (35%) and lack of funding for publicity, outreach or infrastructure development (35%) were also commonly cited challenges.

**Home learning environment**

- Around four in five (78%) LAs said they had promoted the home learning environment by supporting providers, libraries and/or children’s centres to communicate with parents and carers. Parenting programmes were used by 72% of LAs to promote the home learning environment.

- The most common challenge LAs faced when promoting the home learning environment was not having enough money, which was cited by 61% of respondents. Just under a third said that they had trouble engaging parents (30%) or found it hard to identify families that need support the most (30%).

- To support parents with children under five, over half of LAs (52%) said they funded Triple P, and 48% said they funded Incredible Years (preschool). Only 8% of LAs said they did not fund any programmes or services.

**LA leadership**

A total of 89 LAs answered all the questions in the LA leadership section.

- When asked whether they have a succession plan in place for the Director of Children’s Services role, over half of LAs (53%) said they did have one.

- The vast majority of LAs (87%) said they had training and development in place for those aspiring to be senior leaders (e.g. Assistant Director or Director of Children’s Services).
Introduction

Background

The Department for Education (DfE) is currently implementing a range of policies designed to strengthen and reform children’s services. In particular, the commitments set out in the Children and Families Act 2014 signify an ambitious response to the challenges faced by local authorities trying to meet the needs of children and families.

Wide-ranging reforms to services include the expansion of funded early years’ provision, workforce development for Early Years’ professionals and social workers, reforms to SEND services including the introduction of Education, Health and Care Plans, testing new approaches through the Innovation Programme, greater integration between services and with health, and the introduction of children’s services trusts. Local Authorities (LAs) play a pivotal role in these landmark reforms, assessing need, innovating, restructuring and delivering reformed services.

In 2016 the Department commissioned a bi-annual Children’s Services Omnibus Survey to provide a clear and up-to-date understanding of the key issues facing children’s services, and of local authorities’ implementation of policy related to children’s services. In 2019 this survey was moved to an annual basis, partly in order to try and improve response rates, and was taken in-house by researchers from the Department for Education.

The Omnibus is a survey sent to all 151 upper tier LAs (and Children’s Services Trusts) in England. It has three aims:

- To gather information from senior leaders and managers in LAs on policy-related activity and explore their perceptions of these activities;
- To gain a greater understanding of the key issues affecting children’s services and local authorities’ delivery of them; and;
- To consolidate ad-hoc LA surveys into omnibus surveys.

The first wave was undertaken in September and October 2016. The second wave took place in June and July 2017. The third wave took place in October and November 2017. The fourth wave took place in June to August 2018. The reports on findings from the first to the fourth waves can be accessed here:

This report presents findings from wave 5 of the Children’s Services Omnibus series, which took place in October to December 2019.
Survey methodology

All Directors of Children’s Services across 151 local authorities were sent a physical letter and email inviting them to take part in the survey. The letter and email included further information about the survey and a unique link to the web survey. A copy of the survey questions was also provided to give respondents the opportunity to prepare answers in advance of accessing the online survey. This enabled a single point of contact for the LA to share the full questionnaire with colleagues within different teams who might help with collating data about the different policy areas.

Prior to the mainstage fieldwork the survey questionnaire was first tested and refined with members of an independent advisory group of LA staff. A small-scale pilot was then conducted with a sample of 20 LAs. As well as the substantive survey questions intended to be included in the mainstage survey, the pilot survey included probing questions that explored how easy or difficult respondents found answering the survey questions. The pilot fieldwork ran from 14 to 21 August 2019. In total, six authorities took part in the pilot survey.

During the mainstage fieldwork, all non-responding LAs were sent two reminder emails and received reminder calls from DfE researchers. Invitation emails were also re-sent to existing and new points of contact upon request. The fieldwork ran from 21 October to 2 December.

Overall, 93 LAs took part in the survey, a response rate of 62%. This compares to a response rate of 66% at Wave 1 (Autumn 2016), 50% at Wave 2 (Summer 2017), 51% at Wave 3 (Autumn 2017) and 37% at Wave 4 (Summer 2018).

A total of 90 LAs answered questions on Children’s Social Care, 89 LAs answered questions on Early Years and Childcare, 90 answered questions on Special Educational Needs and Disability and 89 answered the LA Leadership section.

The response to each section compared with previous waves is demonstrated in Table 1. The profile of LAs which completed the survey is largely in-line with the overall profile, based on the type of authority, region, Income Deprivation Affecting Children Index (IDACI) score, Ofsted rating and rates of children in need.

A full breakdown of responses can be found in Appendix 1.
Table 1: Wave 5 response rate compared to previous waves by questionnaire section

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<tr>
<td>Children’s Social Care</td>
<td>60%</td>
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<td>47%</td>
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<td>SEND</td>
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<td>Early Years and Child Care</td>
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<td>LA Leadership</td>
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<td>N/A</td>
<td>59%</td>
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Presentation and interpretation of data

It should always be remembered that a sample, and not the entire population, of upper tier LAs and Children’s Services Trusts in England, responded to the survey. Further, the total number of LAs is small (n=151), which means that care is required when interpreting the results. In consequence, all results were subject to sampling tolerances, which means that not all differences were statistically significant.

All differences discussed in the report are statistically significant unless stated otherwise. Where differences were not statistically significant, these differences could be caused by chance. Where non-significant findings are commented on, this is based on the identification of large or potentially notable differences which were tested but found not to be significant and are clearly detailed as such.

