

# Children and Education Policy and Accountability Committee

## Agenda

Monday 21 November 2016

7.00 pm

COMMITTEE ROOM 1 - HAMMERSMITH TOWN HALL

### MEMBERSHIP

Administration:	Opposition
Councillor Caroline Needham (Chair) Councillor Alan De'Ath Councillor Elaine Chumnerly	Councillor Caroline Ffiske (Vice-Chair) Councillor Donald Johnson
Co-optees	
Eleanor Allen, London Diocesan Board for Schools Matt Jenkins, Teacher Representative Nandini Ganesh, Parentsactive Representative Philippa O'Driscoll, Westminster Diocesan Education Service Representative Nadia Taylor, Parent Governor Representative Vic Daniels, Parent Governor Representative	

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Date Issued: 11 November 2016

# Children and Education Policy and Accountability Committee Agenda

21 November 2016

<u>Item</u>		<u>Pages</u>
<b>1. MINUTES</b>	To approve the minutes of the previous meeting.	1 - 11
<b>2. APOLOGIES FOR ABSENCE</b>		
<b>3. DECLARATIONS OF INTEREST</b>	<p>If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.</p>	
<b>4. PUBLIC PARTICIPATION</b>	<p>This is an opportunity for members of the public to ask questions. For a more complete answer at the meeting please email your question ahead of time to - <a href="mailto:david.abbott@lbhf.gov.uk">david.abbott@lbhf.gov.uk</a> with the subject - 'CEPAC Question'.</p>	

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|------------|---|-----------|
| <b>5.</b>  | <b>EXECUTIVE DIRECTOR'S UPDATE</b>  | 12 - 26   |
|            | This report provides an overview of recent developments of relevance in Children's Services.  |           |
| <b>6.</b>  | <b>CABINET MEMBERS UPDATE</b>   |           |
|            | The Cabinet Member will give a verbal update of their activities since the previous meeting.  |           |
| <b>7.</b>  | <b>TRAVEL CARE AND SUPPORT SERVICE</b>  | 27 - 37   |
|            | This report provides an overview of the travel care and support project, the new service specification, and the process through which it was developed.   |           |
| <b>8.</b>  | <b>PARTNERS IN PRACTICE</b>   | 38 - 72   |
|            | This report provides an update on the progress of Focus on Practice, the programme within family services funded by the Department for Education Innovation in Social Care programme, and the plans for work as Partners in Practice with the DfE over the next four years.   |           |
| <b>9.</b>  | <b>CHILD PROTECTION ANNUAL REPORT</b>   | 73 - 87   |
|            | This report highlights the significant responsibilities which the local authority has in respect to ensuring the protection of children, and how it discharges them.  |           |
| <b>10.</b> | <b>LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015-16</b>  | 88 - 146  |
|            | This report includes key details about the demographics of local children, safeguarding responsibilities and activities of agencies which are represented on the LSCB, an overview of the LSCB priorities, activities and details of its budget; a review of the outcomes of Serious Case Reviews and learning that has resulted from them. |           |
| <b>11.</b> | <b>WORK PROGRAMME</b>   | 147 - 149 |
|            | The Committee is asked to review its work programme.  |           |
| <b>12.</b> | <b>DATE OF NEXT MEETING</b>   |           |
|            | The next meeting will be held on 30 January 2017 at 7pm in the Town Hall.   |           |

London Borough of Hammersmith & Fulham

# Children and Education Policy and Accountability Committee Minutes



Monday 19 September 2016

## **PRESENT**

**Committee members:** Councillors Caroline Needham (Chair), Alan De'Ath, Elaine Chumnerly, Caroline Ffiske (Vice-Chair) and Donald Johnson

**Co-opted members:** Nandini Ganesh (Parentsactive Representative), Philippa O'Driscoll (Westminster Diocesan Education Service Representative) and Nadia Taylor (Parent Governor Representative)

**Officers:** Steve Miley, Director for Family Services, Rachael Wright-turner, Director of Commissioning for Children's Services, Mandy Lawson, Assistant Director, Special Educational Needs, Fiona Phelps, Head of Special Educational Needs, Rosemary Salliss, Social Worker, Health, Bathsheba Mall, Committee Coordinator

**External Guests:** Nahar Chowdhury, Head of Housing Support, Centrepoint, Anji McCormick, Head of Property Management, Centrepoint

## 1. **MINUTES**

### **RESOLVED**

The minutes of the meeting of the Children and Education Policy and Accountability Committee held on 13<sup>th</sup> June 2016 be confirmed and signed as an accurate record of the proceedings.

## 2. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Elaine Chumnerly.

## 3. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## 4. **PUBLIC PARTICIPATION**

There were no public questions.

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Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.

## **5. EXECUTIVE DIRECTOR'S UPDATE**

Ian Heggs, Director of Schools and Commissioning, submitted apologies on behalf of Executive Director For Schools, Claire Chamberlain, as she had been unable to attend this meeting. He provided an update to the meeting, beginning with the news that the provisional test results across all key stages indicated a good performance, despite statutory changes, in particular to Key Stage 1. Support to prepare for the new testing regimes had been put in place and he was particularly pleased with the performance of secondary schools, which had shown fantastic improvement.

Full details of the results will be set out in a report to the Committee, once the results had been confirmed, hopefully in time for the November meeting. He expressed his thanks to the support provided by the Cabinet Member for Children and Education, Councillor Sue Macmillan, in protecting resources for schools, enabling that improvement to continue. It was explained that the results would be shown by individual school on the LBHF website, once the Department for Education (DfE) had formally published the results. The individual results will highlight particular achievements but this will not be until November.

Nadia Taylor, Parent Governor Representative, highlighted on-going concerns regarding the provision of school meals in at least two LBHF schools that she was aware of. Complaints about the service provider, Eden Foodservice, ranged from the lack of variety, nutritiously balanced meals and food served cold. A working group had investigated this issue previously and it was disappointing that there remained further issues to address. Rachael Wright-Turner, Director of Children's Commissioning, expressed disappointment and concern, particularly since the feedback that she had received had been positive. The two schools referred to, each had different issues that they were trying to deal with. Councillor Caroline Needham, Chair, commented that the Committee was happy to channel complaints from the schools so that the contracts with the schools can be closely monitored. The Schools Contract Monitoring Team would investigate further and it was agreed that officers would produce a report for the Committee to consider.

**ACTION: Children's Service**

## **6. CABINET MEMBERS UPDATE**

Councillor Sue Macmillan, Cabinet Member for Children and Education, informed the Committee that since the previous meeting, she had undertaken a number of visits around the borough. Most recently, she had visited the home of a family, where a child protection plan was in place. She had been very impressed and encouraged by the work of social care officers. Councillor Macmillan had met with Action for Change, an organisation that worked with women whose children had previously been removed from their care. She had also met with social workers from the referral service. More recently, she had attended the foster carers awards ceremony, recognising the significant contribution made by carers over three boroughs. Finally, she reported that

she had also spent some time visiting Lady Margaret School, in Parsons Green, Fulham.

## **7. THE IMPACT OF RECENT 'SEN' POLICY CHANGES**

Ian Heggs introduced two officers to the Committee who would be integral to delivering the requirements of the service changes to special educational needs (SEN) provision within the borough. He welcomed Mandy Lawson, Assistant Director, Special Educational Needs. A decision had been taken that Children's Services be integrated with the specialised, disabled service, reflecting the spirit of the new Children and Families Act 2014 (CFA). He also welcomed Fiona Phelps, Head of Special Educational Needs, a strategic role, encompassing every aspect of SEN.

Fiona Phelps began by outlining the initial progress that had been made to implement the changes to the new service. The key element here was co-production, drawing to together expertise. Historically, reports focused on the right placement but had moved to conjoined working, supporting children by developing holistic outcomes to meet special educational needs. The CFA stipulated that a local offer was made and that to achieve, officers worked closely with parents and young people. A local offer was also about finding what can be delivered in the community that will best meet need.

It was important to distinguish the new report, the Educational Health Care Plan (EHCP) from what was previously known as the SEN assessment. The transfer review team undertook an 18 week process to produce the EHCP. To be clear, this was a reassessment, looking at the holistic need of each child. She expressed her thanks for the extra resources allocated to this important area of work which included 1.6 managers, 5 key workers and additional administrative support.

Mandy Lawson briefly outlined the CFA movement from SEN to EHCP and that broadly, it was about understanding the journey from the first diagnosis, through designated services in a coordinated way, delivered through children's centres, schools and into young adulthood. The aim was to work closely with parent groups and service providers to understand this journey. She welcomed the decision to provide funding for dedicated resource centre for special needs to be located at Queens Manor Primary School. This would offer local provision for children with complex needs. In improving the transition from post 16 to adulthood, the new service also brought together SEN and adult disability services and was a key element of this work. This was an innovative and interesting area of work, particularly with the recent placement developed for post 16 young adults with learning disabilities, who had just begun their internships with the Council.

Vic Daniels, Parent Governor Representative, enquired about the correlation between the amount by which resources had been increased and the added value achieved. Ian Heggs confirmed that the changes in service provision were welcome but no local authority had received extra or additional funding and additionally, a noticeable increase in the requests for assessment. It was

explained that an SEN Burden Grant had been granted to fund the completion of the transfer reviews. Dave McNamara, Director of Finance & Resources, Children's Services confirmed that no additional funding had been received to resource the implementation of the new service requirements.

Nandini Ganesh, Parentsactive Representative, expressed interest in the criteria by which the new service would be measured and the mechanism for this. Mandy Lawson explained that the mechanism for measuring service performance was envisaged to be the benefits to families. Whilst the service was still developing a framework for this, it was still too early to say. The EHCPs would be very outcome driven and have to be agreed with families. It was anticipated however that they look at the experience of schools, colleges and service providers to establish performance criteria, in addition to peer challenge, Ofsted and Care Quality Commission (CQC) inspections. It was also anticipated that a new inspection framework will be coordinated and rolled out to see how effective the service was.

In response to a further question from Vic Daniels, Fiona Phelps clarified that they had begun to undertake the EHCP reassessments approximately 18 months previously. There were significant difference between this and the SEN report. The latter was retrospective whereas the EHCP was intended to forward facing, looking at what was needed now, what progress had been made and where did we want them to be in the next year, i.e., what has been achieved. At the time of the meeting, approximately 25 EHCPs had been completed but this would be need confirmation.

#### **ACTION: Children's Services**

Councillor Needham sought clarification about the 17 families which had gone to mediation. Fiona Phelps responded that mediation was a welcomed facet of the process and entered into for a whole range of reasons. Viewed positively, this development allowed for a structured conversation and framework to help resolve issues, to engage and draw out resolutions.

Nandini Ganesh raised a specific concern regarding gaps in the provision of plans for 19-24 year olds. There was a lack of clarity as to whether provision would be made, to illustrate, if a student sought a level 2 plan, an EHCP was required. She continued, referring to the use of parent advocacy at panels and enquired when this would happen. Fiona Phelps explained that for post 16, they had previously used "Learning Disabled Assessments" or LDA. This was used to fund post 16+ students going into further education and would also be transferred into EHCPs. LDAs were due to end in September 2016 but most of these are yet to be completed, despite the deadline having been extended. She confirmed that a student may not require an LDA and in such cases, there may be limited funding for maybe one year, taking into account improvements. If further support was required then this would be reviewed. Referring to parents on panels, it was explained that they had been in contact with counterparts in the London Borough of Wandsworth and were planning a visit for early October. It was understood that membership of a panel, precluded those resident within the borough, to avoid conflicts of interest. It was hoped that a framework could be developed at a workshop (early

October) to address these issues. Councillor Macmillan added that this approach also ensured that we would be aware of what was involved and commended Parentsactive for drawing attention to the issue.

Former Committee member Dennis Jarman, commented that plans should follow through from childhood, crossing the threshold to adulthood. In response to his query, it was noted that the process of getting support will eventually accelerate from the current average of 20 to 26 weeks. Converting SEN statements and LDAs entailed a significant resource requirement. Plans could not be signed off without clinical input, however, health colleagues were still getting to grips with the requirements. Contingency funding was hopefully in place or available until an EHCP was completed. It was suggested that the Health and Wellbeing Board be asked consider how health colleagues can be best supported in adapting to the new requirements and how officers can assist with this.

#### **ACTION: Children's Services / HWB**

A member of the public voiced concerns about the pressure on financial resources and how the impact of increased numbers of children would add further pressure. It was suggested that a better understanding of the issues would explain the cost and that it was unclear whether the figures presented in this way, helped in terms of understanding the wider debate. Ian Heggs referred to a previous report (which he offered to re-circulate) considered by the Committee detailing the increased pressure on funding and clarifying variations in figures, with notional and contingency funding from the CFA, with the majority of changes on the way in which schools were funded being applied two years previously.

#### **ACTION: Children's Services**

Matthew Jenkins, a member of the public (and the new Committee Teacher Representative) enquired whether officers thought that the service was sufficiently well resourced and how assured they felt about the quality of the process. Fiona Phelps explained that there were inherent challenges in moving from the old to the new process, requiring new links and the development of new working partnerships. A staff restructure had allowed the service to move forward, and, in adapting to the new structure, some staff had moved on, others had retrained and new additions to the team had brought with them fresh enthusiasm, new expertise and innovative ideas. This, together with understanding the nuances of new laws and a significant quantity of the work, have collectively presented a significant challenge. The new staff had ensured that they now had the critical mass of people within the team who collectively understood the CFA 2014 and the Education Act 1996. They were fortunate to have had the additional transfer funding but even though the balance of knowledge was good, it remained to be seen as to whether this would be sufficient.

Ian Heggs continued, the transition from statements and LDAs to EHCPs were required to be completed by April 2018. There was a fantastic service in place and it was important that it was well staffed. Both parents and teachers had been included on the recruitment panel. The service was very clear



about the transition statement work and were keen for schools to engage with the services available. A trialed offer had been developed and 95% of schools had bought into this.

Nandini Ganesh enquired how quickly were resources put in place, in particular for children aged up to 5 years. She explained that parents had been advised that Educational Psychologists will not be involved unless a statement was in place. It appeared to be harder to evidence need than previously. Fiona Phelps clarified that historically, there was an expectation that Educational Psychologists were involved but this was no longer a requirement. The key point now was to identify what they see as the need and what can be done to address it, for example, specific interventions that can be put in place, and, evaluate the outcome.

Ian Heggs acknowledged that more work was required to identify need in the 0-5 age group and this was currently on-going. Mandy Lawson confirmed that they were about to launch a significant plan to identify early pathways. Early support was a key factor and there would be joint funding between education and health providers to draw it together. This would target psychologist resources, impacting on how Children's Services were coordinated.

The Early Years enhanced offers had included various bids for further funds and it was noted that both voluntary and independent nurseries had requested support. The focus here was to try to ease the transition to school and a good way to use funding, and to reach more children. It was further noted that the needs of nurseries were not being identified and that they lacked support. Ian Heggs acknowledged that there was considerable work to be undertaken in delivering a three year work programme. Updated training take up was increasing and formed part of the contingency fund bid. Help was available to complete forms and officers would aim to ensure that this was provided as needed. Fiona Phelps explained that support in completing forms was available of over the phone, if contingency funding was being sought. However, a governance framework was important, in order to demonstrate clearly why funds had been identified and allocated.

**ACTION: Children's Services**

In response to a query about adding value to the agenda from Councillor Marcus Ginn, Mandy Lawson clarified that social care, housing and education, were all different elements to consider, to formulate a EHCP. The improved structure implementation plan for Children's Services was necessary. It amended the way they worked in terms of tracking those pathways.

Councillor Needham enquired whether childminders, who had identified needs of children in their care, were eligible. Ian Heggs confirmed that the Early Years Enhanced Offer was accessible to Childminders and that he would check to see what the take up had been. It was noted that previously, the advice and guidance given to childminders was that they had to identify need, in order to trigger a referral to providers.

**ACTION: Children's Services**

Nandini Ganesh enquired whether the law firm, Baker Small were receiving instructions from LBHF. Ian Heggs confirmed that they had suspended work with them immediately, as soon as the issues had come to light. The work was currently being handled by an in-house legal team and part of the workload had been absorbed from within the SEN team. The aim was to work increasingly more closely with parents through mediation and dispute resolution stage.

With reference to section 7 of the report, a member of the public sought clarity about the SEN information in the report. Ian Heggs clarified that the college offer would be different to a local offer. The different requirements were published on the website. There were examples of good practice and these would be looked at first during inspections. Referring again to the report and section 8, a member of the public asked how schools were being kept informed and Ian Heggs responded that a broad-brush letter was circulated to schools.

Fiona Phelps explained that a they were having conversations with key workers though emails and that they were also considering how to put information about the local offer up on the website. She went on to explain that there were complications about how to keep the information updated and that Richard Martin, was looking into options as to how to get it on the web and welcomed suggestions as to how this could be achieved.

Councillor Needham noted that there was health input into producing the EHCP and that health colleagues had not received the same access to training. She enquired how the issue about relationships with parents could be raised, and the lack of understanding about what need there was. Additionally, she asked how much more work was there to be done and were we doing it. Fiona Phelps responded that the process of being proactive has been challenging. The team included a clinical officer whose role was to support and health colleagues understand the requirements of the CFA. They were currently working with three CCGs and there remained a continuous need to remind them of what was needed. It was suggested that the Health and Wellbeing Board be approached to find a way to address this.

**ACTION: CEPAC / HWB**

Rachael Wright-Turner explained that it was not just about diagnosis or about helping health colleagues to understand and having that conversation with providers, which entailed a whole system change. Councillor Needham thanked officers for the report and commended the work under taken to date. She also suggested that a report should be provided addressing early years provision to the 0-5 years age group and to add this to the work program for next year.

**ACTION: CEPAC**

## **RESOLVED**

That the report be noted.

## **8. CARE-LEAVER ACCOMMODATION**

Councillor Needham welcomed Nahar Chowdhury, Head of Housing Support and Anji McCormick, Head of Property Management, from Centrepont. Rachael Wright-Turner presented the report, setting out ambitions for semi-independent living (SIL) and the objectives (within budget and cost effective) that the service had to improve accommodation for young people. It had been a year into delivery with the provider, Centrepont, and contract mobilisation. Generally, they had been satisfied with the support Centrepont provided but there was clear evidence that work still needs to be done to manage repairs. It was explained that they were working closely with them redress performance indicators and identify new priorities.

Councillor Needham reported that , together with Nadia Taylor, had visited accommodation at two different sites, meeting with team workers and residents. Nahar Chowdhury explained that she was very positive about the improvement plan that had been agreed, acknowledging the complicated start to the contract, and which had been overcome with the actions being addressed. Generally positive feedback had been received but it was accepted that there were a number of areas to focus on. There were a number of added value services and service level agreement had been established on leaving care contracts.

Referring to the report, Andy Sutton, Looked after Children, Service Manager, highlighted fact that the addresses of the accommodation sites had been included in the report. Steve Miley, Director for Family Services, concurred that that the details be removed from report, as this had been made available in the public domain. Andy Sutton asked what arrangements were in place to hand off between Centrepont and other providers. Additionally, Councillor Caroline Ffiske enquired who was the landlord and owner of the building, and, who was the provider. It was clarified that in this instance, Centrepont was both the building owner and service provider. It was noted that the previous provider, Notting Hill Housing Association, had also owned the buildings, which they had managed and made repairs to, in addition to being the support provider. This was the contract that had been taken over by Centrepont.

Councillor Alan D'Ath congratulated Centrepont on the fact that they had recognised and responded to the concerns raised. It was very positive that young people were being actively encouraged to become involved and he anticipated that this would continue to be monitored. Rachael Wright-Turner welcomed the positive comments and commended Centrepont for the way in which they had responded.

Councillor Needham commented that the site visit had highlighted the issue of contact with the LBHF Youth Council and the 'Make Your Mark' consultation. The survey of youth hostels and venues within the care systems that were accessible for young people, was to be included in the consultation. Nadia Taylor thanked officers for arranging the visit, observing that this was very different from reading a report. Nahar Chowdhury responded that the provision was personalised service and that young adults were encouraged

to access. There were a number of different interventions, which, together with key workers, offered an added value service addressing a range of needs including health, education, training and employment.

Steve Miley commented that the Council would always seek to avoid locating young people in bed and breakfast accommodation whenever possible, with the intention to provide, safe, independent accommodation with adult supervision. It was acknowledged that this was not always possible, particularly where children had been excluded or could not safely interact with other young people. Steve Miley commented that this was about quality of support provided to young people and confirmed that currently, there were no young people housed in bed and breakfast accommodation. Councillor Needham observed that were there were young people with challenging behavior and that staff had exceeded their remit in identifying the right resources to support them.

Nadia Taylor referred to young people who could be identified as “Neets” (not in education, employment or training) and asked how they were identified. Steve Miley explained that 55% of young people in the borough were in either education or were employed and that part of the improvement plan was to identify ways with Centrepoint in which this could be increased. Nahar Chowdhury confirmed that there were a number of local activities but they were trying to improve figures against a background of complex and challenging factors. This was not dissimilar to the national picture. Additionally, they had also tried to improve the take up of virtual school. Each young person could have a learning assessment to establish learning levels, functional skills and the support required. This was all provided by Centrepoint as part of the added value service. Andy Sutton commented that having a list of accommodation addresses helped identify local support providers and that further work could be done in identifying them. Nahar Chowdhury commented that Centrepoint was not an inward facing organisation. They were nationally resourced and confirmed that they would be doing more to identify local providers. Councillor Needham commented that the virtual school contact was very positive and thanked officers for the report.

**ACTION: CEPAC / Children’s Services / Centrepoint**

## **RESOLVED**

1. That the outlined Semi Independent living Accommodation provision for care leavers in Hammersmith and Fulham, be noted;
2. That the summarised headlines from Centrepoint’s annual Contract Performance Review, be noted; and
3. That the outlined future direction for the continued improvement of the delivery of the service and the proposed contract management process, be noted.

## **9. CHILDCARE TASK GROUP - FINAL UPDATE**

Councillor Needham reiterated apologies on behalf of Councillor Elaine Chumney, Chair of the Childcare Task Group, who due to illness, was unable to attend the meeting and present the report herself. Councillor Needham invited Rosemarie Lawrence to present the report. As a Social Worker, she explained that she had moved from Family Services (Children Youth & Community) to health in April. They had been working with Open Objects, a local provider of digital service to the public health sector, specialising in social care and health. She outlined how they had already been working around the local offer to produce an easily identifiable and navigable website. The main priority was to identify what was already in the system. They were currently working to certify the accuracy of the information on the site and were confident as to how well this work was progressing. To illustrate, it was confirmed that there were 196 childminders registered within the borough. The aim was to work with providers to help maintain their own accounts online, which they could update themselves. There was also a forum planned for October which would include training opportunities. It was noted that Ofsted would also feed into the process so that this information could also be included in the site. It was thought to be working well but there was still some way to go.

Phillippa O'Driscoll, Westminster Diocesan Education Service Representative enquired what the future vision was for early years mental health provision. Rachael Wright-Turner explained that they were working with the CCGs to look at early intervention for mental health needs.

Councillor Ffiske enquired about integrated family support work and if this was a standalone area of work. Rachael Wright-Turner responded that they were looking at support services beneath underpinning family support, such as children's centres, youth centres, school nurseries and health visitors. They were seeking to move away from how services, comprising of numerous elements, were currently being delivered. The aim was to develop a more integrated system, to identify need early on, with less need for complicated elements. It was noted that there would be a Cabinet report available in early autumn on this.

Andy Sutton observed that the report covered a large number of areas but was good starting point from which to develop services in an open discussion. Councillor Needham thanked members of the task group for their valuable contribution and participation. She also thanked officers for supporting the task group in their work. The scope of the task groups remit was broad and a further update would be added to the work programme for a meeting in Autumn 2017.

**ACTION: CEPAC**

Councillor Needham noted that the June meeting would be considering a report on holiday play provision in the Borough. The provision of play schemes on estates this summer at short notice was commended and the intention to continue this provision during holiday periods was noted, with the possibility of extending this to include teens and adolescents.

**ACTION: CEPAC / CHILDREN'S SERVICES**

**RESOLVED**

That the report be noted.

**10. DATE OF NEXT MEETING**

The Committee noted that the next meeting would be held on 21<sup>st</sup> November 2016.

Meeting started: 7.00 pm  
Meeting ended: 8.51 pm

Chair .....

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# Agenda Item 5

<p><b>London Borough of Hammersmith &amp; Fulham</b></p> <p><b>CHILDREN AND EDUCATION POLICY &amp; ACCOUNTABILITY COMMITTEE</b></p> <p><b>21 November 2016</b></p>	
<b>EXECUTIVE DIRECTOR'S UPDATE</b>	
<b>Report of the Executive Director of Children's Services</b>	
<b>Open Report</b>	
<b>Classification - For Information</b>	
<b>Key Decision: No</b>	
<b>Wards Affected: All</b>	
<b>Accountable Director:</b> Clare Chamberlain - Executive Director of Children's Services	
<b>Report Author:</b> Clare Chamberlain, Executive Director of Children's Services	<b>Contact Details:</b> Tel: 020 8753 3601 E-mail: <a href="mailto:clare.chamberlain@lbhf.gov.uk">clare.chamberlain@lbhf.gov.uk</a>

## 1. EXECUTIVE SUMMARY

- 1.1. This report provides a brief overview of recent developments of relevance to the Children's Services department for members of the Policy and Accountability Committee to consider.

## 2. RECOMMENDATIONS

- 2.1. The Committee is asked to review and comment upon the contents of this report.

## 3. EDUCATION

### **School building developments**

- 3.1. Holy Cross/ Bilingual Programme- This programme supports the place planning requirements of the School Organisation Plan by creating 2 forms of entry of Bilingual provision at Clancarty Road (the former Peterborough Schools site) in partnership with the Ecole Marie d'Orliac and by expanding the intake of Holy Cross Primary School from 1 to 2 forms of entry. The third and final phase of building works at the Clancarty Road is planned to be completed in the summer of 2017 and the major remodelling works at Holy Cross, which began in May of this year and

include new classrooms and a new hall and dining facility, are also on programme for a summer 2017 completion.

- 3.2. Tri-Borough Alternative Provision (TBAP) After the successful relocation of Action on Disability to refurbished premises at Normand Croft School in the summer of this year the planned 16-19 Academic Free School operated by TBAP opened on time with 18 students in its temporary home at the also refurbished Greswell Centre. Designs for the permanent building and for the remodelling of the current Bridge 11-16 buildings proceed, with a further community consultation planned for December and opening of the two facilities anticipated in the summer of 2016. Some decanting during the works will be required, and this is currently being negotiated.
- 3.3. The ARK Swift site redevelopment is an exciting project involving the creation of what is described as an “Education Hub” on the current site in Australia Road. The current Academy, Harmony Nursery and Adult Learning facilities are planned to be reprovided alongside new Youth provision, key worker housing and office facilities for private and voluntary sector associations.

### GCSE Results

- 3.4. The Department for Education published preliminary Local Authority and school level GCSE results last month. Please find below the summary data that has been published for Hammersmith and Fulham schools. Hammersmith and Fulham are well above national averages for all measures. In terms of ranking against other Local Authorities in Inner London the Ebacc score for our schools is top and the attainment 8 score places us third overall. These results will be subject to change when the final Performance Tables are published in January 2017. The preliminary indications at this stage are that key indicators will probably be one or two percentage points higher, but we are still validating data files with schools for Profiles and for local analysis. A full report on school performance both primary and secondary with validated school level data will be presented to CEPAC at the meeting on 27th February.

GCSE 2016 Provisional data <sup>1</sup>						
(DfE 1st release)						
Provisional GCSE 2016 results						
School	Cohort	Progress 8	Attainment 8	C+ in Eng & Maths	EBACC	5+ A*-C incl Eng & Maths
Fulham Cross Girls' School	4124	0.71	56.7	75%	46%	69%

<sup>1</sup> Attainment across 8 subjects: is a measure of the average grade of all students' best 8 qualifications (with English and mathematics scores double weighted). A 10.0-80.0 point scale is used in 2016 in line with the GCSE grades. On this scale: 10.0 is an average bottom Grade G, 50.0 an average grade C, 60.0 an average grade B and 80.0 an average top Grade A\*.

Progress across 8 subjects: measured as a score against what was expected attainment of the students compared with their prior attainment at primary. For example -0.5 is a score where the school's students on average are half a grade worse per subject than similar students. +1.0 would be where performance is one grade better than similar students nationally.

Ebacc: % achieving the English Baccalaureate (A\*-C in English, mathematics, science, a language and history or geography)



London Oratory School	4182	0.47	64.9	88%	69%	87%
Sacred Heart High School	4164	0.41	64.7	87%	71%	85%
Burlington Danes Academy	4171	0.17	52.0	61%	29%	47%
Lady Margaret School	4119	0.17	61.3	87%	61%	82%
The Hurlingham Academy	479	0.16	49.4	71%	14%	63%
West London Free School Secondary	4120	0.13	58.0	75%	46%	68%
Hammersmith Academy	4111	-0.04	52.7	67%	34%	60%
Fulham College Boys' School	470	-0.19	44.1	46%	10%	44%
Phoenix High School	4161	-0.39	43.6	50%	8%	41%
<b>Hammersmith &amp; Fulham</b>	<b>1352</b>	<b>0.12</b>	<b>53.9</b>	<b>69%</b>	<b>40%</b>	<b>64%</b>
<b>England - all schools</b>	<b>n/a</b>	<b>0.00</b>	<b>48.2</b>	<b>59%</b>	<b>23%</b>	<b>53%</b>
<b>Inner London</b>	<b>n/a</b>	<b>0.17</b>	<b>51.0</b>	<b>65%</b>	<b>30%</b>	<b>58%</b>

### Preparation for the inspection of services for children and young people with SEN and Disabilities

- 3.5. In April 2016 Ofsted and The Care Quality Commission started a five year programme to jointly inspect education, health and social care services for children and young people with a special education need and/or a disability, in all local authority areas. The inspection (which will last for one week) will not make a formal grading of individual schools, agencies or services, but will rather make a judgement on how well they are working together to identify and respond effectively to children's additional needs.

Inspection will be at one week's notice and work is underway with parents and carers, head teachers, service managers and commissioners in Clinical Commissioning Groups to produce a self-evaluation of local strengths and areas for improvements, with regard to:

- education, employment and independent living outcomes for children and young people, and performance against statutory targets
- the view of parents, carers & young people on their experience of local services: what works and what could be improved

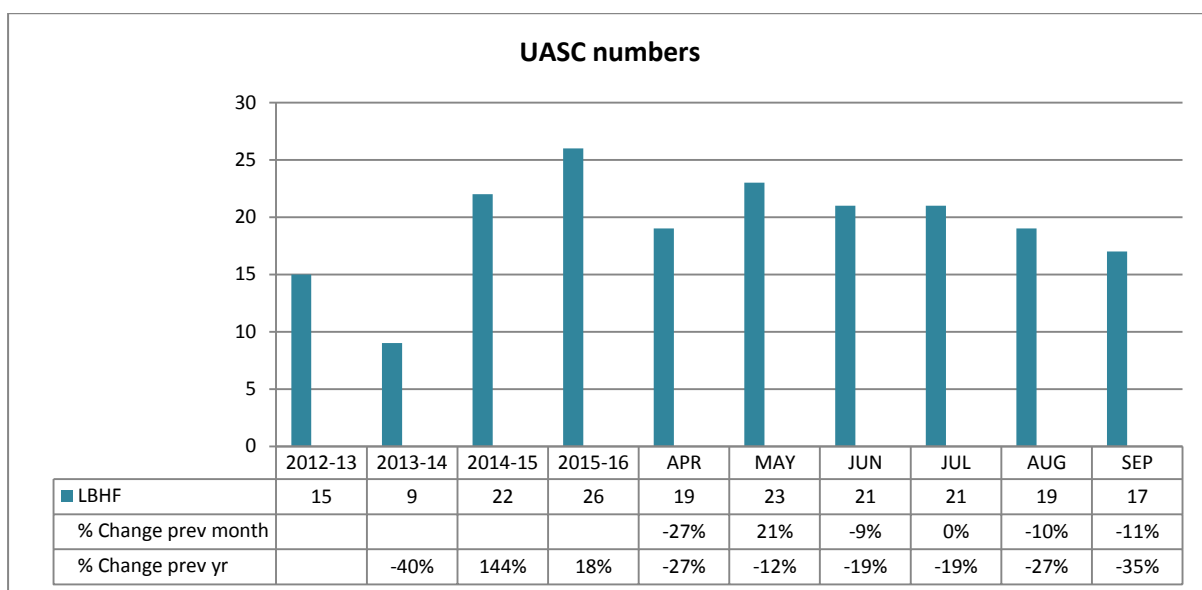
An action plan to address agreed priorities is in place with oversight by the multi-agency Children and Family Act Executive Board.

The nominated officer for the inspection is Mandy Lawson (Assistant Direct for Children with SEN and Disabilities).

## 4. FAMILY SERVICES

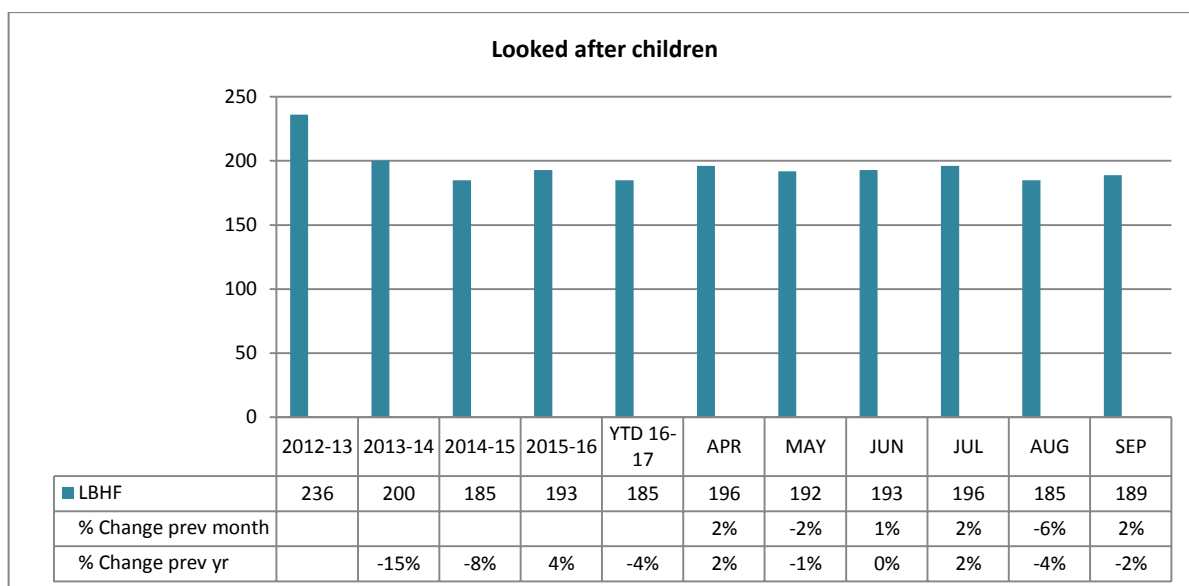
### Unaccompanied asylum seekers and refugees

- 4.1. Since July 2016 an interim 'National Transfer Protocol' commenced to enable the safe transfer of unaccompanied children from one UK local authority to another UK local authority. The interim transfer protocol forms the basis of a voluntary agreement made between local authorities to ensure a fairer distribution of unaccompanied children across all local authorities and all regions across the UK. It is intended to ensure that any local authority does not face an unmanageable responsibility in accommodating and looking after unaccompanied children. Each local authority has had a 'cap' set on the number of Looked After Unaccompanied Asylum Seeking Children (UASC) that they would look after. The figure is based on their child population numbers. The 'cap' number for Hammersmith and Fulham is 24. Hammersmith and Fulham's looked after children and care leavers service are currently working with 29 UASC who are Looked after. Three of these are long term missing, and are thus not considered as part of our 'cap' number. The number of UASC that are looked after is very fluid. On average one 'ages out' each month as they reach 18 years old. Trends to date are detailed in the graph overleaf.
- 4.2. In October whilst taking 'public service leave' 12 social workers from LBHF spent time in Calais undertaking 'best interest' assessment. These assessments were used to form part of a legal challenge which was being made by a charity against the home office in relation to enabling children to make an asylum claim in the UK under the Dubs amendment.
- 4.3. On 27th and 28th October the Local Authority accommodated 5 children who arrived in the UK under the Dubs amendment. These children were transported from Calais by the Home Office, where they were collected by social workers and placed with foster carers. These 5 children are part of an offer that the LBHF made to the Home Office to look after 15 children who were granted entry to the UK under the Dubs amendment.

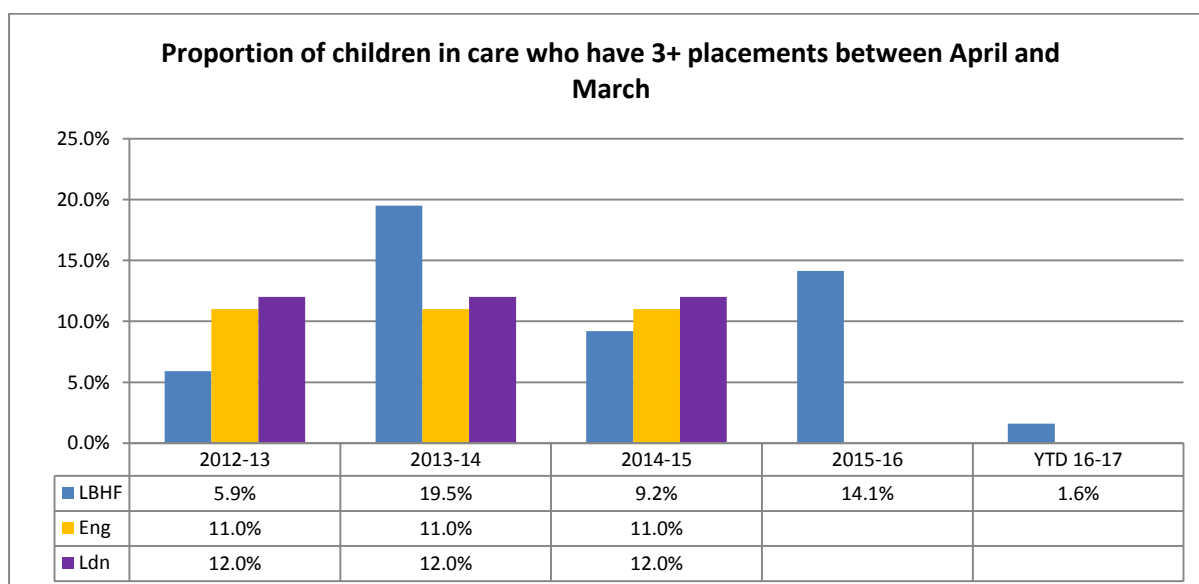


## Children in Care

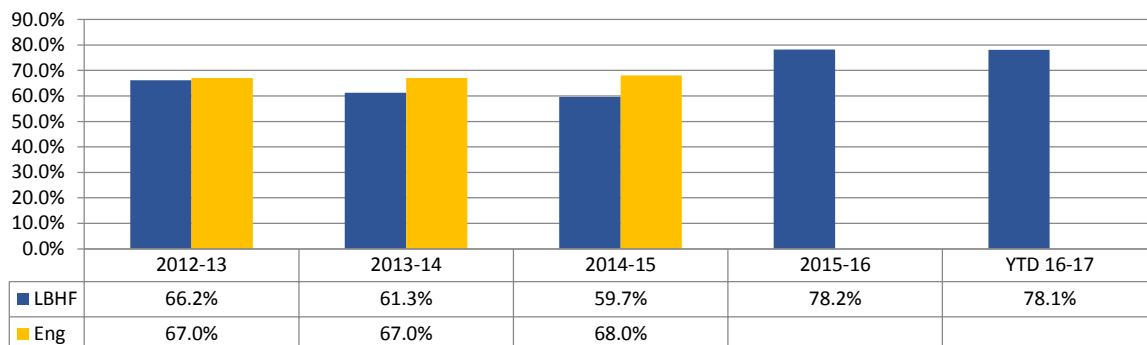
4.4 The population of looked after children has remained relatively stable over the year with a 2% reduction from this time last year.



4.5 Placement stability is also stable compared to last year with a marginal decrease. So far this financial year performance in relations to looked after children who have had 3 or more placements year to date is looking better than in previous years. The current figure being 1.6% compared to a figure of 14.1% for the year 2015-2016 which was higher than the England rate of 10%. If this reduction is sustained, we are likely to be at a lower figure that the year 2012-2013 where our figure was 5.9%.

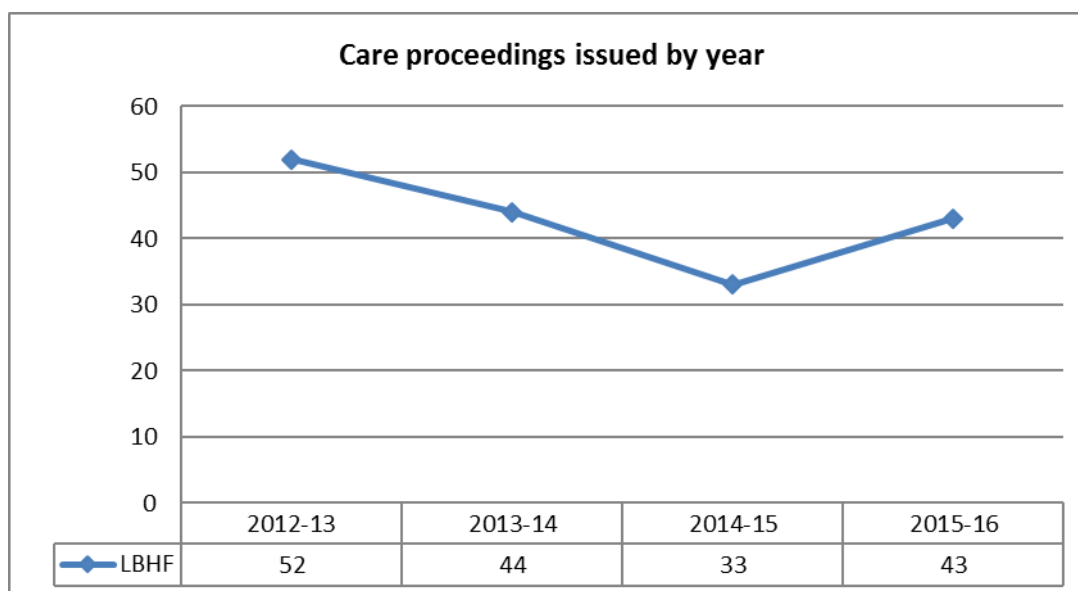


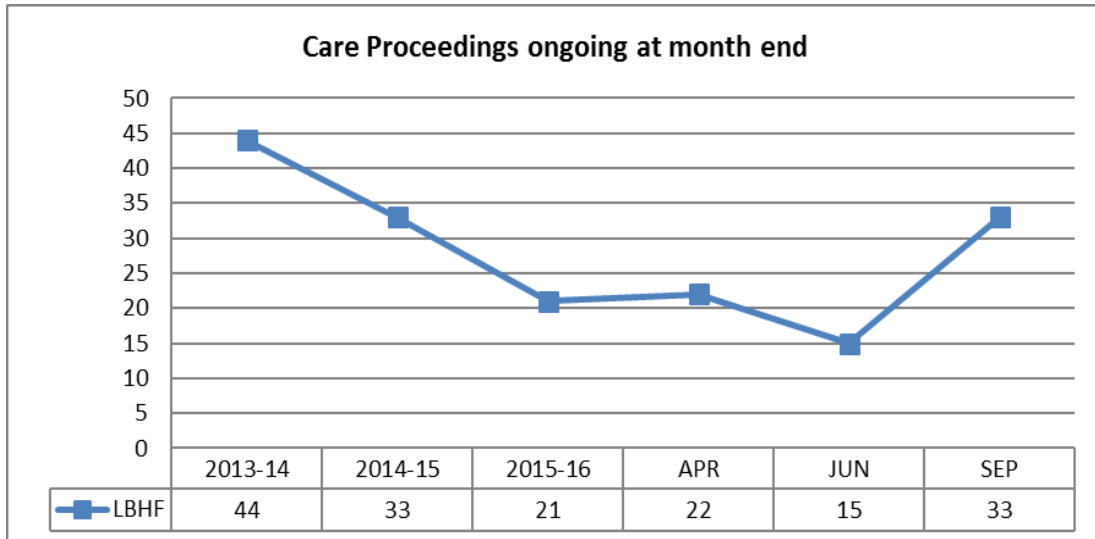
**Proportion of children in care aged under 16 at 31 March who had been looked after continuously for at least 2.5 years who were living in the same placement for at least 2 years, or are placed for adoption and their adoption and their adoptive placement t**



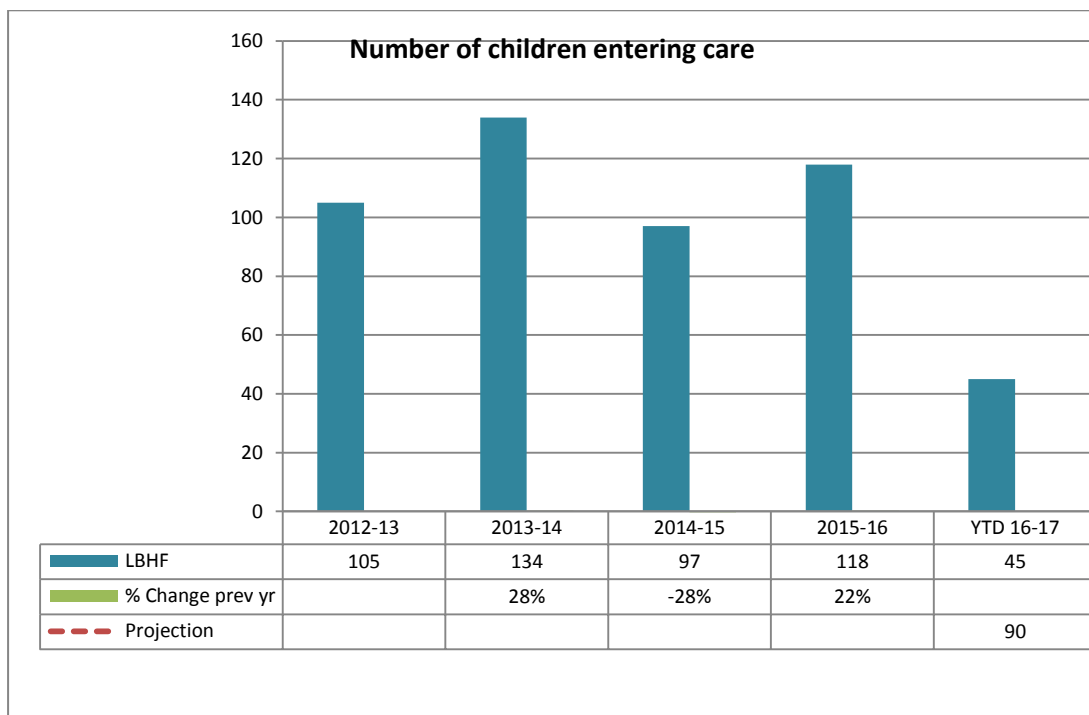
### Care Proceedings

4.6 The Children and Families Act 2014 requires compliance with the 26 weeks timescale for all court proceedings. We remain fully compliant with LBHF cases being completed within on average 22 weeks. There has been a slight increase in care proceedings issued since April. Of the 33 new court applications, the most prominent reason for issuing proceedings relate to chronic neglect and domestic violence, and substance misuse.