Minimal changes were made to the survey between the pilot and mainstage fieldwork, and so, where possible, pilot responses have been included in the final data.

In order to maximise analysis opportunities, all respondents who completed at least one section of the survey in full were included in the analysis. However, respondents who only partially completed a section of the survey have not been included when analysing that particular section, even if they fully completed other sections of the survey. This means that base sizes differ slightly between the sections.
Children’s Social Care

This chapter explores LAs’ perspectives on a range of policy areas relating to children’s social care, including what advocacy services they signpost parents of children in social care to, whether they have a vulnerable adolescent’s protocol and about their children’s social work workforce. They were also asked about what has helped to improve children’s social care in their authority, how social workers and LAs have engaged with research and innovation, and how authorities use children’s social care data.

A total of 90 LAs fully completed the section on children’s social care

Advocacy

LAs were asked about how often they signpost parents of children in social care to a range of advocacy services, including a national telephone helpline, local face-to-face advocacy services available to all parents and local face-to-face advocacy services available only to specific groups.

Of the three types of services mentioned in the survey, responding LAs were least likely to signpost parents to a national helpline, with 21% saying they signposted parents to this all or most of the time and 14% saying they never signposted parents to a helpline.

Around a quarter (24%) said they signposted parents to local face-to-face advocacy services available to all parents in most or all cases. An additional two thirds (66%) said they signposted parents to these services in less than half of cases.

Over half of all LAs (52%) said they signposted parents of children in social care to local face-to-face advocacy services only available to specific groups in most or all cases.
LAs were also asked whether they signposted parents to any other advocacy services. Advocacy services most frequently referenced by respondents included SEND support, child and young people services and family support. Many respondents also named general advocacy services and local advocacy services that they use. Some respondents spoke about how they ‘spot purchase’ advocacy services for parents when necessary or use internal resources, such as staff members.

**Figure 1: How often LAs signpost parents of children in social care to advocacy services**

Vulnerable adolescents

LAs were also asked whether they had a ‘vulnerable adolescents’ protocol or strategy in place. Around four in five (81%) LAs who responded that they did have one in place. Only 2% of respondents said they did not have one in place and were not currently planning to develop one (see figure 2).
Figure 2: Whether LAs have a vulnerable adolescents’ protocol or strategy

Social work workforce

The government has a range of programmes which aim to ensure that there are enough highly capable social workers to effectively safeguard children, including by bringing the best into the profession, improving the quality of education and supporting professional development to improve the quality of practice.

When LAs were asked whether they thought they would have enough social workers to meet their needs over the next year, 60% said they were very or fairly confident that they would have enough. Just under a third (32%) said they were not very confident and 8% reported they were not at all confident (see Figure 3).
LAs were then asked how easy they found it to fill vacancies for various roles. Whilst the vast majority of responding LAs (87%) said they found it very easy or easy to recruit newly qualified workers, far fewer found it easy to fill vacancies for experienced social workers, team leaders or senior managers.

Authorities found that vacancies for experienced social workers were the most difficult to fill, with just 2% saying they found this easy to do and 83% saying they found it difficult.

For team leaders and senior managers, 24% and 33% respectively found it easy to fill these roles. Just under half (49%) of LAs said they found it difficult to hire team leaders and 34% said it was difficult to fill senior manager vacancies (see Figure 4).
When asked about how prepared they felt newly qualified social workers are to work in child and family social care, just over a quarter (26%) of responding authorities said new social workers were prepared for all areas of this role with appropriate support.

Almost two thirds (62%) said newly qualified social workers were prepared for some aspects of the role but required more support than expected in other areas. Meanwhile 12% thought that social workers required significantly more support than expected in many aspects of the role.
LAs were asked about the Assessed and Supported Year in Employment (ASYE), an employer-led scheme launched in 2012 which aims to give newly qualified social workers extra support during their first year of employment. In 2018 the Department for Education launched a new contract to enhance support to employers and improve the quality and consistency of the programme offered to newly qualified social workers.

When asked how effective the programme was at supporting newly qualified social workers to make the transition from training to practice, 96% of LAs said it was quite or very effective. None of the respondents said the programme was ineffective.

The result was similar to when the question was last asked in 2018, when 92% of LAs said the programme had been effective, and no respondents said it was ineffective.
LAs were then asked about Knowledge and Skills Statements (KSS). These statements are the foundation of the introduction of a post-qualification specialist career pathway for child and family social workers.

Almost nine in ten (88%) LAs said that they used the statements in performance management conversations. Forty percent said they used them occasionally, a third said they used them most of the time, and 14% said they always used the statements.
The National Assessment and Accreditation System (NAAS) aims to enable child and family social workers to develop their skills and knowledge to improve outcomes for children and families and support employers to raise the national standard and consistency of practice.

When asked whether LAs thought social workers in their local authority were aware that a system of assessment and accreditation was being introduced, 89% thought they were, with only 4% saying they were not aware. These figures are largely unchanged since the question was asked in wave 4 of the survey in summer 2018.

A slightly lower proportion of LAs said they thought their social workers understood why the system was being introduced (69%). A significantly higher number of LAs said they thought social workers were supportive of the new system compared to the previous wave of the survey. Around two in five (39%) of LAs thought they were supportive in this wave compared to around one in five (22%) in summer 2018 (wave 4) of the survey.
In response to challenges LAs face recruiting social workers, many local authorities have come together and established regional agreements to support each other on this issue. Almost all (96%) of LAs responding to the survey said they were a signatory to a memorandum of understanding (MOU) about the use of agency staff. This is slightly higher than the percentage of LAs who said they were a signatory in summer 2018 (wave 4 of the survey), but the difference is not statistically significant.