4.7 In relation to entrants to care, there is a slight decrease from the previous year. The work of the Edge of Care panel to scrutinises all new entry to care requests and to develop a robust family support plan using The Clinical Therapy team, Multi-Systemic Therapy, and Family Assist, has led to maintaining more children, who are at risk of care within their family.



## **Administrative support to social workers**

- 4.8 In November Cabinet will be receiving a report on a significant change programme under the Councils Smarter Budgeting initiative. Called 'Maximising Children's Social Care Effectiveness' the work brings together a series of efficiency projects and invest to save proposals
- 4.9 One of the projects will be piloting the use of practice support assistant to help increase the net time Social Workers spend in direct contact with families. The programme will also pilot models to improve communication and relationships with former and potential users of the service, bringing flexibility to the traditional open or closed case work model of providing a service.
- 4.10 The demand management element of the programme will build upon the successful 'Family Assist' system of intensive interventions, which has already demonstrated its effectiveness, diverting a number of children from care and reducing budget pressures.

## **Family assist developments**

- 4.11 Family Assist was launched in August 2014 as part of the strategic priority to reduce the number of children and young people entering care. The team sits in the Early Help Service and was set up in response to the best practice identified by the Ofsted thematic report 'Edging away from care'. The Family Assist team have been effective in controlling the number of adolescents becoming looked after, offering a purposeful and substantial alternative to care. In 2015/16, 17 of the 63 cases where Family Assist intervened were prevented or diverted from entering care or the youth justice system. In addition, 3 young people, who were already in care, were supported to successfully return home to their families.
- 4.12 In 2016 the Family Assist team was successful with an investment model for increasing the volume of 'Family Assist' edge of care support. The team is currently in the process of recruiting an additional Practice Manager; five specialist practitioners alongside a Systemic Family Therapist.
- 4.13 Based on the Family Assist model, a new team called LAC ASSIST will be based in the Looked After Children & Leaving Care team. The new LAC ASSIST team will work directly and intensively with young people and their families using the Family Assist models of intervention. This team will work with young people to improve behaviours to maintain placements or tenancies and support young people back home from care.

### **Benefits include:**

- Provide better outcomes for Families: More young people and families receive effective support through intensive interventions:
- Thereby reducing the number of young people entering care.
- Strengthen practice by embedding Systemic approach and strength based interventions.

- Children and families are supported in developing resilience and strategies to work through underlying/presenting issues
- Contribute to financial savings: Reduction in LAC population and associated placement costs.

## **5. SAFEGUARDING**

### **Joint Targeted Area Inspection (JTAI)**

- 5.1. Ofsted, HMI Inspectorate of Probation, HMI Inspectorate of Constabulary and the Care Quality Commission are currently engaged in a programme of inspections as part of the Joint Targeted Area Inspection framework (JTAI).
- 5.2. A number of JTAIs have taken place in 2016 focusing on arrangements to safeguard children at risk of child sexual exploitation. From September 2016 to March 2017 the inspections will focus on the theme of Domestic Abuse. The intention of the inspectorates is to carry out 10 such inspections each year.
- 5.3. All JTAIs include an evaluation of the role of multi-agency ‘front doors’ for child protection, when children at risk of harm first become known to local services. There is also a ‘deep dive’ element looking at cases which reflect the current theme of the inspections.
- 5.4. Such inspections are expected to be of lower intensity than the four week inspections but will involve a significant amount of coordination including preparation of documents, provision of data, multi-agency evaluation of cases and the organisation of meetings and fieldwork for 11 inspectors over a period of three weeks.
- 5.5. A JTAI will inspect partnership work in an “area” so if LBHF is selected for such an inspection then it could focus on the three local authorities covered by the shared Local Safeguarding Children Board. A report is published at the end of JTAIs including narrative findings, what the local partnership and agencies are doing well, and what improvements are required.
- 5.6. Partner agencies have been briefed about the potential for a JTAI to take place locally and work is also taking place to carry out a multi-agency audit of relevant cases.

### **National Audit Office Report on Child Protection**

- 5.7. The National Audit Office (NAO) published its report “Children in need of help or protection” on 12 October 2016. The report reviews data provided by the Department for Education (DfE), which highlights the following across children’s services:
  - In 2014-15, local authorities reported spending £1.8 billion on children’s social work, 11% more in real terms than in 2012-13
  - In 2014-15, 62,200 children became the subject of a child protection plan

- Over the past 10 years, the rate of children under 18 starting on plans has risen by 94%
  - 16% of children’s social worker posts are covered by agency staff, while 17% of posts are unfilled.
- 5.8. The NAO is critical of the lack of data available on outcomes for children in need, and highlights the DfE’s inability to provide improvement support for local authorities outside of the formal intervention process, leading to interventions not being risk based or early enough. However, the report does note the DfE’s work on the Innovation Programme and Partners in Practice as two initiatives which the Royal Borough has been playing an active role in, that will enhance the sharing of good practice and developing new models of social work.
- 5.9. The report notes that “poor progress” has been made in improving services since it commissioned Professor Eileen Munro to review child protection in 2010. The data included in the report suggests that this is partially due to local councils trying but struggling to generate the capacity to deal with the considerable expansion in child protection activity.
- 5.10. The Department of Education has committed to transforming the quality of the child protection system by 2020. As at 20 September 2016, there were 26 out of 152 local authorities in which the DfE is intervening because Ofsted has judged services Inadequate. The DfE is instigating reform with a focus on People and Leadership, Practice and Systems and Governance and Accountability.

## **6. COMMISSIONING**

### **Integrated Family Support Service**

- 6.1. The Integrated Family Support Service (IFSS) Programme has received Cabinet approval to complete further work on redesigning provision across universal to targeted (tiers 1, 2, 3) services as part of a whole system service strategy with specialist services, including Children’s Social Care.
- 6.2. The IFSS represents an integration of practice and workforces across of a range of family and health services and budgets across the 0-18 age range (24 if the young person has a learning difficulty or disability) and across the different thresholds of support.
- 6.3. The IFSS will deliver improved outcomes through the provision of high quality effective whole family early intervention, delivered in the community, and which will drive through significant delivery efficiencies.
- 6.4. Work is underway to develop a full business case and commissioning strategy that will set out in detail the proposed delivery model and its viability. These will be presented to Cabinet early next year. Engagement and co-design work is underway to inform the content of these documents and to ensure that the future IFSS model



delivers improved outcomes for children, young people, and families in the Borough.

### **Children centre and youth provision**

- 6.5. Children centre and youth service provision will continue to be delivered by the incumbent providers until the launch of the Integrated Family Support Service (IFSS). The IFSS will see the full integration of children centre and youth provision as part of the broader integrated service.
- 6.6. As per the extension clause in the existing children centre contracts these will be extended by 6 months from 1st April 2017 to 30th September 2017, with a further option to extend by up to an additional 6 months if required.
- 6.7. Youth providers will be awarded a 6 month contract to deliver provision from 1st April 2017 to 30th September 2017, with the option to extend by up to an additional 6 months if required.
- 6.8. This extension and award will ensure continuity of service provision to children, young people, and families accessing these services during the design and development stage of the IFSS.

### **CentrePoint – semi-independent accommodation for care leavers**

- 6.9. On 19th September a report was presented to CEPAC providing an update on our CentrePoint contract for the provision of semi-independent accommodation for care leavers which began in May 2015. The report outlined the approach which had been taken to mobilising the contract outlining some of the challenges in the first year of operation and setting out a performance improvement action plan for the next year. The action plan focused specifically on repairs and maintenance which was an area highlighted by young people and opportunities to strengthen young people's involvement and access to support services.
- 6.10. Our contracts team have been working closely with CentrePoint on the delivery of the performance improvement action plan. Some of the key developments since the last CEPAC meeting have been:

#### **Repairs**

- A schedule of joint inspections of property conditions and repairs has been put in place for the next year
- We are developing leaflets for young people explaining how to report a repair, timescales for completion and escalation processes

#### **Young people's involvement and access to support**

- A local participation plan setting out how young people will be involved in decision making has been developed and monthly satisfaction surveys are now in place and results included in our quarterly contract monitoring.

- CentrePoint are making connections with the Masbro Centre to increase access to training opportunities and CentrePoint are now part of the EET panel.

6.11. The contracts team will be attending Corporate Parenting Board in December to provide further updates on our progress and seek young people's feedback.

### **Translation and interpreting service**

6.12. Children's Services are leading the procurement of the council's corporate translation and interpreting service. A strategy to guide this procurement has been developed which sets up a specific framework to enable local SMEs to become part of the framework. The main local provider was Community Interpreting Translation and Access Services (CITAS). However, on 8th September 2016 CITAS notified the council that they would cease trading on 30th September 2016. In order to respond to the reduced capacity through local providers, a new commissioning strategy is being developed which will enable call off from the Crown Commercial Service Framework. This is due to be presented to Cabinet on 5th December 2016.

### **School Meals Contract Mobilisation and monitoring**

6.13. Having established the Framework Agreement, the Council held a mini-competition (as provided for in that agreement), inviting all appointed providers for each lot to submit their specific bids to provide the services to the specific boroughs within Shared Services. For LBHF this included 35 nurseries, primary and special schools. The existing provider Eden in LBHF was successful to provide the service in the new contract for Lot 1 and Caterlink to provide services for Lot 2. Both providers in the new contract work to the Food For Life standards (FFL).

6.14. Following the commencement of the contract on 6<sup>th</sup> June 2016 both providers have now completed two half terms of delivery and throughout this period has been contract managed by the School Meals Contract Team (SMCT). All sites were visited during the initial period of the new contract from June to the end of term. Additionally, the SMCT has had recent communication with the Head teacher's and other key stakeholders to obtain feedback on the contract mobilisation and the performance of the new providers. All concerns have been followed up with the provider and communicated to the Head Teacher and School Business Manager.

6.15. The contract monitoring mechanisms of the school meals service are completed by the SMCT using a new audit tool which reports the achievements of the provider through reporting of the key performance indicators. The package has been in operation since September and has been used for the audits completed so far throughout the contract with a pass mark of 95%. Any non-compliant units are required a revisit within 10 working days to re monitor to ensure all areas of concern have been rectified and the unit is fully compliant and meeting all contract and specification requirements.

6.16. Overall the Schools are happy with the service provided and the added value events offered by Eden, these include the 100<sup>th</sup> Anniversary buffet at Miles

Coverdale, the Victorian themed day event held at Thomas Academy. The Head Teacher was impressed with all the hard work which had been put into the menu and the management of the event by Eden which enabled the event to be a success. The School Business Manager at St Johns XX111 expressed her and the schools appreciation for all the hard from Eden’s team in setting up the new production site at the beginning of term in September and the effort of the unit team in ensuring the pupils were served a hot nutritious meal in the first few days of term whilst the new kitchen and equipment was being commissioned. Some schools however have raised concerns around quality of the meal offer which has been recorded and followed up with the provider and the SMCT. Quantity and portion sizes have also been identified as a potential issue with several schools stating that portion sizes should be tailored depending on different age ranges. These concerns have been raised with the provider and are being monitored through contract management visits and contract operational and menu meetings. Finally, three schools raised concerns about staffing and training which has also been passed onto the provider for resolution. Staffing and training is reviewed as part of the contract monitoring undertaken by the School Meals Team. The providers are required to present at the school contracts board termly meetings evidence of staff training and development among over relevant performance data.

6.17. The majority of schools reported that they were happy with the service provided (including the meal offer – quality and quantity) and the robust contract monitoring undertaken by the team. Any concerns raised by schools are being followed up with immediate site visits undertaken by the school meals advisors responsible for the sites and follow up visits and meetings with the head teachers and discussion with contractors will be made following the initial audit visits.

6.18. The Head teacher at Avonmore Primary School was contacted following concerns raised at the last CEPAC meeting. She reported minor concerns about portion sizes, quality of the salad offers and sufficient plates and cutlery. Officers conducted an audit of the school site and are working with the provider to address these issues.

6.19. The School Meals Contract Monitoring Team’s schedule of site visits is outlined below:

Nursery, primary and special schools in school meals contract	Date of site visit	Date of Planned Contract Monitoring visits	Dates of monitoring revisits (where required)
Randolph Beresford		18/11/2016	
Vanessa		21/11/2016	
James Lee	27/09/2016	28/11/2016	
Bayonne		03/11/2016	14/11/2016
All Saints		05/10/2016	
Brackenbury	26/09/2016	20/09/2016	24/11/2016
Flora Gardens		01/11/2016	
Langford		15/09/2016	

Melcombe		11/10/2016	
Miles Coverdale		14/11/2016	02/12/2016
Queens Manor		17/10/2016	
Sir John Lillie	30/09/2016	03/10/2016	
St Augustines (H&F)		12/10/2016	
St John XXIII	13/06/2016	01/12/2016	
St Johns		07/11/2016	
St Pauls		26/09/2016	
St Thomas (H&F)		10/11/2016	
Sullivan		20/10/2016	
Wendell Park		11/11/2016	
Wormholt Park	13/09/2016	30/11/2016	
Lena Gardens		23/11/2016	
Thomas Academy		19/10/2016	
Jack Tizard		17/11/2016	
Cambridge		22/11/2016	
Bridge Academy AP	20/09/2016	09/11/2016	
The Courtyard AP		25/11/2016	
Kenmont		21/11/2016	
Old Oak		28/11/2016	
Addison		05/12/2016	
St Marys (H&F)		30/11/2016	
Avonmore		03/11/2016	17/11/2016
Larmenier & SH		19/12/2016	
Normand Croft		07/11/2016	18/11/2016
Fulham		19/09/2016	
Woodlane		12/12/2016	
<b>Secondary settings in contract</b>			
Fulham College Boys	19/09/2016	02/11/2016	18/11/2016
Fulham Cross		06/10/2016	
William Morris 6th Form	13/09/2016	16/11/2016	
Lady Margaret	16/09/2016	04/10/2016	
Sacred Heart		14/11/2016	

## 7. EQUALITY IMPLICATIONS

- 7.1. As this report is intended to provide an update on recent developments, there are no immediate equality implications. However, any equality issues will be highlighted in any subsequent substantive reports on any of the items which are requested by the Committee.

**8. LEGAL IMPLICATIONS**


- 8.1. As this report is intended to provide an update on recent developments, there are no immediate legal implications. However, any legal issues will be highlighted in any subsequent substantive reports on any of the items which are requested by the Committee.

**9. FINANCIAL IMPLICATIONS**

- 9.1. As this report is intended to provide an update on recent developments, there are no immediate financial and resource implications. However, any financial and resource issues will be highlighted in any subsequent substantive reports on any of the items which are requested by the Committee.

**LOCAL GOVERNMENT ACT 2000  
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

None.

<p><b>London Borough of Hammersmith &amp; Fulham</b></p> <p><b>CHILDREN AND EDUCATION POLICY &amp; ACCOUNTABILITY COMMITTEE</b></p> <p><b>21 November 2016</b></p>		
<b>TRAVEL CARE AND SUPPORT SERVICES</b>		
<b>Report of the Acting Cabinet Member for Children and Education – Councillor Sue Fennimore</b>		
<b>Open Report</b>		
<b>Classification - For PAC review and comment</b> <b>Key Decision: No</b>		
<b>Wards Affected: All</b>		
<b>Accountable Director:</b> Rachael Wright-Turner - Director of Commissioning, Children's Services		
<b>Report Author:</b> Jody Nason, Head of Commissioning, Children's Services		<b>Contact Details:</b> Tel: 07739314473 E-mail: jody.nason@rbkc.gov.uk

## 1. EXECUTIVE SUMMARY

- 1.1. This report provides a brief overview of the travel care and support project and of the service specification and the process through which it was developed.

## 2. RECOMMENDATIONS

- 2.1. The Committee is asked to review and comment upon the contents of this report.

## 3. THE PROJECT

- 3.1. The current provision is procured as part of a shared service arrangement with the Royal Borough of Kensington and Chelsea and with Westminster City Council. This arrangement provided a cost benefit through shared routes bundled together by end location. There are currently 6 shared minibus contracts and 4 shared taxi contracts.

- 3.2. Due to the expiry of the frameworks used to procure this service, there is a need for a new arrangement for transport services. Whilst the Westminster Framework enables extensions for a period of up to two years, this is on a shared services arrangement for the same, shared routes and providers.
- 3.3. Following a decision by members to re-procure routes for the Jack Tizard School in December 2015 on an enhanced specification, a new provider (CT Plus) was awarded these routes. This provided an opportunity to test that the enhanced specification could provide the standard of service required by members and could provide a care and support service, as opposed to simply a transport service.
- 3.4. The Jack Tizard contract which was awarded to CT Plus in April 2016 stipulated greater emphasis on the quality of service and on providing care and support to children and young people using home to school transport, focusing on their individual needs. The vision was outlined to include the delivery of a high quality, transparent Travel Care and Support Service, which is first and foremost about caring for, and understanding the travel and mobility needs of vulnerable children and young people. The service was co-designed and will be continually improved in partnership with service users and stakeholders.
- 3.5. Performance to date (from April 2016) is positive with all targets achieved (including the enhanced training requirements), no complaints and no defaults for poor performance issued by the TCST (Travel Care and Support Team). This demonstrates that a higher quality of service can be achieved through a more prescriptive specification with an emphasis on quality and outcomes for the children and young people and adults using the service. It is the Council's intention to replicate the better quality service across the Borough, to be achieved via a tender exercise, as described below.

#### **4. THE COMMISSIONING STRATEGY**

- 4.1 The strategic intentions of this procurement are to create a quality travel care and support service to transport vulnerable children and young people to and from school as part of the wider priority of the current administration to give children the best start in life. The Travel Care Strategy created as part of the Passenger Transport and Travel Care Project initiated in Autumn 2014 is underpinned by the following strategic objectives:
  - Enhanced quality of service with a focus on care and support, achieved through increased training of drivers and assistants, communication between the providers and stakeholders and relationships between staff and service users.
  - Dedicated focus on Hammersmith and Fulham residents.
  - Establishment of a strategic relationship between contractors and stakeholders (including the Council.)
  - Contractors providing clear community benefits.

Further detail on these objectives is set out below:

### **Enhanced quality of service**

- 4.2 Using the specification developed for provision procured for the Jack Tizard School, enhanced quality, including quality of care for vulnerable children and young people, will be achieved through more prescriptive requirements pertaining to staff, the vehicles themselves and communications. Market engagement has identified that providers are willing and able to increase the quality of the service delivered if the Council is clear within the specification.
- 4.2 In order to measure quality and the impact of services on the child or young person, the performance of providers within this contract will be aligned to individual, child-level outcomes which are underpinned by key performance measures.
- 4.3 The outcomes are child-centric and aligned to the overarching outcomes of the SEN service:
- Vulnerable children and young people are picked up from home on time, arrive at school on time, and are taken home on time.
  - Vulnerable children and young people arrive at school ready to learn.
  - Vulnerable children and young people are safe, protected and their needs are met.
  - Vulnerable children and young people are supported, where possible and appropriate, to be assisted to travel independently.

### **Dedicated focus on Hammersmith and Fulham residents**

- 4.4 The new arrangements will be “sovereign” to LBHF to achieve the enhanced quality and focus desired by the current administration.

### **Establishment of a strategic relationship between contractors and stakeholders**

- 4.5 One of the key elements of the Jack Tizard contract which commenced in 2016 was the aspiration to build relationships between providers and stakeholders. In order to achieve this there will be one provider for SEN minibuses, one for Adult minibuses and a list of accredited taxi providers. Additionally, contained within the contract and service specification will be a requirement for providers to engage with schools and to facilitate training and introductions between their front line staff (drivers and escorts) and the children, young people and their families that they provide a service to, to ensure operational staff fully understand the individual needs of children and young people who they will be providing travel care and support to. Finally, continuity of staff was highlighted by stakeholders as a priority area, in order to reduce disruption and anxiety for vulnerable children and young people, and therefore there will be a performance measure regarding staff turnover within providers with the intention of creating a stable service and the ability to develop relationships.



## Clear community benefits

- 4.6 Aligned to the priority of the current administration to back business and support a strong local economy, social value is at the heart of this procurement. In order to ensure that local residents benefit from this service, the provider will be asked in the procurement exercise to highlight how the service will be of benefit to local residents. There are numerous opportunities which could be delivered including free/subsidised driver training for local people, targeted employment opportunities as passenger assistants for local people and close working with local job centres to advertise opportunities.

## 4. COMMUNICATIONS AND ENGAGEMENT

- 4.1 Co-development was a key feature in the development of the Jack Tizard revised specification which ensured that parents and service users were able to actively shape the content of the specification and the evaluation criteria.
- 4.2 A small cohort of parents and schools (8 representatives) were recruited to attend 2 workshops with the purpose of reviewing the Jack Tizard service specification, ensuring that relevant feedback was captured in a new version and obtaining resulting questions that parents would like included as part of the evaluation process.
- 4.3 The main concerns outlined by parents throughout the consultation were:
- **Passenger & Travel Care:** The service should be first and foremost about caring for, and understanding the travel and mobility needs of children, rather than just about providing transport.
  - **Communication & Relationships:** Reciprocal information sharing should be taking place on any issue to do with travel care and support from providers to vulnerable children and young people, parents, carers, schools and after school provision.
  - **Quality:** The service should be person centred, with the needs of vulnerable children and young people clearly assessed in relation to travel care and support. The unique needs of each child or young person should be well known and understood by providers and staff.
  - **Transport & Safety:** Children and young people should be collected and returned on time at agreed points, with someone responsible for them at each stage of the journey, so they are never left unsupervised.
  - **Staffing & Recruitment:** All staff should be competent, skilled and well trained to ensure they have the knowledge required to undertake their responsibilities in offering support and care to children and young people's individual and often complex needs.
  - **Timing & Logistics:** The comfort of the child should be paramount when route planning, particularly on long journeys and in hot and cold weather.
- 4.4 The final service specification was signed off by the co-development group on 2<sup>nd</sup> November. A summary of the points raised for inclusion in the service specification is outlined below. Several elements including pricing are still in

development and will be confirmed following additional feedback from providers during the market day on 21<sup>st</sup> November.

<b>Action</b>	<b>Resolution</b>
<p>Information about the support needs of each individual child to be shared with the transport provider by the Local Authority, school and parent.</p>	<p>Travel Care Plans will be shared by the local authority with the service providers and will be kept up to date. PEN portraits will be produced in collaboration with schools and parents/carers which summarise the individual needs and behaviors of each child or young person. A service level agreement will be drafted to ensure that services have clear operating procedures including a clear protocol with defined responsibilities for drop off and pick ups.</p>
<p>Information about delays to the service or changes to staff and routes will be provided in advance to the parent by the provider and the TCST.</p>	<p>The TCST will continue to utilise the text messaging service, ensuring they hold a complete database of mobile numbers for parents/carers. Providers will be asked to demonstrate what “tracking” technology they can provide to give live updates to parents and schools; and also to make their vehicles available for any technology systems that may be procured by the Council in the future.</p>
<p>Appropriate training to be provided to staff on transport (passenger assistants and drivers) so they have specialist knowledge of children and young people in their care, and can respond appropriately to individual needs, and robust reporting of incidents to be implemented.</p>	<p>MiDAS and PATS training will be provided to all staff and monitored through contract monitoring arrangements. Additionally, the schools will provide additional training and techniques (where appropriate) to aid staff in better dealing with the bespoke needs of children and young people, and will provide briefings where necessary . Incident reporting mechanisms will be monitored through contract monitoring arrangements and unannounced audits.</p>
<p>Vehicles will have appropriate safety equipment and children and young people will be kept secure and comfortable whilst travelling.</p>	<p>A minimum standard for vehicles will be defined which includes harnesses (as required), child locks (where appropriate) and air conditioning. This will be monitored through unannounced audits and contract management.</p>
<p>Provider staff (both drivers and escorts) to be introduced to children, young people and their families before commencing a new route and for staff to remain consistent and focused on delivering a</p>	<p>Introduction events will be held during contract mobilisation to ensure that parents, school staff and service users are able to meet before commencing any service, to ensure operational staff have an excellent understanding of the needs of children in their care. Staff turnover will be monitored</p>

personal, service user focused service.	and feedback on staff performance will be captured through contract management.
Journeys to be kept at the minimum possible duration and pick up/drop off times to be agreed in advance between parents/carers and providers.	A maximum duration in line with DfT guidelines will be applied to journeys and monitored through contract management activities. Pick up and drop off times will be agreed in advance and practice runs will be required as part of the contract mobilisation.

## 5. NEXT STEPS

- 5.1 The full commissioning strategy was presented to Cabinet on 7<sup>th</sup> November 2016 and has been signed off. This strategy noted the co-designed service specification and the technical elements of the procurement.
- 5.2 The procurement exercise is due to commence in early December to enable a longer mobilisation period for the new providers. The first event, a market day for all interested providers will occur on 21<sup>st</sup> November 2016. The communications plan outlined a Phase Three to align with the contract implementation. During this phase of the project, communication and engagement will focus on ensuring that parents, carers and service users understand the individual impact arising from the commencement of the new service.
- 5.3 One of the key elements outlined throughout both the consultation and the co-development group was communication with both parents and schools in advance of any service change and a meeting with the new provider and their staff before the new service commenced. A full communications plan has been drafted and an excerpt of Phase Three is outlined below:

Activity	Method/purpose	Timescale
Termly newsletter/bulletin to schools and parents	To communicate key elements of the process to the schools	Throughout the process and feedback, termly
School based sessions to introduce new provider to school and parents/carers	Face to face session held at schools for parents, carers and service users to meet the new providers.	By 21 July 2017
Letter to parents with specific route information	By letter to inform them of new provider, route, driver and passenger assistant.	July - August 2017

**6. SAFEGUARDING**

There are no safeguarding issues arising from this proposal.

**7. EQUALITY IMPLICATIONS**

A full equality impact assessment has been drafted to accompany the strategy contained within the Cabinet report.

**8. LEGAL IMPLICATIONS**

As this report is intended to provide an update on recent developments, there are no immediate legal implications. However, any legal issues will be highlighted in any subsequent substantive reports on any of the items which are requested by the Committee.

**9. FINANCIAL IMPLICATIONS**

- 9.1. As this report is intended to provide an update on recent developments, there are no immediate financial and resource implications. However, any financial and resource issues will be highlighted in any subsequent substantive reports on any of the items which are requested by the Committee.

**LOCAL GOVERNMENT ACT 2000**

**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

None.

**Appendices:**

Appendix 1 – You Said, We Did

# Travel Care & Support

## You Said ... We Did ...



The tables below present the key issues reported by stakeholders that are grouped into themes and will be incorporated into the service specification and performance framework.

### 1. Passenger & Travel Care

You said

*You asked for information about the child's support needs to be shared by the local authority with the service providers*

We did!

The current travel care plan will be shared by the local authority with the service providers in advance and kept up to date. We will review the process for creating these, and what they should include.

You said

*You wanted the individual needs of each child to be addressed by the operator and supported by operational staff.*

We did!

Pen portraits will be created by schools, parents and children for service providers to share with operational staff during induction. We are considering how these should be made; possibly during introductory meetings with staff?

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Questions for providers:

- *how would you ensure our children and young people have a travel care and support experience that makes them feel valued, safe and secure?*
- *How will you understand the needs of our children and young people, parents and carers, and the school, and reflect these in the way in which you deliver services?*

You said

*You requested a formal hand over between the responsible adults at pick up and drop off locations at home and school*

We did!

A designated member of staff will be appointed by each school for a formal hand over in the morning and afternoon.

### 2. Communication & Relationships

You said

*You wanted to know when the transport service is running late to pick up and drop off children at home or school*

We did!

Parents will be contacted when there are 15 minute delays. We will also look into technology that could be used provide live updates on travel progress.

You said

*You asked to be notified when there are any changes to staffing or vehicle so the child can be prepared beforehand*

We did!

The local authority will act as an intermediary and provide updates to parents and carers through an email and text messaging service (we will work out any operational issues with this service).

You said

*You requested a point of contact for travel updates as well as ask questions and raise concerns about transport*

We did!

The Travel Care and support team will be the main point of contact between provider and parents. A mobile phone will be kept on each bus, through which the driver and assistant can be reached.

Questions for providers:

- *What is your approach to communications with children and young people, parents and carers, the school and the councils Travel Care and Support Team?*
- *How would you respond initially to any complaints, how would you feed back to the Travel Care and Support Team?*

### 3. Quality

You said

*You wanted operational staff (Driver & Escort) to have specialist knowledge of children in their care*

We did!

training relevant to the child's needs will be provided to operational staff' facilitated by the council, with more detailed briefings given by school staff and parents.

You said

*You asked for operational staff (Driver & Escort) to be aware of how to respond appropriately to potential safeguarding incidents*

We did!

Safeguarding and child protection training will be provided by the local authority safeguarding children board or equivalent.

You said

*You requested that operational staff (Driver & Escort) follow reporting procedures when incidents occur*

We did!

Providers will have a protocol in place for notifying and updating the council on any formal or informal investigations. This will include having a log book to record incidents either on the bus or at the depot.

Questions for providers:

- *How would your organisation ensure that all drivers and escorts are aware of the high standards of service required and deliver this in a consistent and considerate manner from day 1?*
- *How would you ensure the customer is at the centre of the services you provide and that these are seen from their perspective? Please outline what you believe children and young people, parents and carers and the school will find important.*

## 4. Transport & safety

You said

*You wanted children to be kept safe when boarding and leaving the vehicle both at home and at school*

We did!

The transport provider will ensure curb side or off road pick up and drop off, parents and schools will ensure there is a responsible adult at both points.

You said

*You asked for children to be kept secure and comfortable when travelling, especially for extended periods*

We did!

The vehicles will be equipped with air conditioning heating, child locks activated where appropriate, as well as play resources for children.

You said

*You requested that the needs of all children are monitored and managed while travelling, especially in groups.*

We did!

The travel care plan will take into account any key risks, and will look at the group dynamics well as the individual. Full risk assessments will be carried out where appropriate. Fire evacuation policy and procedure is required.

Questions for providers:

- *How would you ensure you have appropriate vehicles from day 1 and throughout the course of the contract?*
- *How will you ensure you are flexible and responsive to any identified changes required in the vehicles based upon changing needs of service users?*
- *What is your approach to safeguarding, health and safety and data protection? How do you make sure children and young people have a travel*

## 5. Staffing & recruitment

You said

*You wanted to meet operational staff (Driver & Escort) before children begin travelling between home and school*

We did!

Induction events will be held between the provider and school so that teachers, parents and carers can meet drivers and escorts.

You said

*You requested that changes to operational staff (Driver & Escort) are kept to a minimum for consistency.*

We did!

A specified driver and escort will be attached to each vehicle and route, where possible these staff will serve for one school term on a given route, to prevent disruption and distress for children and to build longer term relationships.

You said

*You asked for the recruitment of operational (Driver & Escort) staff to become more child centred and service user focused.*

We did!

Clear roles and responsibilities will be set out for the operational staff. The use of scenarios in applications and stakeholder involvement in person specifications will enhance the recruitment process.

Questions for providers:

- *How would you develop the culture of your organisation, including staff attitude, beliefs and behaviours to support our vision for the delivery of travel care and support services?*
- *How would you ensure consistency and continuity of staff including at times of sickness?*
- *How would you ensure all drivers, passenger assistant and managers have the training as outlined in the specification?*

## 6. Timing & logistics

You said

*You asked for journeys to be kept to the minimum possible time and to use alternative routes when unexpected delays occur*

We did!

The escort and driver will consult the provider and local authority about alternative routes when there is traffic or roadworks; buses and taxis should have sat navs on board.

You said

*You wanted operational staff (Driver & Escort) to be fully aware of the route plan before the first journey begins*

We did!

The driver and escort will complete a practice run of the return journey, including timing of all pick up and drop off points, during the mobilisation period.

You said

*You requested the pick up and drop off time frames are agreed in advance and reflect the expected arrival time*

We did!


The window of time for pick up and drop off will be confirmed between the TCST and the provider, and then communicated to parents (in advance, where possible).

Questions for providers:

- *How would your organisation ensure the timeliness of delivery of services, taking into account where in London your depot is based?*



# Agenda Item 8

<p><b>London Borough of Hammersmith &amp; Fulham</b></p> <p><b>CEPAC</b> <b>21 November 2016</b></p>	 <p>h&amp;f hammersmith &amp; fulham</p>
<b>PARTNERS IN PRACTICE AND FOCUS ON PRACTICE UPDATE</b>	
<b>Report of the Acting Cabinet Member for Children and Education – Councillor Sue Fennimore</b>	
<b>Open Report</b>	
<b>Classification For PAC review and comment</b> <b>Key Decision: No</b>	
<b>Wards Affected: All</b>	
<b>Accountable Director:</b> Clare Chamberlain, Executive Director for Children’s Services	
<b>Report Author:</b> Julie Rooke, Partners in Practice Manager	<b>Contact Details:</b> Tel: 07739 316 192 E-mail: <a href="mailto:julie.rooke@rbkc.gov.uk">julie.rooke@rbkc.gov.uk</a>

## 1. EXECUTIVE SUMMARY

- 1.1 The purpose of this report and the attached appendices is to update the Committee on the progress of *Focus on Practice*, our programme within family services funded by the Department for Education Innovation in Social Care programme, and the plans for our work as Partners in Practice with the DfE over the next four years.

## 2. RECOMMENDATIONS

- 2.1. The Committee is asked to review and comment on the report.

## 3. REASONS FOR DECISION

- 3.1. No decisions required.

## 4. PROPOSAL AND ISSUES

4.1 *Focus on Practice*, funded by the DfE Children's Social Care Innovation Programme, launched in October 2014. The programme covers our work with children and families in all areas of children's social care, and includes both social workers and other allied practitioners who work within early help, with children in need, in child protection, with looked after children or those leaving care, with disabled children and with teenagers and young offenders.

4.2 The core objective *Focus on Practice* is for social workers and other practitioners to use their professional expertise to help create positive change for families and better outcomes for children and young people. The key objective for *Focus on Practice* is to create a service which will achieve the following outcomes:

- A 20% reduction in numbers of looked after children;
- A significant reduction in re-referrals;
- Improvement in morale, job satisfaction and therefore retention of social workers in the profession

4.3 To date, across the three authorities, 583 practitioners, 161 managers and 35 senior leaders (directors and heads of services) have completed or are nearing completion of a course in systemic practice. For practitioners and managers, this is a 15 day course accredited (taught one day every fortnight over approximately 8 months). The systemic leadership course is a 6 day course, over 3 months. As part of every course, real practice and organisational dilemmas are used to consider how to put theory into practice. Short courses in parenting theory and skills, motivational interviewing and Signs of Safety commenced in September 2015. All practitioners will complete these courses by January 2017.

4.4 There are early indications of the impact of practice changes on children and their families. The total number of children looked after across the three Tri-borough authorities (excluding UASC) has reduced between 2013/2014 and 2015/2016 (15% reduction overall). Although this follows a previous pattern of falling numbers, and it is not possible to isolate the impact of Focus on Practice, we consider the early practice changes emerging to be key in maintaining this ongoing downward trend. The number of entries to care has also continued to fall since the start of the programme (LBHF saw a slight increase this year, but after a very sharp decrease the previous year). We consider this to be a possible early indication of the practice changes which are promoting more in-depth, strengths-based work with families to keep children and young people within their networks.

4.5 We have not yet seen a significant reduction in re-referrals to the service. In LBHF, re-referrals within 12 months accounted for 15.1% of all referrals in 2013/14, 16.2% in 2014/2015 and 13.1% in 2015/2016. This is not unexpected, as the cases returning to our service this year are only beginning to have the benefit of more targeted and effective interventions, and we still anticipate seeing a reduction in re-referrals within the next 2-3 years.

4.6 In December 2015, Westminster, Kensington & Chelsea and Hammersmith & Fulham were selected as 'Partners in Practice' with the Department for Education (DfE). Over the next four years, the DfE will work with the 10 Partners in Practice authorities across England to develop models of effective practice which will contribute to overall improvement in the sector, with a particular emphasis on deregulation. A proposal was submitted to the DfE, which outlined our plans as Partners in Practice in the areas listed below. This proposal was agreed by the DfE on 1 July 2016.

#### *Development of the practice system*

4.7 We continue to develop the existing Focus on Practice programme, ensuring increased access to clinical staff and other multi-disciplinary input by family services teams, while developing dual qualified expert staff to lead practice in the longer term. We also intend to make increased use of predictive modelling to provide intensive services at the earliest stage for children who are likely to need them.

#### *Sector Improvement*

4.8 We are setting up a Centre for Social Work across three authorities to support improvement in the wider sector. Local expertise will be used to develop and offer courses applying systemic approaches to social work practice, along with coaching and opportunities to spend time in local services where systemic approaches are being employed. In the first year, we will work with three local authorities, two of which have been identified by DfE to date.

#### *Deregulation*

4.9 We continue to explore and challenge system conditions which determine the culture and practice within our services including where there might be unnecessary bureaucracy; ensuring a proportionate balance between assessment and providing services; enabling social workers and other to work intensively with families; and developing professional accountability for our work in a way which allows the front line workforce to be more creative and confident in their interventions with families. Areas include the scoping of a new case recording system, work on reducing duplication within YOS, redressing the balance between assessment and intervention, and developing a more tailored response to We would like to develop a more tailored response to unaccompanied asylum seeking children, particularly 16 and 17 year olds which reduces some of the process and bureaucratic tasks associated with looked after children status, and refocussing the work from front door to first child protection case conference to ensure effective and targeted work is being undertaken with families at this crucial time.

#### *Practice Leader Development Programme*

4.10 In addition to the plans as set out above, London Borough of Hammersmith and Fulham, Westminster City Council and Royal Borough of Kensington and Chelsea were announced on 4 July 2016 as the delivery partners with the

Department of Education of a Practice Leader Development Programme. This programme, as announced by the Secretary of State in January 2016, will focus on building the next generation of talented practice leaders to strengthen the overall delivery of services to vulnerable children and families across the country. The programme will be based and have input from the best existing practice leaders and will have a particular focus on developing the pipeline of future leaders. The first cohort of aspiring practice leaders commencing the programme in April 2017.

## 5. OPTIONS AND ANALYSIS OF OPTIONS

5.1. n/a

## 6. CONSULTATION

6.1. N/a

## 7. EQUALITY IMPLICATIONS

7.1. A systemic practice framework, which is central to Focus on Practice and our work as Partners in Practice, explicitly recognises the importance of practising self-reflexively (attending to areas of similarity and difference in respect of race, gender, ability, sexual orientation, ethnicity, religion, etc) and recognising the impact of prejudice and bias on our relationship with families.

## 8. LEGAL IMPLICATIONS

## 9. FINANCIAL IMPLICATIONS

9.1. The London Borough of Hammersmith and Fulham was awarded £1,611,600 under the Innovation in Social Care Grant to deliver the Focus on Practice programme. A condition of the grant award was that match funding was available from the Local Authority and Hammersmith and Fulham contributed £350,000.

9.2. The combined amount of grant and authority contribution of £1,961,600 was spent between 2014/15 – 2016/17 as detailed in the table below:

<b>Cost Detail</b>	<b>Amount £'000</b>
Project Management	£ 40
Clinical Team	£ 824
Social Workers & Other Staff	£ 501
On Track	£ 291
Training & Evaluation	£ 305
<b>Total</b>	<b>£ 1,961</b>

9.3. The Hammersmith and Fulham award of the new funding stream of Partners in Practice is £2,808,401, with an expected spending plan as detailed below:

<b>Cost Detail</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>Total</b>
Practice Systems Centre for Social Work (incl Practice Leader Programme)	£ 617	£ 654	£ 348	£ 67	<b>£ 1,685</b>
Deregulation	£ 223	£ 266	£ 283	£ 248	<b>£ 1,019</b>
Project Management	£ 56	£ -	£ -	£ -	<b>£ 56</b>
	£ 24	£ 24	£ -	£ -	<b>£ 48</b>
<b>Total</b>	<b>£ 920</b>	<b>£ 944</b>	<b>£ 630</b>	<b>£ 315</b>	<b>£ 2,808</b>

9.4. The above costs include those to continue the clinical team work, as well as shared costs for hosting the Centre for Social Work and the Practice Leaders Development Programme, in conjunction with the Royal Borough of Kensington and Chelsea and Westminster City Council.