When asked whether they found the regional MOU beneficial for reducing the cost of agency staff, just under half (44%) thought it had been very or fairly beneficial. Meanwhile just over half (52%) said it had not been beneficial.

Just one in four (26%) said that the memorandum had helped them to reduce the number of agency staff used, with 71% saying it had not been beneficial. The most common reason LAs said the MOU was not beneficial was because of other authorities in the region not complying with the memorandum:

“It needs 100% sign up from all LA's in the region, otherwise it becomes too easy for the agencies to continue to increase costs and play LA's off against each other”
Particularly, LA’s said the MOU was often not complied with by authorities with low Ofsted ratings or those which were facing workforce pressures. As one LA said:

“When local authorities are "Inadequate" it is very difficult to maintain maximum limits on agency rates of pay and it also increases the numbers being used which can raise pay levels too.”

One LA said that some local authorities were getting around the MOU by hiring agency staff as senior practitioners, when in fact, they would only use them to fill a basic social worker vacancy, pushing up overall agency costs. Another LA said some authorities would recruit social workers under specific job titles, such as project workers, to justify paying them at a higher rate. Others mentioned that sometimes LAs would give agency staff additional incentives or rewards to get around the agreement.

A general shortage of good social workers was another common reason that was given for both why the MOUs hadn’t been beneficial and why some LAs had broken the agreements.

Others said LAs outside their region were having an impact on the effectiveness of the memorandum as temporary workers were encouraged to take up posts across regional boundaries. This was particularly a problem for LAs which were close to authorities that were not part of their regional MOU.
“The concept is excellent, and our use has reduced but managing price has been hard due to national factors with many LA’s not being in these agreements. The most effective response would be a national memorandum so that prices do not tempt workers across borders.”

Other LAs said their own recruitment strategies, rather than the memorandum, had been more effective at helping them to reduce their reliance on agency workers.

**Innovation, research and learning**

LAs were asked about what has helped to improve social care services in their authority area. Senior local authority leadership was the most frequently picked option, with 94% of LAs saying this had helped to improve social care. The next most popular option was ‘correctly identifying key areas of development’, which 90% of LAs selected.

Retention of high-quality staff (80%), local political leadership (77%), use of data on children’s outcomes (76%) and recruitment of high-quality staff (74%) were all commonly chosen options. LAs were least likely to say that availability of appropriate support to improve the way they deliver services (52%) and knowing where to access appropriate support (51%) had improved their services.

**Figure 10: What has helped to improve children’s social care services**

Other things that LAs said helped to improve children’s social care which were not provided in the options list included: implementing new practice frameworks for children’s
social work; close multi-agency partnerships; learning from other LAs and sector-led improvement; greater commitment to improving the quality of practice; outcome based financial planning; staff loyalty and goodwill; and robust performance and QA systems.

Almost nine in ten (89%) LAs said that they thought social workers in their authority kept up to date with the latest research on social work practice, with 16% of LAs saying they kept up very well and 73% saying they kept up fairly well. This compares with 91% of LAs which said social workers engage with the latest research in 2016 autumn wave (wave 1) of the survey, but the difference is not statistically significant.

**Figure 11: How well LAs think social workers keep up to date with research**

![Bar chart showing percentage of LAs thinking social workers keep up to date with research]

*Question: How well, if at all, do you think social workers in your authority keep up to date with the latest research on social work practice? Base: All LAs responding to the children’s social care section (n = 90)*

‘What Works for Children’s Social Care’ is an initiative which was launched at the end of 2017 to foster evidence-informed practice in children’s social care. The What Works Centre launched as part of this.

LAs were asked whether they had engaged with the What Works centre, with 80% of respondents saying they had engaged with it, and 14% saying they had not.
When asked how they have engaged with the What Works centre, the vast majority (81%) said they had accessed the What Works website and evidence store. The next most popular way of engaging with the centre was by applying to partner with What Works to generate evidence, which almost half (47%) of respondents had done. Almost one in five (18%) had taken part in What Works Polling services, and 8% had contributed to the What Works practice database.

Other ways LAs said they had engaged with the centre was by: partnering with them on projects; taking part in workshops; by having meetings or discussions with the centre; running introductory sessions; inviting them to present or meet with their staff; applying for funding and contributing to learning and research.
Children’s social care data

LAs were asked about the effectiveness of their systems for collecting children’s social care data.

Almost nine in ten (89%) said that their system for collecting data on children in their LA was either quite or very effective, with only 4% saying it was ineffective. Four in five (82%) said that their system for collecting data on families in their LA was effective, whilst 72% said it was effective for collecting data on their workforce. Around one in ten (9%) said their system for collecting workforce data was ineffective.
When asked about their system for reporting children’s social care data, a similarly high percentage of LAs said that their system was effective, with 91% saying it was effective for reporting data on children in their LA and 84% saying it was effective for reporting data on families in their LA. As with the question on collecting data, slightly fewer LAs said they thought their system for reporting data on their workforce was effective. Around three quarters (73%) said their system for reporting data on their workforce was effective.
Around a quarter (26%) of LAs said they used predictive analytics to predict the needs of families using children’s social care, whilst 66% said they did not.
An open text question was used to understand how LAs were using predictive analytics. Most LAs which used predictive analytics said they used it to understand trends and themes. A few also said they were looking at predictive factors to identify future areas of need.