9.5. Implications verified/completed by: Alex Ward, Strategic Lead – Family Services, 0208 753 5040

## **10. IMPLICATIONS FOR BUSINESS**

n/a

## **11. OTHER IMPLICATION PARAGRAPHS**

n/a

## **12. BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

None

## **LIST OF APPENDICES:**

- Focus on Practice Impact Statement
- Partners in Practice proposal summary
- Centre for Social Work and Practice Leader Development programme description

# FOCUS ON PRACTICE: POSITION STATEMENT ON IMPACT TO DATE

Updated May 2016

## Contents:

1. **What we set out to do: What is Focus on Practice?**
2. **Impact to date**
  - 2.1 Looked After Children
  - 2.2 Re-referrals
  - 2.3 On Track programme
  - 2.4 Staff
  - 2.5 Case Studies
  - 2.6 Family Testimonials
3. **Activity to date**
  - 3.1 Skills development programme
  - 3.2 Coaching and observation programme
  - 3.3 Career practice pathway
  - 3.4 On Track programme
  - 3.5 Clinical staff
  - 3.6 Influencing systems conditions

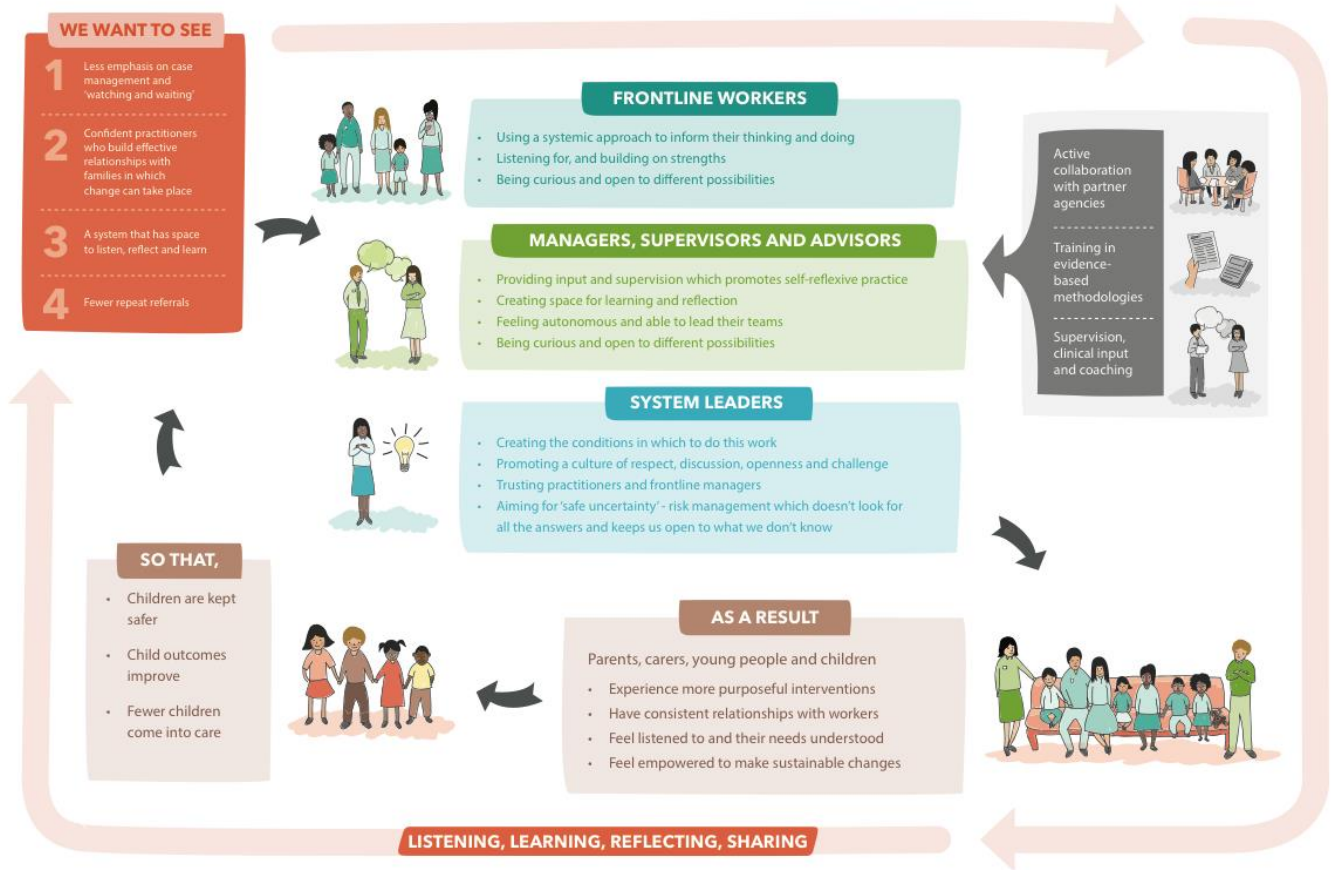
## 1. WHAT WE SET OUT TO DO: WHAT IS FOCUS ON PRACTICE?

*Focus on Practice* is our ambitious programme, funded by the DfE Children's Social Care Innovation Programme, for the development of more purposeful practice and effective interventions with children, young people and their families over a two to three year period.

Launched in October 2014, the programme covers our work with children and families in all areas of children's social care, and includes both social workers and other allied practitioners who work within early help, with children in need, in child protection, with looked after children or those leaving care, with disabled children and with teenagers and young offenders. The core objective of *Focus on Practice* is for social workers and other practitioners to use their professional expertise to help create positive change for families and better outcomes for children and young people. Over the next three years, we expect to see a reduction in the number of children looked after and those subject to child protection plans, and more effective interventions with families resulting in fewer re-referrals to our services.

In order to achieve this, we are building on the **knowledge, confidence and expertise** of practitioners and managers in order that they are more effective in creating changes for families, mobilising the strengths within families, and moving away from a model of case management and 'watching and waiting.' Practitioners will work intensively with families to solve problems and change behaviours, rather than referring out to others unnecessarily. We aim to gradually reduce caseloads over time, and enable practitioners to build **effective relationships with families** in which change can take place. To support this, we aim to create the **conditions** in which this work can take place – promoting a **culture of respect, discussion, openness and challenge**, and a system in which, at every level of the organisation, we remain curious and open to different possibilities and keep the experience of children and families at the centre of everything we do.

## FOCUS ON PRACTICE



## 2. IMPACT TO DATE

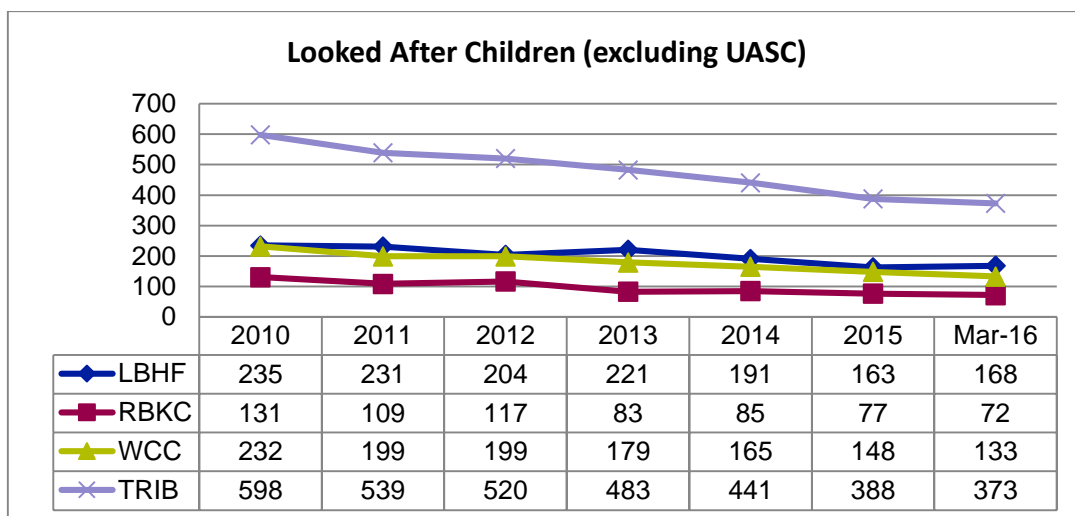
The key objective for *Focus on Practice* is to create a service which will achieve the following outcomes:

- A 20% reduction in numbers of looked after children;
- A significant reduction in re-referrals;
- Improvement in morale, job satisfaction and therefore retention of social workers in the profession

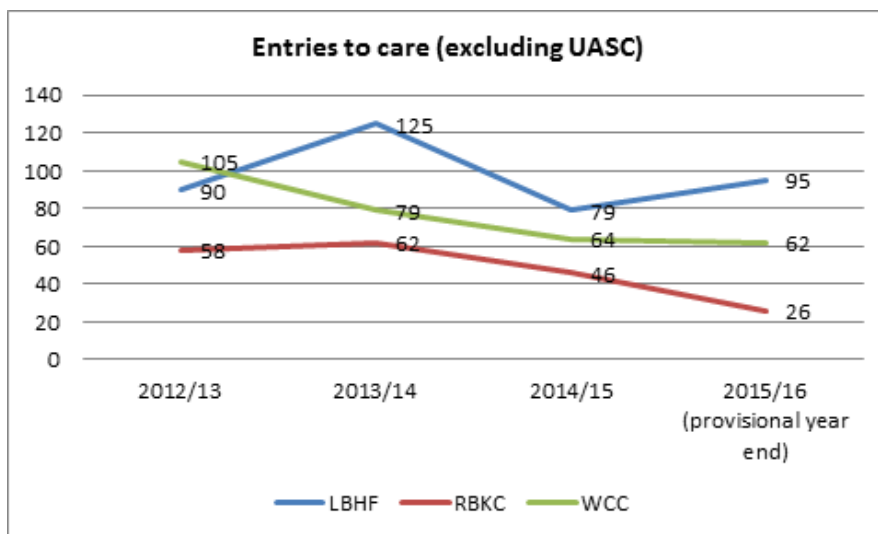
The programme has been running for 18 months and we do not expect to see the full impact of the practice changes for another year or more. However, the information below provides a summary to date in relation to those key outcome areas of the programme.

### 2.1: Looked After Children

The total number of children looked after across the three Tri-borough authorities (excluding UASC<sup>1</sup>) has reduced between 2013/2014 and 2015/2016 (15% reduction overall). Although this follows a previous pattern of falling numbers, and it is not possible to isolate the impact of Focus on Practice, we consider the early practice changes emerging to be key in maintaining this ongoing downward trend.



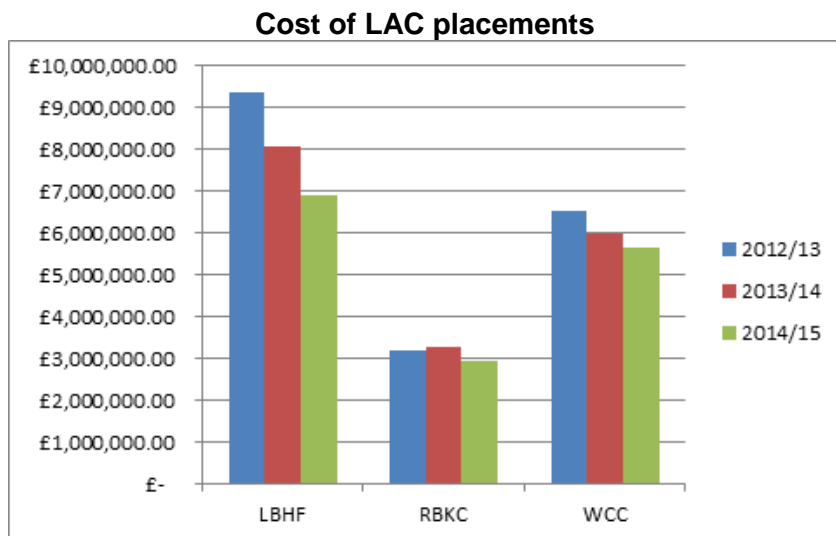
The number of entries to care has also continued to fall since the start of the programme (LBHF which saw a slight increase this year, but after a very sharp decrease the year previously). We consider this to be a possible early indication of the practice changes which are promoting more in-depth, strengths-based work with families to keep children and young people within their networks.



<sup>1</sup> In 2014/2015, the three boroughs saw a 48% increase in Unaccompanied Asylum Seeking Children. The needs of UASC are significant but crucially, the options to work with families to keep them out of the care system not possible. Although the impact of good practice will benefit these children, it is not possible for care to be prevented for these children, and therefore we have excluded the UASC for the purposes of this report.



We anticipate that over time, savings will be made as a result of reducing placement costs. Based on average cost of a placement, the figure below shows estimated spend on LAC placements over the last three years. In 2014/2015, the local authorities spent an estimated total £1.182 million less in placement costs than the previous years. However, this is in the context of having to deliver significant savings for the local authorities centrally and therefore this has not been realised in real cash terms within the children’s social care, and as such cannot be reinvested in other areas of this service.



### 2.3: Re-referrals

We have not yet seen a significant reduction in re-referrals to the service, as indicated below. This is not unexpected, as the cases returning to our service this year will not yet have had the benefit of more targeted and effective interventions, and we still anticipate seeing a reduction in re-referrals within the next 2-3 years. An analysis of re-referrals, including changes in the source of referrals (e.g. self-referrals vs. agency referrals) and presenting issues is being undertaken to understand better the reasons for families returning to our services.

Re-referrals % Within 12mths	2012-13	2013-14	2014-15	2015-16 (provisional year end information)
England	24.9%	23.4%	24%	tbc
London	17.7%	16.2%	15.9%	tbc
LBHF	17.1%	15.1%	16.2%	13.1%
RBKC <sup>2</sup>	19.5%	22.3%	25.6%	23.3%
WCC	12.5%	5.8%	8.7%	9.4%

### 2.4: On Track

The On-Track programme is aimed at reducing the number of children and young people coming into care by identifying vulnerable families, delivering intensive interventions to those families, and working with primary schools to build resilience in Year 6 pupils and their parents in advance of transition. SCORE 15 (Index of Family Functioning and Change) is administered at the start of the intervention with a family, and periodically through the intensive work. SCORE 15 has been administered at two or more intervals with eight families. Among these eight families, positive change occurred most frequently in Dimension 2: overwhelmed by difficulties, with six out of eight families reporting positive change and Dimension 3: disrupted communication, with five families reporting positive change. Dimension 1: strengths and adaptability, saw less positive change across families, three out of eight families. Overall, six families demonstrated positive change overall in family functioning comparing changes in total score over time.

<sup>2</sup> Referrals numbers in RBKC are higher than in the other two boroughs as contacts are routinely recorded as referrals.

## 2.5: Staff

Workforce data submitted to the Department for Education (summary below) shows that during the first year of implementation of Focus on Practice, turnover in LBHF has significantly reduced and reliance on agency staff has remained the same or decreased in all three boroughs. Some staff have accepted permanent posts explicitly as a result of the programme (see quote below).

### LBHF:

	2013	2014	2015
<b>Vacancy Rate (%)</b>	9	11.3	10.8
<b>Turnover Rate</b>	26.6	21.7	10.6
<b>Absence Rate<sup>3</sup></b>	3.1	2.7	1.6
<b>Agency worker rate</b>	9	15.6	12.0

### RBKC:

	2013	2014	2015
<b>Vacancy Rate</b>	2.7	2.6	3.1
<b>Turnover Rate</b>	13	14	14.3
<b>Absence Rate</b>	2.4	2.6	1.5
<b>Agency worker rate</b>	2.9	3.2	3.1

### WCC:

	2013	2014	2015
<b>Vacancy Rate</b>	11.2	6.9	6.3
<b>Turnover Rate</b>	21	16	16.4
<b>Absence Rate</b>	5	2.4	1.9
<b>Agency worker rate</b>	6.1	9.0	6.3

### Staff testimonial:

*"I started in H&F as a locum team manager [in the Contact and Assessment Service] and I had come with some prior experience of systemic learning. I was quite excited from the start with the plans to move towards a more systemic approach to practice and the training opportunities that this would provide. I really wanted to be a part of this journey as I strongly believe that developing this approach would enable workers to strengthen their practice and build better relationships with families from the first point of contact. The shift towards this way of practice and H&F's commitment to this was an important part in my decision to apply to become a permanent member of the management team."*

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<sup>3</sup> A new HR system was introduced in all three authorities in April 2015. Difficulties with implementation and function of the system may have resulted in an underreporting of sickness from April to September 2015.

## 2.6: Case Studies

*\*All names changed to maintain confidentiality*

### Case Study 1: Westminster City Council

A mother with chronic mental health problems, including a diagnosis of borderline personality disorder and anorexia, was repeatedly threatening to kill her 14 year old son Josh\*, which in turn was increasing his involvement with gangs and criminality. Josh was subject to a protection plan, and the social work team was considering legal intervention with a view to placing the child outside of the family. There was significant professional anxiety. One of the family therapists became involved at this time of crisis. In consulting with the professional network, and using her expertise in mental health and safeguarding, the family therapist helped to more effectively assess Josh's mother's threats in the context of her mental health and escalating fear and anger with professionals. The family therapist worked alongside the social worker to engage with Josh and his mum - to help them understand the aims of the intervention, build resilience and identify resources within the family. A respite placement with a grandparent was agreed. This experience challenged the mother's perception of Josh as "a bad person", helped her manage her negative impulses towards him, improved communication between her, Josh and the extended family, helped him express his views and explore his identity as young man of dual heritage, and helped professionals make sense of mother's attitude. The next stage is to co-ordinate family meetings on the model of Family Group Conference to help the family develop a care plan, thereby diminishing the need for legal intervention or foster care.

### Case Study 2: London Borough of Hammersmith and Fulham

Billy\* is a 14 year old boy came into care aged 8 following chronic neglect relating to parental alcohol drug issues. He has had multiple placement breakdowns (10+) and placements in specialist residential units – consideration was given to secure accommodation. Billy's mother has addressed her alcohol issues and despite a difficult relationship has remained in constant contact with Billy – both have expressed they want to resume living together, but difficulties arose because of how far away Billy's mother lives. Billy's social worker has sought support from the clinical team in LBHF. Together, an intensive 10 week intervention was devised, comprising joint sessions with social worker and family, individual sessions with a clinical psychologist and mother, telephone/ skype contact with mother in between session consultations and therapeutic letters to Billy between sessions. By offering this intervention we can allow Billy and his mum a chance to reconnect in a supportive context and think together about managing difficulties and distress, thereby reducing the likelihood of further placement disruptions.

### Case Study 3: Royal Borough of Kensington and Chelsea

Kian\*, 11, and Jade\*, 7, were subjects to child protection plans because of emotional abuse and physical chastisement. Difficulties had arisen following the separation of their parents, and Kian was bedwetting, while Jade was struggling with anger and oppositional behaviour. A systemic family therapist started working alongside the social worker. The family was supported to process, make peace with and make sense of post separation difficulties. Starting with building positive relationships between parents and the therapist and social worker, the family was very receptive to interventions which centred on helping them to achieve a coherent and safer co-parenting relationship. This resulted in reducing the mother's reactivity to stress in her daily parenting. Kian and Jade were given new and more enabling stories about the separation. Consequently, they found new language to speak freely about feelings and fears. Their symptoms of acting out and making up scary stories about their parents ended as they no longer needed to rely on attention oriented care-seeking behaviour. As a result, and after only three months of work with the family, the children were able to be removed from the plans.

## 2.7: Family Testimonials

### From a mother in LBHF, July 2015

*"I have had involvement on and off with Social Services for a number of years. ....it never felt as if they had any understanding or empathy of where I was coming from or the situation my family was in. .... They seemed very quick to see my failings but rarely did they see anything that I did well. ...Social Services were **people I had to fight against to survive**.... I felt like a complete failure as a parent and as a human being.*

*... Since the systemic family therapists have been working alongside Social Services **things seem to have changed a great deal - for the better**. They are more able to think outside the box, are less rigid and now realise that a 'one solution fits all' approach is ineffective in achieving any kind of lasting change. They praise me for the progress I have made and I leave our meetings feeling as if I am getting somewhere.*

*The social workers feel more approachable and I am working with them rather than against them. I am given practical solutions which we work out together. We still have difficult days but I now **live with a sense of hope** that things are improving and will continue to do so. I now believe in my abilities as a parent and feel I am being treated with dignity and respect. I feel supported and cared for and **no longer feel alone**."*

### From a grandmother, Westminster, June 2015

*"We found that the social worker became **more compassionate, more understanding and more involved**, not only in the children that we care for but also us as adults...*

*...So basically in the beginning, that mistake of 'we don't want the social worker there', we felt that they were being nosey, think they know too much, but **it actually really does work** and I've come a long way now with our social worker. I think the relationship with us, as a family, has become a lot better.... **I think it is trust**. Our social worker has given us a lot of trust. Yes, I have made decisions, but with those decisions, I have gone to the social worker and asked "is this okay?" because the law is the law and there are boundaries obviously.... But we're just so much more relaxed."*

### 3. ACTIVITY TO DATE



#### 3.1 Skills Development Programme

By use of evidence based interventions and a more engaging approach, practitioners will develop relationships with families that enable them to build on their strengths. To enable this to happen, we are delivering a comprehensive skills development programme incorporating: systemic practice; Signs of Safety approaches; Motivational Interviewing; and parenting programmes.

- 583 practitioners, 161 managers and 35 senior leaders (directors and heads of services) have completed or are nearing completion of a course in systemic practice. For practitioners and managers, this is a 15 day course accredited (taught one day every fortnight over approximately 8 months). The systemic leadership course is a 6 day course, over 3 months. As part of every course, real practice and organisational dilemmas are used to consider how to put theory into practice.
- Short courses in parenting theory and skills, motivational interviewing and Signs of Safety commenced in September 2015. All practitioners will complete these courses by January 2017.



#### 3.2 Learning in Practice: observation of direct practice

- Based on research they have been undertaking across England authorities of practitioner skill and impact on families, the Tilda Goldberg Centre (University of Bedfordshire) are supporting practice leads and team managers in the use of audio recordings to provide practice feedback to practitioners. The aim is to change practitioner behaviour and consolidate training.
- With family consent, these audio recordings will also be analysed by the University of Bedfordshire, in addition to family interviews, to understand better their experience of services.
- The programme represents a significant change to practice culture and has taken time to introduce to teams.



#### 3.3 Career Practice Pathway

- A new role, Specialist Practitioner, has been created as part of the practice pathway that will encourage those who wish to stay in practice. Eight Specialist Practitioners have been recruited in WCC and RBKC to date. Their pay is equivalent to a Team Manager salary, and their responsibilities include teaching, leading on practice development, and coaching, as well as holding cases and working jointly with other practitioners.

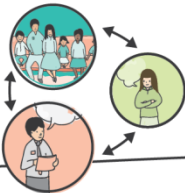


### 3.4 Recruitment of clinical practitioners

Heads of Clinical Practice are in place in all three boroughs. They are equivalent to heads of service, and have responsibility for the implementation of systemic ideas at all levels of the organisation. 24 clinicians (family therapists, clinical psychologists) have been recruited to and are in post. They are located within social care teams and are joint working with practitioners, providing consultation and assisting in embedding systemic principles within every day practice. Most are also co-facilitating the systemic training, providing a link between the training environment and every day practice.

### 3.5 On Track Programme

We have launched the On Track Programme, working more proactively with families, identifying those who would benefit from sustained help at the point of secondary school transfer (through use of a predictive model), in order to reduce the number of teenage entrants to care. The On-Track team consists of 8 young people's practitioners and 3 senior practitioners across the three boroughs, working together with input from systemic family therapist to deliver these intensive interventions. The evaluation of the On Track is due to be completed in June 2016.



### 3.6 Influencing Systems Conditions

- Case summaries being implemented across all three boroughs leading to better overview of purpose of involvement and reduced 'event by event' recording
- Work is ongoing to overhaul the case recording system and streamline forms
- Signs of Safety framework is being used for CP conferences across the three authorities, with further work being undertaken to look at more effective work with families from referral to first child protection conference. 60 managers and practitioners in child protection and assessment services are undertaking an advanced 5 day Signs of Safety course in July 2016 and September 2016.
- Closer working with Early Help to manage thresholds
- The experience of the whole organisation undertaking systemic training is having an influence on the culture of the organisation, with a shared sense of purpose and language

### Partners in Practice – Proposals March 2016 (updated 2 June 2016)

This plan builds on the initial paper presented to DfE officials on 29<sup>th</sup> February 2016 as part of their in-depth visits to local authority Partners in Practice. Following that discussion, we have selected those areas in which we would work closely with the DfE and where funding would assist in implementing the proposals.

#### Proposals

The proposals below fall into three categories:

- **Development of the practice system**
- **Sector improvement**
- **Deregulation**

As Partners in Practice with the DfE, we propose to build on our *Focus on Practice* programme, further improving services in the Triborough, examining and changing systems conditions through research and feedback, exploring the impact of deregulation by easing procedural demands in key areas, and setting up a Triborough Centre for Social Work as a means of supporting improvement in the wider sector. Below are the details of each of the areas of proposed activity, followed by information about costs, timescales, and anticipated impact and sustainability. Risks and mitigations are included in appendix 1, key milestones in appendix 2 and LAC reductions (impact of Focus on Practice) at appendix 3.

The recent inspections by Ofsted<sup>1</sup>, which resulted in the three highest results in the country thus far and the first two ‘outstanding’ ratings in 90 SIF inspections undertaken nationally to date, noted the significant contribution that Focus on Practice is having in the three boroughs. We wish to build on that success, learning more about what works in order to further develop the practice in the three authorities as well as contribute to improvement across the sector.

#### 1. Development of the practice system

The key vehicle for service improvement in the Tri-borough authorities has been, and

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[http://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/kensington\\_and\\_chelsea/052\\_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/kensington_and_chelsea/052_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

[http://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/westminster/052\\_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/westminster/052_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

[http://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/hammersmith\\_and\\_fulham/052\\_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/hammersmith_and_fulham/052_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

## Appendix 2 – Partners in Practice Proposal

will continue to be, our *Focus on Practice* programme (DfE Innovation Fund). The programme covers our work with children and families in all areas of children's social care, and includes both social workers and other allied practitioners who work within early help, with children in need, in child protection, with looked after children or those leaving care, with disabled children and with teenagers and young offenders. The core objective of *Focus on Practice* is for social workers and other practitioners to use their professional expertise to help create positive change for families and better outcomes for children and young people. Over time, we expect to see a reduction in the number of children looked after and those subject to child protection plans, and more effective interventions with families resulting in fewer re-referrals to our services. In order to achieve this, we are building on the knowledge, confidence and expertise of practitioners and managers in order that they are more effective in creating changes for families, mobilising the strengths within families, and moving away from a model of case management and 'watching and waiting.'

Following discussions between ourselves and the DfE representatives on 29<sup>th</sup> February, the key elements which would need funding are outlined in the bullet points below.

- Maintaining current clinical staff and expanding to ensure all teams have access to systemic family therapists/psychologists. The input of the clinicians has been key to the success to date of Focus on Practice, and is cited by the Institute of Education evaluation team as one of the most important elements of the Focus on Practice programme. We would want both consolidate the current posts and provide them with longer term contracts and also explore the expansion of the team. Currently, there is a major consultation of local CAMHS services being undertaken, and we are discussing the possibility of more CAMHS outreach, including co-location of CAMHS staff within local authority teams, which would further embed the clinical input to services.
- Establishing practice development programmes - Yrs 2, 3, and 4 of systemic family therapy training with the aim of building a cadre of dual qualified expert staff who will lead practice across the authorities. Over time, this will reduce the need for separate clinical posts and will result in a more highly skilled workforce doing higher intensity interventions. We will have an ongoing programme of year 1 of systemic training for new staff entering the authorities.
- Earlier identification of children and families who will need intensive services in the future using predictive modelling. This links with discussions in our Early Help services about placing targeted services within universal settings.
- The Triborough authorities were participants in the proof of concept of the Assessment and Accreditation programme and are keen to be involved in the further implementation of the programme.



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### Costs of further development of the practice system:

Most of the costs of ongoing service improvement will be met by the councils, including year 2 systemic training for practitioners and managers, year 1 systemic training for new staff, further development of a career pathway, and some clinical posts. The table below outlines the costs of maintaining the areas of further development:

<b>Proposals</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
Clinicians / family therapists (17 WTE @ £60k per post ) across the three boroughs	£1,020,000	£1,020,000	£510,000	nil
Heads of Clinical Practice (2 WTE @ £82,000 per post)	£164, 000	£164, 000	£82,000	nil
Years 2, 3 and 4 of Systemic Family Therapy (30 practitioners per year across the three authorities in Year 2, 12 practitioners per year for MSc)	£80, 000	£200, 000	£200, 000	£200, 000 (costs covered thereafter by Centre for Social Work – see below)
Further development and maintenance of On Track predictive model (includes staffing costs and IT development in predictive modelling).	£35,000	£35,000	nil	nil
Linking with the predictive modelling, in depth analysis of the looked after children population to enable us to be more effective at intervening at key points in a child’s life.	£80,000	£40,000	nil	nil
<b>TOTAL DfE funding required</b>	<b>£1,379,000</b>	<b>£1,459,000</b>	<b>£792,000</b>	<b>£200,000</b>

There are of course a number of other service developments taking place within the Triborough but the list in the table above highlights those which build on the innovative approach of Focus on Practice.

### 2. Sector improvement

#### **A Triborough Centre for Social Work**

Based on our experience of delivering a comprehensive skills development programme as part of *Focus on Practice*, we are now in a position to develop a systemic practice course for social workers, first line managers and practice leaders from other local authorities. Using the expertise of the Heads of Clinical practice, family therapists, Specialist Practitioners, senior leaders and others, the courses will be developed and delivered by those with expertise in applying systemic ideas to social work practice. We will seek accreditation from the Association of Family Therapy for the courses, giving them externally recognised status, and allowing those who complete to go on to further systemic study. The course will be specifically designed to incorporate the DfE Knowledge and Skills Statements, and links made to the assessment and accreditation process will be explored as this is further developed. These courses will enable people in different parts of the social care system to gain a fully coherent theoretical framework, with a solid evidence base.

We propose working with up to three authorities per year initially, identifying with them 20 practitioners, 8 frontline managers and 5 practice leaders in each to participate. Whilst it might be beneficial for a wider group of authorities to be involved, we believe that a core group of practitioners and managers is required in each authority to have the desired impact. We believe we would be able to be most helpful to authorities who have been judged as 'Requires Improvement' or 'Good' category rather than those judged as 'Inadequate'. We believe that this last category of authorities often requires significant investment in getting basic systems and processes running effectively, as well as the establishment of a permanent workforce.

We will set out our offer and invite interested local authorities to apply. We will select the local authorities based on location, commitment to the principles of the programme, and the stability of leadership and staff. We will make this assessment based on written submissions and in-person discussions with senior leadership teams as well as consultation with DfE colleagues. In year 2, we will ask local authorities to contribute a nominal fee of £1000 per participant, increasing to £1500 per participant in year 3 and £2000 per participant in year 4. The capacity for delivery will expand to five local authorities by 2020. The income from participating authorities by that time will cover the costs of the programme, and offset costs of further systemic training for Triborough practitioners.

To support classroom learning, participants will have the opportunity to spend time in services in the Triborough. It is proposed that each participant spends, in addition to the 15 days of classroom learning, a further 10 days embedded in a Triborough service. Here, they will have the opportunity to observe and participate in case discussions, visits, and meetings with their Triborough peers and clinicians within those services.

Finally, in order to enable learning to embed in their own authorities, Triborough clinicians or other practitioners will spend the equivalent of 5 days on site in participating authorities. There they will lead reflective supervision groups, provide case

## Appendix 2 – Partners in Practice Proposal

consultation, and undertaken joint-visits, as agreed mutually with participants and their managers. For practice leaders, there will be the opportunity to have a Head of Clinical Practice or Triborough Director attend senior management meetings and provide coaching sessions.<sup>2</sup> The role of the clinicians in coaching and mentoring social workers was universally identified as positive by those interviewed for the external evaluation of Focus on Practice, and that evaluation identified this role as key to delivering the outcomes of Focus on Practice. We believe it is a strength of the programme we are proposing to other local authorities.

Commencing in Year 3, we will commission an evaluation of the effectiveness of the programme, identifying intended outcomes in collaboration with participating authorities.

**Costs for delivering the Centre for Social Work** to 60 practitioners, 24 first line managers and 15 practice leaders per year is presented below. The costs involve backfill for use of our staff who would provide the teaching, mentoring and placements.

Proposals	Year 1	Year 2	Year 3	Year 4
Clinicians /specialist social workers – teaching 0.8 WTE	£45, 600	£45, 600	£45, 600	£45, 600
Clinicians / specialist social workers – coaching in workplace 0.5 WTE	£28, 500	£28, 500	£28, 500	£28, 500
Accreditation fee (Association of Family Therapy)	£1,200	£600	£600	£600
Copyright license	£750	£750	£750	£750
Centre Director	£50 000	£50 000	£50 000	£50 000
Course Coordinator – 0.5 WTE	£26, 650	£26, 650	£26, 650	£26, 650
Head of Clinical Practice – curriculum development – 0.2 WTE	£17, 000	nil	nil	nil
Head of Clinical Practice – teaching on leadership and supervision courses – 0.5 WTE	£42, 500	£42, 500	£42, 500	£42, 500
Director of Family Services – workplace coaching – 0.4 WTE	£46, 000	£46, 000	£46, 000	£46, 000
Head of Clinical Practice– workplace coaching – 0.2 WTE	£17, 000	£17, 000	£17, 000	£17,000
External venue hire	£29, 970	£29, 970	£29, 970	£29, 970
Leadership teaching (external tutor)	£7,500	£7,500	£7,500	£7,500
Travel costs (Triborough staff	£18, 000	£18, 000	£18, 000	£18,000

<sup>2</sup> Since writing this plan we have heard further about the idea of developing an apprenticeship scheme for potential practice leaders. We would be interested in seeing how this might dovetail with the Centre for Social Work

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travelling to other LAs)				
Administrative costs (e.g. photocopying, preparation of course materials, etc)	£5,000	£5,000	£5,000	£5,000
Evaluation of impact	nil	nil	£100,000	£100,000
<b>Total cost</b>	<b>£285,670</b>	<b>£268,070</b>		
<b>Income</b>	n/a	£99, 000 (local authority fees)	£148,500 (local authority fees)	£198, 000 (local authority fees)
<b>Total DfE funding required</b>	<b>£335,670</b>	<b>£219,070</b>	<b>£269,570</b>	<b>£220,070</b>

### 3. Deregulation

The areas which we believe would benefit from de-regulation in its broadest sense are outlined below – this is not a comprehensive list but one which highlights the priority areas we will be working on.

We recognise that some of these areas are about changing culture and practice rather than requiring a change in Government guidance or law. Much of what we do is guided by Ofsted requirements and post inspection, we are now in the fortunate position of being able to challenge some of the accountability processes which we have followed in recent years.

As part of Focus on Practice, we have commenced and will continue to explore the system conditions which determine the culture and practice within our organisations. Adjusting the practice system in a number of ways including: eliminating unnecessary bureaucratic processes; making sure there is a proportionate balance between assessment and service provision; enabling practitioners to work intensively with families; and most importantly, developing professional accountability for our work in a way which minimises the need to micro-manage and allows the front line workforce to develop creativity and confidence in their interventions with families.

3.1. We would like to explore working with the Behavioural Insights Team to understand more accurately the barriers which prevent practitioners from building effective relationships with families. We want to look practitioner and manager behaviour in relation to decision making, thresholds, processes, record-keeping and how to avoid cases escalating through the system. We believe that this fits well with the de-regulation agenda because we know that it is not just rules and procedures that determine practitioner behaviour, it is also habit, culture and fear of not being seen to be accountable. We are not able to cost this work but would suggest that either ourselves as three boroughs, or the whole Partners in Practice group of LAs would benefit from exploratory conversations with the Behavioural Insights Team.

3.2. We have made a recent decision to initiate a complete overhaul of our current recording systems, looking at unnecessary record keeping, duplication and use of

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other mediums. We want to start from first principles about the function of recording, its current application and opportunities for a radically different framework which actively involves families and makes use of audio and video rather than relying only on the written word. We want to create a system which is proportionate to the purpose of case recording and frees up time for practitioners to build relationships with families at a much more intensive level than is currently possible. As above, we would welcome joint work with other Partners in Practice authorities.

- 3.3. We would like to explore not having two sets of processes for the work of the Youth Offending Service (YOS) and children’s social care work, so that there is a reduction in duplication in work with young offenders who are vulnerable and where there are safeguarding concerns. Also a reduction in process and bureaucracy in YOS work.
- 3.4. We would like to develop a more tailored response to unaccompanied asylum seeking children, particularly 16 and 17 year olds which reduces some of the process and bureaucratic tasks associated with looked after children status.
- 3.5. Similarly, developing a service to young people on remand which responds to their individual needs rather than putting them all in the Looked After Children category.
- 3.6. We would like to reduce the use of assessments as a response to children in need and develop more dynamic multi-agency planning and action, relaxing strict timescales in order to prioritise change in families over documenting information.
- 3.7. We will review of the quality assurance functions across children’s social care including more discretionary use of Independent Reviewing Officers. We believe that it is not necessary to have an audit trail for every piece of work on every case and that it must be possible to have a more proportionate approach to performance management.
- 3.8. We would be interested in working with other key stakeholders within the family justice system to build on the reforms of the Public Law Outline and reduces the burden of written evidence for court. This would include a review of the role of Cafcass Guardians with a view to more discretionary use, as with IROs.
- 3.9. We would be very keen to work with other Partners in Practice and Ofsted to increase the opportunities for sector improvement within the regulatory framework, including the exploration of a single family plan and ways of making multi-agency meetings where there are high levels of concern more engaging for families.

### Costs

The table below provides a summary of the Partners in Practice proposals and plans. We have included commentary about impact and outcomes, sustainability, risks and mitigating factors and significant milestones, and would be willing to provide more detail in these areas if required.

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Melissa Caslake  
Clare Chamberlain  
Steve Miley

18.3.16  
updated 02.06.2016

Partners in Practice Plan - summary

DEVELOPMENT OF THE PRACTICE SYSTEM

1. Consolidation and development of the clinical team

Total cost per year	Timescale	Impact/Outcomes
£1,184,000; (years 1 and 2) £592,000; (year 3); Nil (year 4)	The clinical team would be funded by DfE in years 1 and 2 with a view to the LA taking on funding in a tapering arrangement during year 3 and have nil costs by year 4.	<ul style="list-style-type: none"> <li>➤ Effective relationships with families</li> <li>➤ Purposeful intervention</li> <li>➤ Reduction in numbers of families who are re-referred</li> <li>➤ Reduction in escalation within the system</li> <li>➤ Reduction in numbers of children on CP plan and who become looked after, following the theory of change as articulated in Focus on Practice. As a result of a fundamental transformation in relationships between frontline staff and families, we are seeing less adversarial practice, which reduces escalation.</li> </ul>

**Sustainability and Cost/Benefit Analysis**

- Whilst we have started to see promising indications of impact (including a trend downwards in our LAC population – see appendix 3), training the staff is only partially complete to date. We have learned over the course of Focus on Practice that changes in practice are subtle and require time to embed, and as such we do not expect to see the full impact yet. Whilst we are underway in meeting our intended outcome of a reduction of 20% in LAC, we may have been too optimistic with respect to the benefit realisation timescales, and also recognise that to achieve a further 5-10% reduction will become more difficult. In addition to any savings made through reduced placement costs (which have not yet met the cost of the clinical team as anticipated), we seek to achieve sustainability through the means as listed below.
- By Year 4 of Partners in Practice, the costs of the clinical team will have been absorbed within the system.
  - The number of dual qualified staff will have grown by that time. The development of dual qualified practitioners is the key to sustainability. Over time, a small number of established social work posts will be replaced by clinical posts as the number of dual qualified practitioners grows. Capacity will be maintained by means of these clinicians holding small caseloads, and the need for consultancy decreasing as the level of skill continues to grow across the workforce.

- It will only be possible to begin this transition in Year 3 of the programme, as current staff have only now completed one year of the systemic training, and require time to complete further systemic training. It is for this reason that we do not anticipate being able to taper the costs of the clinical team before year 3. By year 3, we will be enabled to start the process of moving the growing number of further trained staff into established social work posts, thus reducing the need for distinct clinical roles, to reach nil additional costs by Year 4.
- In summary, the plan for the transition from a separate clinical team to a fully integrated service with dual qualified practitioners is as follows:
  - Year 1: Clinical team remains as current – 24 WTE posts. Continue with supporting training, consultation, joint work
  - Year 2: As above. Triborough practitioners start MSc training. Clinicians who are also social work qualified start to take on small caseloads as need for consultation decreases
  - Year 3: 12 WTE equivalent clinician posts are moved to existing social work posts, by dual qualified staff
  - Year 4: all clinician posts are fully integrated into current establishment
- In addition to the sustainability plan above, we will also explore further avenues for funding and growing the clinical service, including:
  - Invest to save submissions made to the councils
  - Further negotiation with Clinical Commissioning Groups as part of the CAMHS review.
  - Any available savings made from reducing placements (see above) will be used to offset costs further where possible

**2. Development of systemic practice years 2,3 and 4 leading to Masters qualification**

Total cost per year	Timescale	Impact/Outcomes
£80,000 (year 1) £200,000 (years 2, 3 and 4)	30 practitioners to start further study in first year of programme, with up to 15 practitioners commencing MSc over years 1 and 2	<ul style="list-style-type: none"> <li>➤ Development of a cadre of dual qualified practitioners who can lead practice, provide sophisticated interventions to families and teach on the programmes provided by the Centre for Social Work</li> <li>➤ Links to Assessment and Accreditation and the KSS</li> </ul>

Sustainability and Cost/Benefit Analysis
<ul style="list-style-type: none"> <li>➤ As more practitioners become dual qualified, the need for additional clinical posts will reduce, thereby reducing staff costs over time (see above for detail)</li> </ul>



➤ From 2019/2020, ongoing costs of advanced systemic training for Triborough practitioners will be met by income from Centre for Social Work.

**3. Predictive modelling**

Total cost per year	Timescale	Impact/Outcomes
£35,000	Further development and refinement and support of the predictive model which is already in place in LBHF; the extension to cover youth offending.	<ul style="list-style-type: none"> <li>➤ A deeper and evidence based understanding of those families where expensive interventions in the teenage years are highly likely to be required, and therefore earlier intervention to prevent future difficulties.</li> <li>➤ A proactive approach to helping families rather than waiting until crises occur</li> </ul>

**Sustainability and Cost/Benefit Analysis**

➤ Early intervention will ultimately lead to a reduction in numbers of looked after children and therefore savings on placements over time

**4. In depth analysis of the looked after children population, both stock and flow**

Total cost per year	Timescale	Impact/Outcomes
£80,000 (year 1); £40, 000 (Year 2)	A two year project to provide a full understanding of children’s trajectories.	<ul style="list-style-type: none"> <li>➤ An opportunity to be much clearer about the reasons for children entering care, when it is preventable and when not.</li> <li>➤ A deeper understanding of patterns of stock and flow and effective interventions in children’s lives</li> </ul>

**Sustainability and Cost/Benefit Analysis**

➤ The work to establish a full understanding would be completed in two years.  
 ➤ The research findings during this period would provide the basis for a completely different system of management information.

**SECTOR IMPROVEMENT**

**1. Centre for Social Work**

Total cost per year	Timescale	Impact/Outcomes
£335,670 (year 1); £219,070 (year 2); £269, 570 (year 3, inclusive of evaluation cost); £220,070 (year 4, inclusive of evaluation cost)	Full programmes for three LAs per year commencing April 2017 (selection to be completed January 2017)	<ul style="list-style-type: none"> <li>➤ Significant improvement in practice at frontline level in three authorities</li> <li>➤ Preparation of future Practice Leaders</li> <li>➤ Links to Assessment and Accreditation and KSS</li> </ul>

**Sustainability and Cost/Benefit Analysis**

<ul style="list-style-type: none"> <li>➤ Application to existing funding routes for post qualification (currently provided by universities and other HE bodies).</li> <li>➤ In Year 1, whilst we build our reputation, the Centre will be free of cost to participating local authorities. In Years 2, local authorities will pay a fee of £1000 per participant. This cost might be met from existing training budgets or could be recovered through change in practice over time (e.g. small reduction in LAC through practice improvement, etc). Notably, this cost is less than half of the individual cost of a foundation year in systemic practice, and offers significantly more for participants (including the in house coaching, experience within Triborough, etc).</li> <li>➤ In Year 3, the fee will increase to £1500 per participant, and Year 4 to £2000 per participant , and by Year 5, the Centre will expand to deliver to 5 Local Authorities. This income will cover the overall running costs of the Centre, with additional funds to invest in further systemic training for Triborough practitioners.</li> </ul>
--

**2. Work with Behavioural Insights Team**

Total cost per year	Timescale	Impact/Outcomes
Year 1 cost only. London Councils have committed	During Year 1 of the Partners in Practice programme. We had a scoping meeting with BIT on	<ul style="list-style-type: none"> <li>➤ A better and evidence based understanding of organisational barriers and workforce behaviours</li> </ul>

<p>£5000 for a pilot in Triborough. We recommend that the BIT work span all the Partners in Practice and that this cost is top sliced.</p>	<p>12.05.2016.</p>	
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<p><b>Sustainability and Cost/Benefit Analysis</b></p>
<p>➤ This would be a one off exercise and therefore not required in future years</p>

**DEREGULATION**

**1. Radical review of case recording system**

Total cost	Timescale	Impact/Outcomes	Sustainability and Cost/Benefit Analysis
<p>£168 000* (to be spent over year 1 and year 2) Triborough are committed to match funding same amount</p>	<p>Initial discussions have taken place with colleagues in New South Wales, Australia, and Future Gov about the development of a social media-inspired case recording system</p>	<ul style="list-style-type: none"> <li>➤ Starting from first principles, a review and redesign of what needs to be recorded and how</li> <li>➤ Reduced practitioner time spent on recording and other bureaucratic tasks and increased time with families</li> </ul>	<ul style="list-style-type: none"> <li>➤ Self-sustaining following initial investment/build – LAs fund all the IT and this would be met within our current budget</li> </ul>

\*This is the quote we have obtained from Future Gov for the design of the system

**MANAGEMENT AND GOVERNANCE**

**1. Partners in Practice project manager**

Total cost	Timescale	Impact/Outcomes	Sustainability and Cost/Benefit Analysis
£72,000 x 2 years	During Years 1 and 2 of the Partners in Practice programme	➤ Project manager role required to coordinate aspects of the programme, engage and communicate with stakeholders, oversee implementation and delivery of all aspects of programme.	➤ It is anticipated that the post will not be required beyond the first two years of Partners in Practice

**2. Partners in Practice project board**

Total cost	Timescale	Impact/Outcomes	Sustainability and Cost/Benefit Analysis
n/a	Development of a project board (similar to the Focus on Practice board) with external partner representation to provide challenge. Programme membership to be agreed July 2016 with meetings to commence thereafter and meet initially 6-weekly	➤ Programme board will provide governance, scrutiny and challenge, and will monitor milestones and ensure no drift in implementation of the proposals	➤ The programme board will meet for the duration of Partners in Practice. Membership will be voluntary.