Some LAs said they were using or exploring how to use data to improve targeting of proactive early help and intervention services and for their financial and resource planning.

“We are using a "OneView" system to generate risk alerts as well as provide additional partner information. This is being used in our troubled families programme as well as social care front line services.”

“We have started to develop predictive analysis around specific cohorts who are displaying behaviours which could be predicted given a series of common impacting factors. This is being developed around young people presenting at our Joint Diversionary Panel (JDP) and using data on this cohort to predict future presentations.”
“[We have] identified key measures that lead to children entering statutory services and tried to move them to earliest help model.”

The areas LAs said they were using predictive analytics for included: placements, finance, SEND, safeguarding, pre-school readiness, domestic abuse and child exploitation.

Almost half (48%) of LAs which used predictive analytics said that it had helped to improve the cost effectiveness of support they provide to families to a great or moderate extent, with a further 17% saying it had helped to improve it to some extent. Only 13% said it had not improved the cost effectiveness of support at all. Just over half (52%) of LAs said that it had helped improve the quality of support they provide to families. An additional 43% said it had helped improve the quality to some extent.

**Figure 17: The extent to which LAs believe predictive analytics have improved quality and cost effectiveness of support to families**

![Figure 17: The extent to which LAs believe predictive analytics have improved quality and cost effectiveness of support to families](image)

*Question: To what extent, if at all, do you think this has helped to improve...
...The quality of support your LA provides families
...The cost effectiveness of support your LA provides families
*Base: All LAs who said they use predictive analytics (n = 23)
Special Educational Needs and Disability (SEND)

This chapter explores the implementation of the 2014 SEND reforms, which made a number of changes to the system of support given to children and young people with SEND: these changes include the introduction of Education, Health and Care (EHC) plans to replace statements of SEN, an increased focus on involving children, young people and families in processes and an increased focus on joint working between education, health and social care services.

The questions in this chapter cover ensuring provision for children and young people with EHC plans, decisions about SEN support and joint working between social care, education and health services. The chapter also includes questions asked of LAs about preparation for adulthood strategies, supported internship forums and registers of disabled children.

Education, Health and Care (EHC) plans

LAs were asked about the extent to which education and social care teams in their LA coordinate their approach to securing education, health and social care provision. Four in five respondents (80%) said that their teams were either very or fairly coordinated, with 19% saying they were very coordinated.

Figure 18: How coordinated LAs think education and social care teams are when securing education, health and social care provision

![Bar chart showing the percentage of LAs who think education and social care teams are coordinated in securing education, health and social care provision. 61% are fairly coordinated, 19% are very coordinated, and 20% are not coordinated.]

Question: How coordinated, if at all, would you say education and social care teams in your LA are when securing education, health and (social) care provision?
Base: LAs responding to the SEND section (n = 90)
Just under two thirds (63%) of LAs said that they were effective at collecting social care information for new EHC needs assessments. Only 7% thought their LA was ineffective at collecting this information.

**Figure 19: How effective LAs think they are at collecting social care information for new EHC needs assessments**

![Bar chart showing the effectiveness of LAs in collecting social care information for new EHC needs assessments.]

*Question: How effective or ineffective would you say your LA is at collecting social care information for new EHC needs assessments?*
*Base: LAs responding to the SEND section (n = 90)*

**Ensuring sufficient SEN provision**

As part of their responsibilities under the Children and Families Act 2014, LAs are required to secure the special educational provision set out in an EHC plan.

When asked about how much choice LAs have when commissioning placements of young people or children with EHC plans, only 8% of LAs said there was a great deal of choice of both appropriate schools and post-16 providers. However, around two thirds (67%) said there was some choice of appropriate post-16 placements, and 60% said there was some choice of school placements.

Almost a third (32%) of LAs said there was hardly any or no choice of appropriate school placements and a quarter (26%) said there was hardly any or no choice of post-16 placements.
LAs were asked about whether they worked with other authorities in their region when planning places for children and young people with EHC plans. Nine in ten said that they did work together to plan places. The majority (56%) said they worked with other LAs in their region occasionally. Just over one in ten (12%) said they always worked together and 22% said they worked with other LAs most of the time.
Figure 21: Whether LAs work together when planning places for children with EHC plans

LAs which said they did not work together with other authorities when planning places were invited to say why this was the case. Reasons given included a lack of regional directive and no joint systems or shared resources. One LA cited geographic reasons, and another said that other LAs face similar pressures and have little capacity.

Several LAs said they are currently exploring or were going to explore working with other LAs on this in future:

“We are currently developing our sufficiency strategy for the LA and will endeavour to build this joint partnership when looking at place planning moving forward.”

**SEN support**

The next questions are about local authorities’ involvement in decisions taken by schools to place children at SEN support.

Over nine in ten (91%) responding LAs said that they monitored the overall numbers of children placed at SEN support in schools in their area. However, under a third (28%)
said that they moderated school decisions about individual children being placed at support.

Figure 22: Whether LAs monitor school decisions on schools placing children at SEN support

Authorities which did moderate school decisions about individual children being placed at SEN support were asked who was involved in the process of moderating decisions; LA SEN Officers was the most frequently selected option, chosen by 80% of LAs. Just over two thirds said they involved educational psychologists (68%) and SENCOs (68%). Over half (56%) said they involved specialist teachers and 32% said they involved parents.

A few LAs also indicated that the following are sometimes involved in the decision-making process: LA Education Advisors; head teachers, nominated officers, school improvement services, pupils and designated clinical officers.
Joint working

The 2014 SEND reforms included a focus on encouraging local partners to work effectively together to help improve outcomes for children and young people with SEND. The questions in this section of the survey looked at how effectively local authorities feel they are working with their health partners.

The transition period for the SEND reforms ended on 31st March 2018. LAs were asked how much their joint working with their health partners (Clinical Commissioning Groups (CCGs)) had improved since the transition period ended.

The majority of LAs said that joint working with health partners had improved (79%), with 37% saying it had improved a lot and a further 42% saying it had improved a little. A small proportion of LAs (3%) said that their arrangements had got worse.
LAs who said that their joint working has not improved since the transition period were asked to state why they thought this was. A few said it had not improved as they already had a strong partnership with their health partners before the transition period ended.

“We have always had a very strong partnership with our CCG, and this has continued. The end of the transition period has made no difference at all to that strong relationship.”

However, others noted that pressures on funding had prevented an improvement in the joint working approach. Different priorities between health and social care and structural/personnel changes in CCGs were also among the commonly cited reasons why the joint working approach hadn’t improved.

“It was already quite effective in a number of areas, and in other areas the lack of a national drive and priority within the NHS health system means that this area takes a lower priority than some of the other areas colleagues are focused on across the health system. The structural changes to CCGs have also taken up much time and capacity of colleagues.”
“Health needs to be held as accountable as LA’s for provision and services for children, they are not currently.”

“As is always the case between health and social care we have different drivers and conflicting budget pressures whilst operating in a confused legal and policy framework.”

LAs who said their relationship with their health partners had improved were asked what they thought the main reasons for this improvement were. The most frequently cited reason was because there had been improved joint working amongst LA and CCG officers, with 87% saying that this was one of the most important factors. Four in five said that improved joint working amongst leaders was one of the main reasons.

Having a joint improvement board was selected by 42% of LAs and increased involvement of families in developing services was selected by 41% of respondents.

**Figure 25: Main reasons why LAs think joint working with health partners (CCGs) has improved**

![Bar chart showing reasons for improved joint working]

A few LAs who suggested a reason not provided in the response options list, said that written statements of actions following an Ofsted inspection were one of the main factors behind an improvement in joint working.

“Joint working was identified through the Ofsted/CQC Inspection and forms a key part of our [written statements of action]. Therefore, improvements in this area will continue.”
The appointment of personnel was noted by some LAs as a reason for improvement. A couple said the CCG appointing a Designated Clinical Operator (DCO) or Designated Medical Officer (DMO) had helped.

“Appointment of DCO who is based in the SEN Team for one day per week and also attends the decision-making panel for EHC Assessments. The DMO works very closely with the DCO.”

Other factors cited included pooling budgets, co-location between the LA and CCG, better integration between health and social care and having a parent carer forum on the improvement board.

### Preparation for Adulthood

Preparation for Adulthood was another focus of the 2014 SEND reforms. The 2015 SEND Code of Practice sets out the requirement for LAs to set out in the Local Offer the support available to help children or young people with SEND move into adulthood.

This survey asked LAs whether they had a Preparation for Adulthood strategy. Just under two thirds of LAs (61%) said that they had developed one, whilst 36% said they did not have one in place.

**Figure 26: Whether LAs have a Preparation for Adulthood Strategy**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>61%</td>
<td></td>
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<td></td>
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<td>36%</td>
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<td></td>
<td></td>
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<td>3%</td>
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</table>

*Question: Does your LA have a Preparation for Adulthood Strategy?  
Base: LAs responding to the SEND section (n = 90)*
Most of the LAs which did have a Preparation for Adulthood Strategy said they had co-produced it with young people with SEND (85%). Only 2% of responding LAs said they had not. Around nine in ten said they co-produced the strategy with parents/carers of young people with SEND (89%) and people who work with young people with SEND (91%).

Figure 27: Who LAs co-produced their Preparation for Adulthood strategy with

A supported internship is a type of study programme aimed at young people aged 16 to 25 with an EHC plan who want to move into employment and need extra support to do so.

In November 2017 the government announced funding for local authorities to increase the number of supported internships and pathways to employment for young people with SEND by establishing local supported internship forums which aim to bring together partners who can develop and deliver supported internships in the area.

When asked whether they had a supported internship forum in their authority, just under half of LAs (47%) said they had a forum and 42% said they did not. The rest of respondents (11%) did not know whether their LA had a forum.
Funding pressures (45%) and LA workforce capacity (45%) were the most common barriers which prevented LAs from setting up a supported internship forum. A lack of engagement from other parties and a lack of support and/or guidance were cited by 16% of LAs as a barrier. Most LAs which selected ‘Other’ when asked about barriers to introducing a supported internship forum, said that they were either developing a forum or that they had other arrangements to cover supported internships.
Disability

This section looks at registers of disabled children: these are the registers of families with children and young people aged 0-25 with additional needs which local authorities are required by law to maintain.

LAs were asked whether they have an up-to-date register. Four fifths (79%) said they maintain a register of disabled children themselves and a further 12% said that another body/organisation in their area maintains this. Almost one in ten (9%) said that they did not have an up-to-date register in their area.