<b>TOTAL DfE funding required:</b>
<b>Year 1: £1,954,670</b>
<b>Year 2: £1,750,070</b>
<b>Year 3: £1,061,570</b>
<b>Year 4: £420,070</b>

Appendix 1: Risks and mitigations

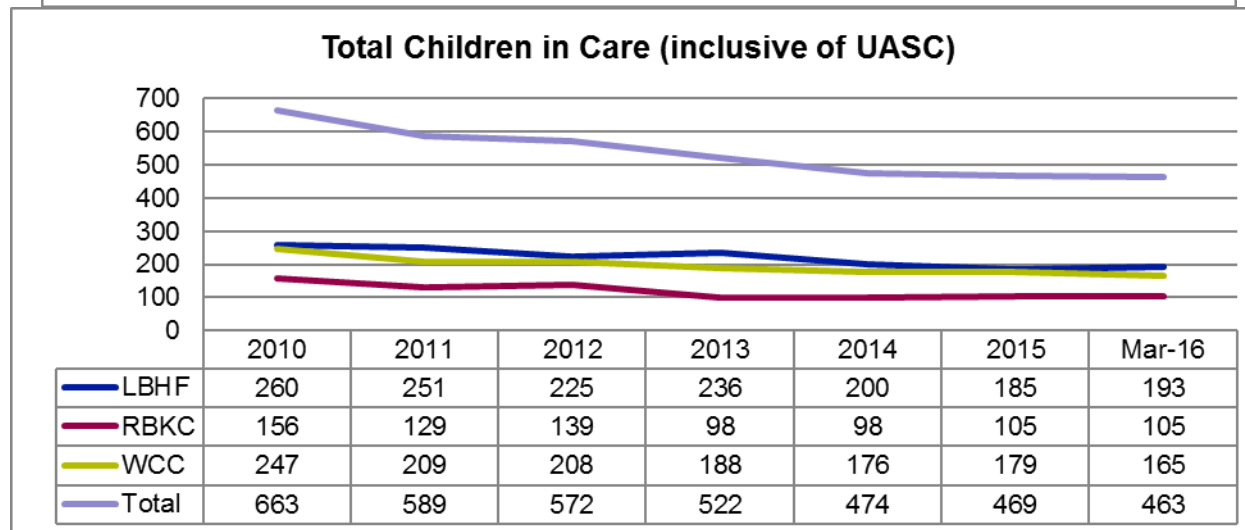
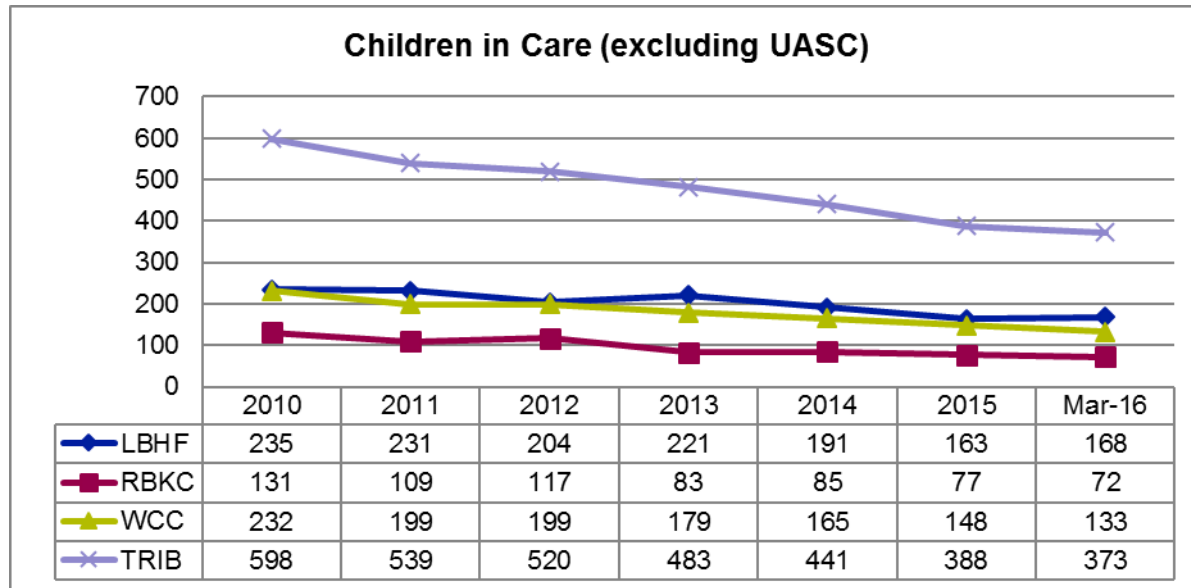
Risk	Mitigation
Child Death: potential that a child dies in circumstances which bring intense media pressure, and questions about whether Focus On Practice has been a contributory factor.	We are not changing our child protection antennae or system; we are adding quality interventions into the system. Existing framework is unchanged and we will continue to keep children safe from harm.
Lack of support: risk that political and/or corporate leaders do not understand or maintain support for the programme, most likely due to pressures for delivery of savings, or as a result of high profile CP case.	We have excellent high level commitment to the change programme, which we will seek actively to maintain through continuation of active dialogue at every stage. The recent Ofsted inspections have confirmed the councils’ support for practice changes made as a result of Focus on Practice
Assumptions on reduced demand and delivery of savings: risk that projections turn out to be miscalculated such that the clinical posts are unable to be paid for by the councils as anticipated.	We continue to work with our finance colleagues and are in active dialogue with the Councils about the cost/benefits of the current practice system. Work will continue in modelling and projecting cost savings over time.
Centre for Social Work: courses are not able to be accredited by the Association of Family Therapy, lending less credibility within the wider sector.	We have a wealth of experience within the boroughs in designing and delivering systemic training. We are aware of other organisations who have recently undertaken the accreditation process and would seek to learn from them. We will start discussions early on with AFT and seek external advice wherever necessary.
Focus on Practice does not lead to the outcomes we set out, including reducing LAC, re-referrals and improving staff satisfaction	The early indications (through Ofsted inspection, evaluation and our own internal analysis) has demonstrated impact on LAC numbers. We continue to interrogate the data to understand re-referrals and will have use of the external evaluation data collected by Thomas Coram Research Unit to help us understand how intervening differently (particularly in cases in which domestic violence is a feature) may impact on re-referral rates over time.

Appendix 2: Milestones

<p><b>Year 1</b></p>	<ul style="list-style-type: none"> <li>➤ Programme board agreed by July 2016 and commence meeting regularly thereafter</li> <li>➤ Centre for Social Work to start April 2017; curriculum agreed by January 2017.</li> <li>➤ Selection process undertaken and participating local authorities chosen by January 2017. Selection process for following year to commence.</li> <li>➤ Case recording system work commenced</li> <li>➤ Plan in place for YOS and UASC work (see deregulation) by August 2016</li> <li>➤ One cohort of Year 2 of systemic training undertaken by Triborough practitioners</li> <li>➤ Further development of predictive model and plans for further use of the model in operational teams</li> </ul>
<p><b>Year 2</b></p>	<ul style="list-style-type: none"> <li>➤ Second wave of Centre for Social Work to commence April 2018.</li> <li>➤ Behavioural Insights Team work underway</li> <li>➤ Case recording system redesign underway</li> <li>➤ Further cohorts of year 2 systemic training to take place, and 6-8 practitioners to commence year 3 (MSc) systemic training</li> </ul>
<p><b>Year 3</b></p>	<ul style="list-style-type: none"> <li>➤ Third wave of Centre for Social Work to commence April 2019</li> <li>➤ Deregulation work for those young people on remand (removing duplicate assessments) underway</li> <li>➤ Review of quality assurance functions across service (including IRO role) underway</li> <li>➤ Further 6-8 practitioners to commence Year 3 (MSc) systemic training</li> </ul>
<p><b>Year 4</b></p>	<ul style="list-style-type: none"> <li>➤ Engagement of key stakeholders to build on reforms of the PLO and exploration of role of Guardian</li> <li>➤ Engagement with Ofsted</li> </ul>

**Appendix 3: Impact of Focus on Practice: Reduction in LAC**





## **Appendix 3 - Centre for Social Work and Practice Leader Development programme description**

### **Introduction**

The Triborough is setting up a Centre for Social Work as part of their work on sector improvement as Partners in Practice. The Centre will deliver courses and development opportunities both for local authorities, as well as a Practice Leader Development Programme, aimed at individual aspiring practice leaders in the sector.

### **What is available through the Centre for Social Work?**

#### ***Courses and coaching for local authorities looking to implement whole system change and a systemic practice framework***

Using the expertise of clinicians, specialist practitioners and senior leaders within the Triborough, systemic courses will be developed and delivered by those with expertise in applying systemic ideas to social work practice. We will seek accreditation from the Association of Family Therapy for the courses, giving them externally recognised status, and allowing those who complete to go on to further systemic study. The course will be specifically designed to incorporate the DfE Knowledge and Skills Statements, and links made to the assessment and accreditation process will be explored as this is further developed. These courses will enable people in different parts of the social care system to gain a fully coherent theoretical framework, with a solid evidence base.

To support classroom learning, participants will have the opportunity to spend time in services in the Triborough. It is proposed that each participant spends, in addition to the 15 days of classroom learning, up to 5 days embedded in a Triborough service. Here, they will have the opportunity to observe and participate in case discussions, visits, and meetings with their Triborough peers and clinicians within those services.

Finally, in order to enable learning to embed in their own authorities, Triborough clinicians or other practitioners will spend up to 5 days on site in participating authorities. There they will lead reflective supervision groups, provide case consultation, and undertaken joint-visits, as agreed mutually with participants and their managers. For practice leaders in participating authorities, there will be the opportunity to have a Triborough Director of the Clinical Director attend senior management meetings and provide coaching sessions

We propose working with up to three authorities per year initially, identifying with them 20 practitioners, 8 frontline managers and 5 practice leaders in each to participate. Whilst it might be beneficial for a wider group of authorities to be involved, we believe that a core group of practitioners and managers is required in each authority to have the desired impact.

#### ***Practice Leader Development Programme***

This programme, as announced by the Secretary of State in January 2016, will focus on building the next generation of talented practice leaders to strengthen the overall delivery of services to vulnerable children and families across the country. Guided by the Knowledge and Skills Statement for Practice Leaders, the programme will be practice based,

### **Appendix 3 - Centre for Social Work and Practice Leader Development programme description**

uniquely designed to facilitate leadership within social work, with an emphasis on learning from doing. This will be supplemented by relevant theory input.

The programme has two phases. The preparatory phase will last approximately 12 months, during which time aspiring practice leaders will prepare for future leadership opportunities. The second part of the programme will take place once a practice leader role is started.


#### ***The preparatory phase:***

- The programme will kick off with a 2 day residential programme where the aspiring Practice Leaders will come together as a group. The mentors will join on day 2 of the programme, and this will be the first opportunity for the mentors and aspiring PLs to meet each other. The aspiring PL will spend up to 5 days over the course of the year in the authority of their mentor, and will be joined by their mentor in their own authority for up to 2 days.
- After the first residential, the aspiring practice leaders will come together approximately monthly for seminars. These will include some theoretical and practice input from a specially selected speaker, and a facilitated activity in the afternoon which will seek to use the content from the morning to apply to real dilemmas, presented by the aspiring practice leaders and/or suggested by the mentors. The mentors will be encouraged to attend seminar days.
- In addition to the residentials, workshops, days in the mentor's authority and days with their mentor in their own authorities, the aspiring practice leaders will be expected to work on an area of service development within their own authority over the course of the programme. This might be something that they are already working on, or something that has been identified as a need within their authority. This piece of work should be agreed at the start of the programme between the aspiring PL and mentor, with input from the aspiring PL's own manager. This presents an opportunity for the aspiring PL to use the knowledge and input from their mentor, others on the programme, and outside consultants (see below) to shape a piece of work within their own authority, which will be of use not just for their learning but of benefit to their authority as well.
- Finally, there will be an opportunity for the aspiring Practice Leader to participate in a modified (e.g. 2 day) Ofsted inspection. There may be similar opportunities with other agencies explored over the course of the programme.

#### ***The in-role phase:***

Once the aspiring practice leader has started in a practice leader role, they will continue to have regular input from their mentor in the first year in the role.

**19.08.2016**

<p align="center"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p align="center"><b>CHILDREN AND EDUCATION POLICY &amp; ACCOUNTABILITY COMMITTEE</b></p> <p align="center"><b>21 November 2016</b></p>	
<p><b>CHILD PROTECTION REPORT 2015-2016</b></p>	
<p><b>Report of the Acting Cabinet Member for Children and Education – Councillor Sue Fennimore</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification: For PAC review and comment</b>  <b>Key Decision: No</b></p>	
<p><b>Wards Affected: All</b></p>	
<p><b>Accountable Director:</b> Clare Chamberlain: Executive Director of Children’s Services</p>	
<p><b>Report Author:</b> Anna Carpenter</p>	<p><b>Contact Details:</b>            Tel: 020 8753 5124            E-mail: <a href="mailto:Anna.Carpenter@lbhf.gov.uk">Anna.Carpenter@lbhf.gov.uk</a></p>

## 1. EXECUTIVE SUMMARY

- 1.1 This report highlights the significant responsibilities which the local authority has in respect to ensuring the protection of children, and how it discharges these. Section 3 provides an outline of the context of the legal framework and child protection processes, whilst Section 5 benchmarks key activity and performance data.
- 1.2 Sections 6, 7 and 8 has a focus on children and young people affected by parents or guardians with alcohol misuse issues, training available for schools to aid identification and links into support services. (Appendix A details 2 case studies of multi-agency intervention and support)
- 1.3 Section 9 provides an update on the specific service for CSE that has been in place in Hammersmith & Fulham
- 1.4 Section 10 summarises future plans and developments influenced by both national and local priorities and initiatives including the work of the Tri-Borough Local Safeguarding Children Board.

## 2. RECOMMENDATIONS

- 2.1. The Committee is asked to review and comment upon the contents of this report.

### **3. BACKGROUND**

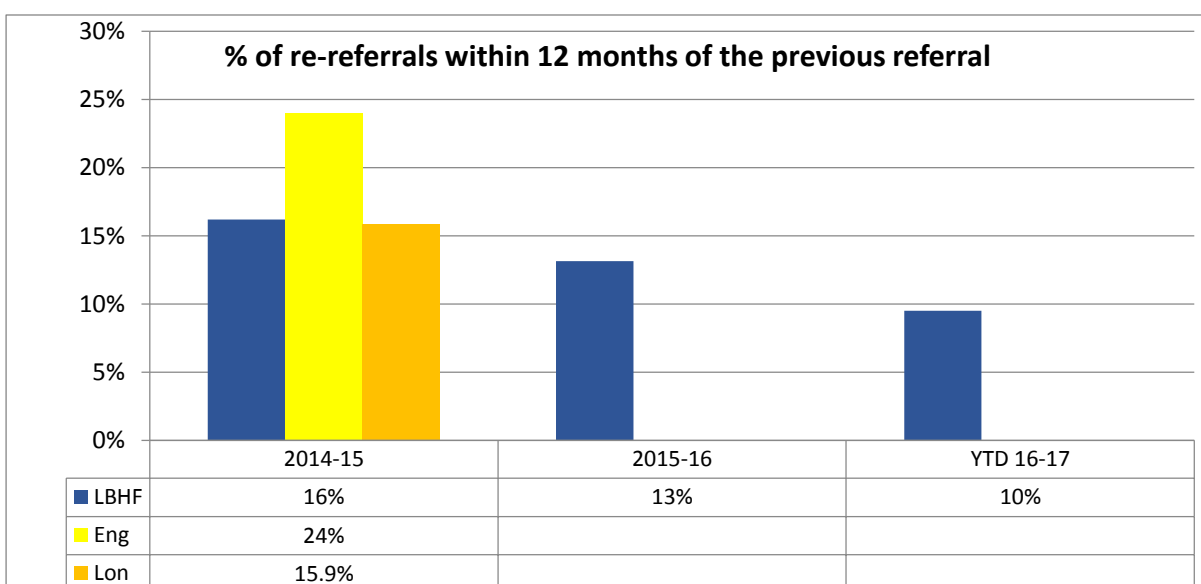
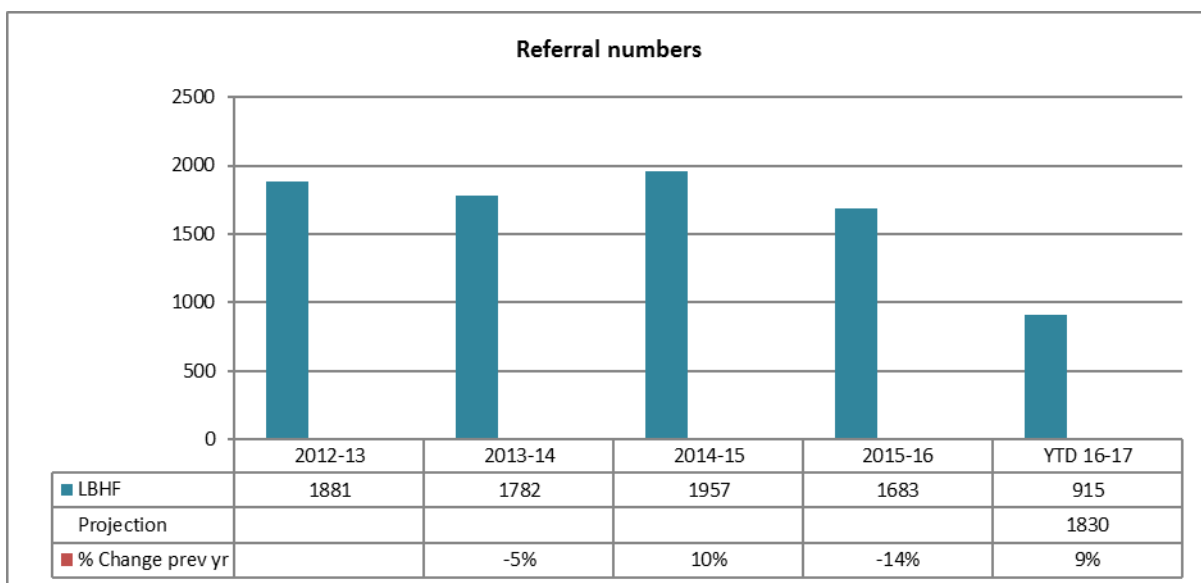
- 3.1. The legal duties and responsibilities of the Local Authority in respect to the protection of children are set out in the Children Act (1989). London Child Protection Procedures provide the statutory regulations and guidance by which all professionals working with children should abide. The Local Authority has a duty to investigate and initiate Section 47 (child protection) enquires when there is a concern that a child is suffering or likely to suffer significant harm. The Department for Education's 'Working Together to Safeguard Children' (2015) provides statutory guidance to all partners working with children and their families who are in need or in need of protection.
- 3.2. Child Protection (CP) involves the identification and multi-agency assessment of the care provided to children and young people who may be at risk of harm from their parents or carers, together with the development of a plan to reduce the risk of harm to those children by the coordination and provision of services. Child protection also requires the continuous monitoring of the effectiveness of this plan, and prompt action to seek legal advice to consider the removal of children via the application for a court order in those circumstances where the level of risk cannot be satisfactorily mitigated.

### **4. Introduction**

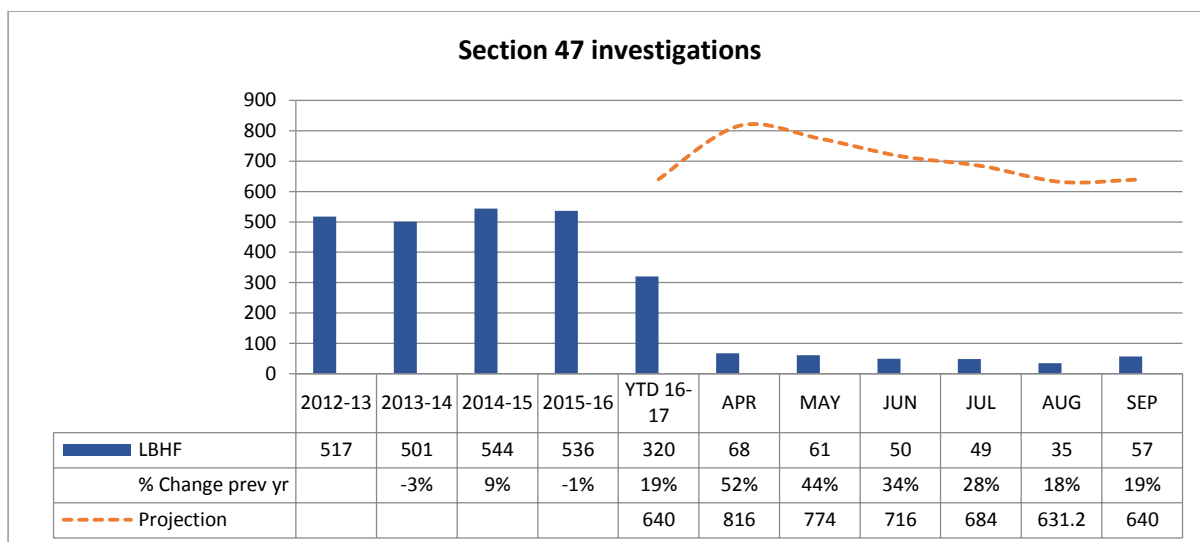
- 4.1. This report details information about the child protection activity by the London Borough of Hammersmith and Fulham from (LBHF) from 01 April 2015 through to 31 March 2016. Year to date information is included where relevant.
- 4.2. The report references the work undertaken by the key frontline operational delivery teams and the safeguarding services: The Front Door Service, Contact and Assessment, Family Support & Child Protection teams, the Disabled Children's Service; and the Safeguarding and Reviewing Services.

### **5. Child Protection Activity**

- 5.1. In the financial year ending 31 March 2016, Family Services received 1,683 referrals of children considered in need or in need of protection. Over the same period, 1,497 comprehensive single assessments were completed within the year. This represents a decrease in numbers when compared with 2014-15, when there were 1,957 referrals and 1,892 assessments. The graphs below highlight the downward trend in referrals and re-referrals as at the year to date.