The main reasons why LAs said they did not maintain an up-to-date register was because of a lack of dedicated resources, a lack of incentive for families to complete the register, and a lack of clarity around responsibilities between health and social care. A lack of systems and ICT infrastructure challenges were also mentioned.
LAs who did have keep an up-to-date register were asked how, if at all, they used this to plan provision for disabled children in their LA.

The most common use of the register was to identify needs and to inform commissioning activity. A few LAs said that they use the register for planning or developing provision and in consultations. Some used it to monitor their performance. Other uses included budget planning, gap analysis, resource planning, helping to upskill staff, to help inform their sufficiency strategy and for communication.

“Parents, carers and children who register are offered the opportunity to contribute to service planning […] The data provided by the register is also beginning to be used to better inform our understanding of future demand.”

A few LAs said they did not use the register because of concerns over its accuracy and difficulty maintaining it, with some saying they found other datasets more comprehensive.

“The register is not up-to-date as historically a number of services fed into it which was problematic. It is now being developed and moving forward it will be used to inform future service provision.”
Some said that whilst they aren’t using the register at present to plan provision, they plan to use it going forward.

“A review of the [Children with Disabilities] Register has taken place and is now used more effectively as part of the [Joint Strategic Needs Assessment] process to identify gaps and develop opportunities.”
Early years and childcare

The next chapter presents findings relating to early years and childcare. It covers the allocation of the SEN Inclusion Fund, how LAs have promoted the Early Years Pupil Premium, early education entitlements for disadvantaged two-year olds and the home learning environment, as well as any challenges they face implementing or promoting these.

SEN Inclusion Fund

The SEN Inclusion Fund is a fund which every local authority has, to support early years providers to meet the needs of individual children with SEN. LAs were asked about how the fund is allocated. Over half (54%) of authorities said they paid the fund both directly to early years providers and to fund SEN support services delivered centrally to early years providers. Where only one approach was used LAs were most likely to pay directly to providers (39%) than SEN support services being delivered centrally to EY providers (7%)

Figure 31: How LAs allocate their SEN Inclusion Fund

*Question:* How is your LA’s SEN Inclusion Fund allocated?
*Base:* All LAs responding to the early years & childcare section (n = 89)
Early Years Pupil Premium

The Early Years Pupil Premium (EYPP) is additional funding which is provided to early years pre-school settings to support better outcomes for disadvantaged 3-and 4-year olds. LAs were asked what they have done in the past year to promote the premium.

Almost all LAs (99%) mentioned ways they had promoted the EYPP in the past year. The most common way was by supporting providers and/or children’s centres to communicate with parents and carers, which was selected by 80% of respondents. Other popular options included training and developing early years professionals on different aspects of the EYPP (70%), streamlining administrative processes (60%) and providing information and publicity directly to parents and carers (57%).

Other ways LAs said they promoted the EYPP which were not included in the response options included promoting it in schools, using parent champions, publishing information online, using briefings/newsletters and promoting the premium to providers, such as by informing them about the number of children eligible at their establishments.

“[Our LA] operates a system of informing providers of the number of children that are attending their setting that are eligible for funding and makes this payment automatically as part of their Early Years funding. Providers can also alert the LA of eligible children they identify.”
“This year we have produced a new information leaflet which includes all of the free entitlements and funding elements. We held a briefing for all professionals working with families to raise awareness of the free entitlements and other schemes which help with childcare costs.”

When asked which of these ways of promoting the premium LAs felt had been the most effective, 58% of those who had selected ‘other’ said that this was the most effective way of promoting the premium. Measures mentioned under ‘other’ included identifying eligible children, using parent champions, revising parental declaration forms and briefings/newsletters.

The next method which LAs said was the most effective at promoting uptake of the premium was streamlining administrative processes. Two fifths of LAs who had done this to promote the premium said this was the most effective way of improving uptake.

Around a third of those who said they promoted the premium through the training and development of early years professionals or by supporting providers and/or children centres to communicate with parents and carers said these activities had been the most effective. Only one in ten said working with other local professionals to communicate the premium had been the most effective for improving uptake.

Figure 33: What LAs found the most effective for improving the uptake of the EYPP

LAs were asked about what, if any, challenges they had experienced when implementing the EYPP. The most common was parents not appreciating the value of the premium for their child, which 45% of respondents said was a challenge. A lack of funding for
publicity, outreach or infrastructure development was the next most frequently cited challenge, selected by 29% of respondents. Just over a fifth of LAs (22%) said they had not faced any challenges implementing the premium.

Figure 34: Challenges LAs have experienced when implementing the EYPP

A number of the challenges not provided in the option list, but which were mentioned by respondents related to providers, these included; providers not communicating the offer or not supplying information to parents, not encouraging applications perhaps because it was of little monetary value to the provider, and providers not collating the appropriate information from parents.

A few raised issues around checking eligibility. One LA mentioned difficulties with parents being reluctant to share their National Insurance Number, whilst another said a lack of confidence by providers in asking for data to complete the eligibility check was a challenge. Changes to the benefit system and the introduction of Universal Credit were raised by a couple of LAs:

“Issues in relation to the changes to Universal Credit and the [Eligibility Checking System] technical problems caused major issues due to lack of alignment of the benefits systems and information.”

Other challenges mentioned were providers not evidencing the impact of EYPP, the need to continually promote the premium to ensure awareness and a lack of staff resources in LAs.
Early Education Entitlements

All 3- and 4-year-olds in England are entitled to a defined number of hours of free childcare or early education. Some 2-year-olds are also eligible to access a defined number of hours of free childcare or early education, for example if their parent or guardian receives certain benefits, or they have a statement of special educational needs.

All 3- and 4-year-olds, and eligible 2-year-olds, are entitled to 570 hours of funded early education or childcare per year. This is usually taken as 15 hours a week for 38 weeks of the year. Since September 2017, the funded childcare entitlement for 3- and 4-year-olds increased to 30 hours a week for working parents that meet the eligibility criteria. Parents can usually get 30 hours of funded childcare if they (and their partner, if they have one) are in work (or getting parental leave, sick leave or annual leave), and are earning at least the National Minimum Wage or Living Wage for 16 hours a week.

LAs were asked in what way, if any, they had promoted funded early education entitlements for disadvantaged two-year-olds. All LAs mentioned promoting the entitlements in the past year. LAs were most likely to say they promoted the entitlement by supporting providers and/or children’s centres to communicate with parents and carers (93%) and providing information and publicity directly to parents (93%).

Figure 35: What LAs have done to promote funded education entitlements for disadvantaged two-year olds

A few LAs who selected ‘other’ expanded on how they were providing information and publicity to parents and carers. Ways that LAs said they promoted the entitlements to parents and carers included using social media, text messaging reminder services,
newsletters, using data sources to target eligible parents and introducing additional stay and play sessions.

Other ways they promoted the entitlement included in briefings and blogs, through parent champions, by reminding providers to submit eligibility data, developing a cross-service approach (such as through links to early years forums and Children’s Centres), and by attending promotional and community events.

“In areas where take-up is low or there are high numbers of children not accessing their free place, Officers have directly contacted parents either by phone or a visit to offer support and find out if there are any barriers to take up.”

“On a termly basis, we remind providers to submit EYPP eligibility data and we remind eligible families that have not taken up a place.”

“[We have] continued with LA delivered outreach offer which targets the most vulnerable families identified on the [Department for Work and Pensions] list provided termly.”

When asked about what challenges LAs faced when implementing the early education entitlements (see figure 37), the majority (62%) cited eligible parents not wanting or needing childcare for their two-year-old as a challenge.

Eligible parents not knowing about the offer (37%), providers not wanting to offer funded places to eligible two-year olds (35%) and lack of funding for publicity, outreach or infrastructure development (35%) were also more common challenges.
Almost a quarter of LAs (24%) said they had faced other challenges not listed in the response options. When asked to specify what other challenges they faced, one of the most common challenges mentioned was providers focusing on 30-hour provision instead of providing places for disadvantaged two-year olds. A few LAs said problems with Universal Credit and eligibility checks has had a negative effect on take-up of the entitlements.

“Parents are concerned that any change to circumstances (i.e. taking up the funding for a place for their 2-year-old) will result in their benefits being re-assessed and a loss of income for a considerable period of time (usually 6 weeks).”

LAs also mentioned that a lack of choice of providers was a challenge, as childcare vacancies sometimes were not available at a parent’s preferred setting. One LA said schools were not providing funded places for two-year olds whilst another said that some providers did not have space to expand. A lack of funding had also had an impact on choice according to one LA, as they said it had led to the closure of some settings.

A few LAs said there was a perception among parents that two years is too young to start education, with one saying eligible parents sometimes did not understand the benefits of early education for their children.
There was also a difficulty in marketing to certain groups of parents. One said “hard-to-reach” groups are unaware of the offer despite marketing materials, and another said it was challenging finding “our unknown families such as travellers” to promote the entitlement.

**Home learning environment**

In July 2019, DfE launched *Hungry Little Minds*, a behaviour change campaign to encourage parents to engage in activities that support their child’s early communication, language and literacy development – with a focus on disadvantaged families. LAs were asked what they have done in the past year to promote the home learning environment.

LAs were most likely to have supported providers, libraries and/or children’s centres to communicate with parents and carers (78%). Parenting programmes were used by 72% of LAs, whilst 65% said they promoted the home learning environment through workforce development and training and 64% said they provided information and publicity directly to parents and carers.

The least frequent way LAs promoted the home learning environment out of the options provided was by working with other local professionals to communicate with parents and carers, which just over half (54%) of LAs said they had done.

**Figure 37: How LAs have promoted the home learning environment**

Other ways that LAs said they promoted the home learning environment included through social media campaigns, communicating to parents through apps and websites,
developing early years learning programmes, using parent champions and setting up emotional and wellbeing projects.

The primary challenge LAs faced when promoting the home learning environment was not having enough money, which was cited by 61% of LAs. Just under a third said that they had trouble engaging parents (30%) or found it hard to identify families that need support the most (30%).

Lack of workforce capacity was the main ‘other’ challenge LAs said they had with promoting the home learning environment. A few LAs said this was linked to financial pressures:

“We would like to do more through our Family Hubs (Children's Centres) but following a service review due to financial pressures, we do not have as many staff available to deliver this.”

Other difficulties mentioned included high levels of mobility and families new to the borough, difficulty getting providers to engage parents and parents not accepting that their child has a need.

**Figure 38: Challenges LAs have faced promoting the home learning environment**

LAs were asked whether they fund or provide programmes or services to support parents with children under five. Over half (52%) said they funded Triple P and 48% said they
funded Incredible Years (preschool). Only 8% of LAs said they did not fund any programmes or services.

**Figure 39: Programmes LAs fund to support parents with children under five**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple P (any level)</td>
<td>52%</td>
</tr>
<tr>
<td>Incredible Years (preschool)</td>
<td>48%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>43%</td>
</tr>
<tr>
<td>Incredible Years (toddler)</td>
<td>43%</td>
</tr>
<tr>
<td>Digital tool incl. app or text messaging (please specify)</td>
<td>24%</td>
</tr>
<tr>
<td>No programmes or services funded</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Question: Does your LA fund or provide any of the following programmes or services to support parents with children aged 0-5? Please select all that apply.*

*Base: All LAs responding to the early years & childcare section (n = 89)*
LA leadership

The last section of the survey asked LAs about their senior leadership.

When asked whether they have a succession plan in place for the Director of Children’s Services role, over half of LAs (53%) said they did have one.

Figure 40: Whether LAs have a succession plan in place for the Directors of Children’s Services role

They were also asked whether they have any training or development in place for those aspiring to be senior leaders (e.g. Assistant Director or Director of Children’s Services). The vast majority (87%) said they did have training and development in place.
Figure 41: Whether LAs have training and development for aspiring senior leaders

Question: Does your LA have any training or development in place for those aspiring to be senior leaders (e.g., Assistant Director or Director of Children's Services)?
Base: All LAs responding to the LA leadership section (n = 89)
Appendix 1 – Response profile

This survey aimed for a census of upper-tier local authorities and children’s services trusts in England. As such, all 151 authorities were invited to take part. There were three sections to the survey, with the response rate for each outlined in Table 2.

Table 2: Wave 5 response rate by questionnaire section

<table>
<thead>
<tr>
<th>Section</th>
<th>Total</th>
<th>Response rate</th>
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</thead>
<tbody>
<tr>
<td>Children’s Social Care</td>
<td>90</td>
<td>60%</td>
</tr>
<tr>
<td>SEND</td>
<td>90</td>
<td>60%</td>
</tr>
<tr>
<td>Early Years and Child Care</td>
<td>89</td>
<td>59%</td>
</tr>
<tr>
<td>LA Leadership</td>
<td>89</td>
<td>59%</td>
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A total of 84 LAs fully completed the survey, and nine partially completed the survey, meaning 93 LAs took part in total. The amounts to an overall response rate of 62%.

Following the close of the survey, the sample profile was analysed based on four key variables: authority type, region, Income Deprivation Affecting Children (IDACI) score, and the rate of children in need (CiN).

To avoid overly small base sizes, LAs were divided into three regional categories. The IDACI measures the proportion of children aged 0 to 15 living in income deprived families, as per the Indices of Multiple Deprivation. The CiN rate refers to the number of children per 10,000 assessed as being in need of children’s social services, as per the November 2019 CiN census.

As Table 3 shows, the profile of LAs which completed the survey is largely in-line with the overall profile.


Table 3: Response rate by authority type and region

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sub-variable</th>
<th>England (N)</th>
<th>England (%)</th>
<th>Took part (N)</th>
<th>Took part (%)</th>
<th>Response rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
<td>North</td>
<td>50</td>
<td>33%</td>
<td>28</td>
<td>30%</td>
<td>56%</td>
</tr>
<tr>
<td></td>
<td>East &amp; Midlands</td>
<td>34</td>
<td>23%</td>
<td>24</td>
<td>26%</td>
<td>71%</td>
</tr>
<tr>
<td></td>
<td>London &amp; South</td>
<td>67</td>
<td>45%</td>
<td>41</td>
<td>44%</td>
<td>61%</td>
</tr>
<tr>
<td>IDACI average score</td>
<td>0.0-0.1</td>
<td>11</td>
<td>7%</td>
<td>9</td>
<td>10%</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>0.1-0.15</td>
<td>43</td>
<td>28%</td>
<td>21</td>
<td>23%</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>0.15-0.2</td>
<td>38</td>
<td>25%</td>
<td>28</td>
<td>30%</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>0.2-0.25</td>
<td>41</td>
<td>27%</td>
<td>26</td>
<td>28%</td>
<td>63%</td>
</tr>
<tr>
<td></td>
<td>0.25+</td>
<td>18</td>
<td>12%</td>
<td>9</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Numbers of CiN</td>
<td>100-300</td>
<td>43</td>
<td>28%</td>
<td>9</td>
<td>28%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>300-400</td>
<td>61</td>
<td>40%</td>
<td>35</td>
<td>41%</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>400-500</td>
<td>36</td>
<td>24%</td>
<td>37</td>
<td>26%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>500+</td>
<td>9</td>
<td>6%</td>
<td>9</td>
<td>4%</td>
<td>44%</td>
</tr>
<tr>
<td>Ofsted rating</td>
<td>Outstanding</td>
<td>13</td>
<td>9%</td>
<td>3</td>
<td>10%</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>59</td>
<td>39%</td>
<td>15</td>
<td>38%</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>Requires improvement</td>
<td>56</td>
<td>37%</td>
<td>29</td>
<td>40%</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td>Inadequate</td>
<td>18</td>
<td>12%</td>
<td>8</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>No rating available</td>
<td>5</td>
<td>3%</td>
<td>3</td>
<td>3%</td>
<td>60%</td>
</tr>
</tbody>
</table>