5.2. Where child protection concerns are identified a child protection assessment, also known as a Section 47 investigation (Children Act 1989), will be completed by a qualified social worker. The graphs overleaf highlight year to date trends. It has been noted that there has been an escalation in the complexity of issues but a review and analysis of this trend is still being undertaken.



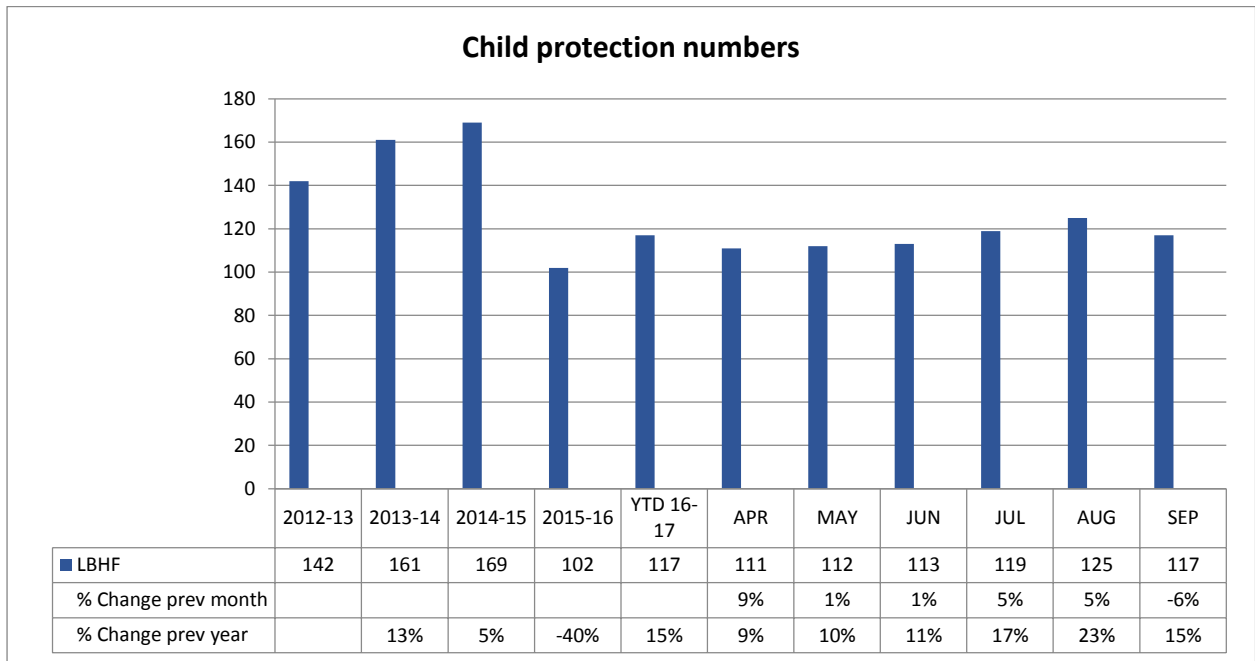
5.3. Alcohol misuse was flagged as an in need factor in 6% (90) of assessments. Domestic violence is the most common factor (19%) followed by mental health (14%). These are both factors which may have inter-linked alcohol issues too. Social Workers can now flag multiple factors and this may lead to higher reporting of alcohol misuse. It should also be noted that 22% of assessments have 'other' marked and clearer flagging could see a rise in a whole range of in need factors.

5.4. 172 Initial Child Protection Conferences held during the year led to 133 Child Protection Plans. The conversion rate of 77% in 2015-16 is lower than the rate in 2014-15 when 88% of Initial Child Protection Conferences resulted in Child protection plans. It is also lower than the 2014/15 London average of 87%. There has been an increase in the number of ICPC referrals which appears linked to the increase in S47s. The reduction in conversion indicates that a higher number of cases coming to ICPC have not met the threshold. The Safeguarding Service has been working to strengthen the relationship with the Contact & Assessment Service, encouraging earlier consultation regarding the threshold for progression to ICPC and recommending further work before escalating cases. Further analysis will emerge from the S47 review.

2015-16	Number of S.47's commencing in the year	Number of ICPCs in the year resulting from a S.47	% of S47 commencing in the year leading to ICPC	ICPCs commencing in the year leading to CPP	% ICPC leading to CPP
<b>LBHF</b>	<b>533</b>	<b>172</b>	<b>32%</b>	<b>133</b>	<b>77%</b>
WCC	496	120	24%	100	83%
RBKC	347	97	28%	85	88%
England 2014-15					87%
London 2014-15					85%

5.5. At the 31st March 2016 there were 102 children subject to a child protection plan, this represents a decrease from 169 at the same point in 2015. This was a result of

strategies put in place to reduce Child Protection numbers as well as some reaching their natural conclusion and the implementation of the Strengthening Families Conference model The table below provides details of child protection numbers from 2012/13 to year to date.



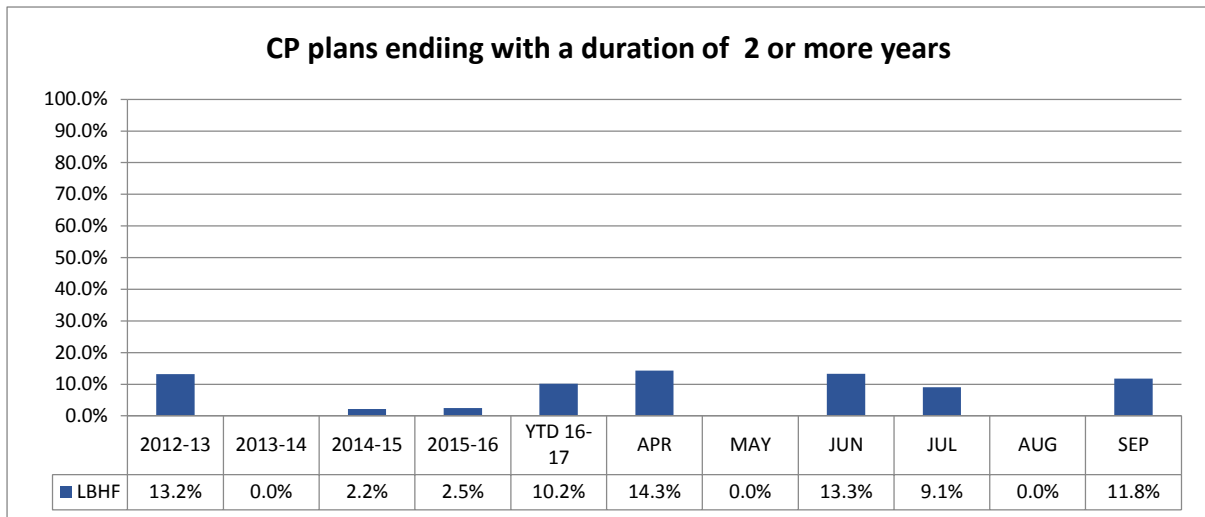
5.6. The majority of LBH&F children subject to a Child Protection Plan are in the age groups 5- 9 years and 10-15 years. The table below illustrates the numbers and percentages of the children subject to a Child Protection Plan by age range for the year end 2015-16:

Age Group	LBHF Year End 2015-16	%	WCC Year End 2015-16	%	RBKC Year End 2015-16	%
Under 1	8	8%	9	10%	7	11%
1 to 4	25	24%	17	19%	20	30%
5 to 9	31	30%	35	39%	15	23%
10 to 15	38	36%	24	27%	22	33%
16 to 17	3	3%	4	4%	2	3%
<b>Total</b>	<b>105</b>		<b>89</b>		<b>66</b>	

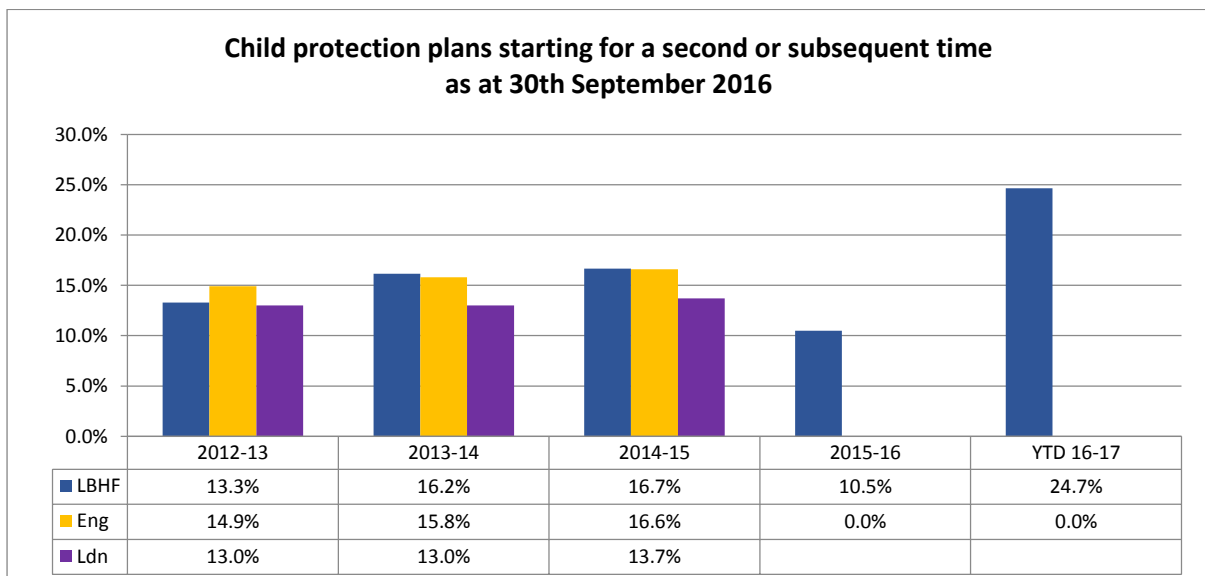
5.7. There are four categories of Child Protection Plan: physical abuse; sexual abuse; emotional abuse; and neglect. In LBH&F and Nationally, the majority of children who become subject to a Child Protection Plan are recorded under the category of Emotional Abuse, followed by Neglect, often as an indicator of evidence of domestic abuse and the emotional impact on the child.



5.8. The percentage of children where plans ended in the year who had remained subject to plans for duration of more than two years was 2.5% at the end of 2015-16 which remained comparable to 2.2% at the end of 2014-15. These are complex cases, some of which have court proceedings alongside the CP Plan. All cases 12 months plus are subject to rigorous review by the Service Manager, Safeguarding and the Head of Family Support & Child Protection The graph overleaf highlights the year to date trends.



5.9. The rate of children becoming the subject of a Child Protection Plan for a second or subsequent time [re-registrations] has reduced to 10.5% at the end of the year. The proportion of re-registrations is lower than the 2014-15 rate of 16.7%. and the national rate of 16.6% in 2014-15. All cases referred for an ICPC that have been previously subject to a Child Protection Plan, are audited by a Child Protection Advisor to ensure that an ICPC is the most appropriate route to safeguard the child. The more recent rise in re-plans is currently being analysed The graph below shows the year to date trend.



**6. A focus on parental alcohol misuse**

- 6.1. From the 2004 Health Survey for England and the 2004 General Household Survey, it was calculated that 28-30% of children live with at least one binge drinking parent, equating to 3.3 to 3.5 million children. They also analysed the National Psychiatric Morbidity Survey, which suggested that 2.6 million children (1 in 5) lived with a hazardous drinker and 705,000 with a dependent drinker
- 6.2. The Children's Commissioner report – 'Silent Voices' 2012 identifying children and young people experiences of living with alcoholic parents reports that:
- Children living with parental alcohol misuse come to the attention of services later than children living with parental drug misuse. Boys are less likely than girls to seek help and are more likely to come to the attention of services with regards to their presenting behaviour, for example through Youth Offending Services, than for the harm they are experiencing.
  - Parental alcohol/substance misuse is strongly correlated with family conflict, and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer term negative consequences, which is magnified where both issues co-exist
  - Interventions which operate with strengths based frameworks appear to be beneficial in engaging families and facilitating change.
  - Services need to be flexible in a range of ways – for example, not be time-limited, work in a range of (creative) ways, be prepared to offer support in the longer term, offer a range of things to children and families, and consider how to support children and families separately as well as working with family units
  - The links between universal/specialist services, adult/children & family services and alcohol/drug treatment services are crucial
  - Workforce development is a critical issue, with particular emphasis needed on training social workers, schools and universal services (such as primary care, education and generic youth services)
  - Easy routes to accessing services, such as free and confidential helplines, are an important part of the support which this group of children need.
- 6.3. The Children's Commissioner published a good practice guide for local areas in 2014 based upon the above reports key findings –It highlights key questions to discover the extent and need among children and young people and how services, including universal provision, can best respond. It has recommended the following good practice at a local level:
- every local authority should determine the body which holds strategic responsibility for addressing parental alcohol misuse and its impact on children and the person who leads this. The evidence from study indicates that this body could be the Health and Wellbeing Board and that Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies are the appropriate vehicles to use.
  - The above body should draw up an integrated strategy at local level with all the agencies and departments with a role to play as partners in addressing parental alcohol misuse
  - All professionals who work with children should be trained to understand and address: the impact on children of parental alcohol misuse; the views of affected children; how to protect them; and how their needs are best met. The report recommends that the LSCB should monitor the development of training strategies in all relevant agencies and require an annual report on implementation and progress

- Commissioners for children's, adults' and treatment services need jointly to agree on the nature of service provision which will address parental alcohol misuse

## **7. Early Help Service Substance Misuse Specialist Practitioners Parental Alcohol misuse & Hidden Harm in Hammersmith & Fulham**

- 7.1 The Early Help Service offer specialist SMU support in the form of two experienced practitioners who deliver one to one work with young people and offer assessment and advice and signposting to adult treatment services for parents. They also offer consultation, advice, guidance to social workers and other professionals across family services. The team are kept busy with work from a variety of sources, the majority of which can be split into two main areas of substance misuse work, young people's misuse of cannabis and parental substance misuse and the hidden harm experienced by their children and family members. Frequently, substance misusing parents who are known to children's services but who do not engage with adult treatment service can create the potential for increased risk to children and young people's wellbeing. Simply trying to force a parent into treatment is a difficult and can potentially increase the substance misuse and risk to children. For example, if a parent is using drugs/alcohol to manage feelings of stress – further pressure on the parent to stop using the thing that they feel is helping them will likely result in more stress which could lead to increased use which in turn perpetuates the destructive cycle of substance misuse. The majority of parental substance misuse referrals come from Family Support and Child Protections teams (FSCP) and Contact and Assessment (CAS) where social workers have identified a risk of hidden harm and seeks the support of our practitioner to undertake SMU assessments.

### **Alcohol verses Drug Referral**

- 7.2 Broadly speaking there is a wide mix of requests from social workers in respect of consulting around adult SMU. Social workers who are undertaking assessments of a parents capacity to adequately care for their child/children will often request that an SMU worker undertake an assessment of the parents drug or alcohol use. The number of assessments being undertaken for adult alcohol misuse is slightly lower than those assessments for adult drug misuse.

### **Local pathways into adult services**

- 7.3 The links between universal/specialist services, adult/children & family services and alcohol/drug treatment services are crucial. There have been a number of changes recently in Hammersmith & Fulham and many of the local treatment centres for adults have moved to new locations with Turning Point delivering drug treatment and Change, Grow, Live (CGL) are now delivering alcohol treatment. Our links with these services are growing each day but more work needs to be done to improve the transition of young people, 18+, into adult treatment services.

### **Training and up-skilling colleagues and partners**

- 7.4 Workforce development is a critical part of raising awareness around SMU and parental substance misuse. Within Early Help our practitioners offer both bite sized lunch time training sessions to colleagues across the department with particular emphasis given to training social workers, schools and youth offending teams. The SMU team offer a bespoke programme to schools called "choices" which is delivered in conjunction with teachers and is tailored to the needs of the school and their pupils

and staff. Work has also been done to deliver group work and bite sized sessions to local housing providers such as Fielding Road and Buffy house.

See Appendix A for case studies 1 & 2

## 8. Commissioned Alcohol Services

8.1 CGL is the commissioned provider of Alcohol Services in Hammersmith & Fulham, alongside Turning Point and Blenheim, who provide the substance misuse service. The alcohol service adopts a flexible approach in terms of opening hours and access points, such as GP surgeries, hostels, hospitals and a range of community venues. The service operates from two main hubs as well as satellites at Turning Point and Blenheim. This multi-disciplinary service offers a range of supports including access to in-patient detoxification, residential rehab, advice & information, assessment and referral, reduction plans, extended brief interventions, outreach support, counselling.

8.2 CGL report that there are currently 87 service users with children from Hammersmith & Fulham

Borough of residence	Count of Borough of residence (1st April – Oct)
Hammersmith and Fulham	87
<b>Grand Total</b>	<b>87</b>

Safeguarding Status	Count of Safeguarding Status
No Safeguarding Issues Identified	33
Previously Safeguarding	1
Safeguarding Issues Identified	22
Under Review	31
<b>Grand Total</b>	<b>87</b>

Gender	Count of Gender
Female	46
Male	41
<b>Grand Total</b>	<b>87</b>

Mental Health	Count of Mental Health
No	68
Yes	16
(blank)	
<b>Grand Total</b>	<b>84</b>

Parental Status	Count of Parental Status
All the children live with the client	30
None of the children live with client	51
Some of the children live with client	6
<b>Grand Total</b>	<b>87</b>

## **9. Themes**

### **Child Sexual Exploitation (CSE)**

- 9.1 A specific service for CSE has been in place in Hammersmith & Fulham since 2008. This has included the commissioning of a specialist service from Barnardos and a multi-agency panel to oversee relevant cases. More recently the Early Help Service has established specialist roles to undertake direct work with Children and their families who are at risk of or are being exploited.
- 9.2 In May 2015 a dedicated operational CSE Lead role was established to provide consistent consultation and advice to practitioners on individual cases and chair local CSE meetings, panels and complex strategy meetings. Collaboration with partners has been a key focus of this role. This role has been successful in ensuring the identification of potential victims and perpetrators and putting appropriate resources in place to reduce the risk of harm.
- 9.3 A formal mechanism is in operation across the shared services to review all the information in relation to CSE, and Multi Agency Sexual Exploitation (MASE) meetings are convened on a monthly basis to consider this information at a strategic level. The core membership of these meeting consists of colleagues from senior Family Services managers, Police, CSE Lead, the designated safeguarding lead, and colleagues from health and education.
- 9.4 The Multi Agency Sexual Exploitation panel considers cases in accordance with the Metropolitan Police's category risk index, which is guided by evidence of criminal activity and also considers lower risk cases where there are risk factors such as going missing, but no concrete evidence of CSE.
- 9.5 In January 2016 the Multi Agency Sexual Exploitation panel considered 19 Blues, 14 Category 1 and 3 Category 2 cases from Hammersmith & Fulham and in June 2016 24 Blues, 17 Category 1 and 6 Category 2 cases were considered.
- 9.6 The majority of young people at risk of CSE live at home with their families and therefore the whole family approach is adopted. There have been a small number of occasions where young people who are looked after by the council have to be moved out of the area for their own safety. The vast majority of victims are girls and fall within the 13 – 17 years of age range, and are from a variety of ethnic backgrounds. These young people reside in all areas of the borough and they attend a variety of education provisions within and outside of the borough. A yearly problem profile is produced which provides in depth analysis of young people at risk of CSE and this in turn can impact and influence practice.
- 9.7 Based on the information available, there is no evidence of specific geographical "hotspots" where CSE appears to be more prevalent, no evidence there are networks or gangs of adult perpetrators who are linked and sexually exploiting children in a coordinated way, or at that this time there are loose networks of young people who are signalling being at risk to one or more agencies as was the case in recent high profile cases involving adult gangs in other parts of the country.
- 9.8 CSE is an area of work in which Family Services together with our partner agencies in the Police, Health, Education, Youth and Voluntary Services continue to develop our understanding, identification and effective responses to keep young people safe. The CSE Strategic Lead across the three councils has ensured that this key area of

work has established a clear partnership strategy and framework to delivering upon our operational duties. We are acutely aware how quickly a climate can change, and of the need to be equipped to respond to new information and issues as they arise, and our Local Safeguarding Children's Board maintains it as a key priority.

### **Operation Makesafe**

- 9.9 Operation Makesafe is a campaign led by the Metropolitan Police Service in partnership with London boroughs raising awareness of Child Sexual Exploitation within the business community including hotels, taxi companies and licensed premises. The aim has been to raise awareness and assist in the early identification of when abuse is likely to take place or being undertaken, to intervene prior to any crime being committed and deploy police to attend situations whereby there are children and young people are at risk.
- 9.10 In partnership with the Borough Police, the CSE Strategy Lead Officer has premises within our geographical boundaries. Trading Standards and Licensing have assisted the Police in providing a full data list of all relevant business premises. Colleagues in a wide range of Council departments have participated in our training offer, including Customer Access officers, and online training is now available via the Local Safeguarding Children Board website.

### **Harmful Cultural Practices**

- 9.11 The Three Boroughs participate in a Mayor's Office for Policing and Crime pilot project called 'Partnership for Ending Harmful Practices'. The project is now established and continues with an enhanced training offer which is available via the LSCB training programme. The group meets six weekly to look at the impact of this training and of the Educator advocates, who are workers from specialist voluntary sector organisations who have been co-located in front line teams to build capacity in relation to recognition and response to Forced Marriage, Honour based, FGM and Faith Based abuse.
- 9.12 The Department of Education innovation fund has provided a transition grant to enable the Female Genital Mutilation (FGM) prevention programme to continue running at St Mary's and Queen Charlotte's maternity units until January 2017. Further funding streams are being investigated with Children's Services and external to enable the continuation of this project and approach.
- 9.13 In accordance with our Local Safeguarding Children Board strategy in relation to harmful cultural practices, Hammersmith & Fulham's Safeguarding Team have a designated lead for harmful cultural practice. This lead is taken by one of our Child Protection Advisor, and works closely with the FGM project to address emerging needs and risks, and to raise awareness of this type of abuse within communities.

## **10. Future planning and development**

### **Focus on Practice – Driving forward improvements to practice**

- 10.1 Members of the Scrutiny Committee will be aware *Focus on Practice* is our ambitious programme, funded by the Department of Education Children's Social Care Innovation Programme, for the development of more purposeful practice and effective interventions with children, young people and their families over a two to three-year period.

- 10.2 Launched in October 2014, the programme covers our work with children and families in all areas of children's social care, and includes both social workers and other allied practitioners who work within early help, with children in need, in child protection, with looked after children or those leaving care, with disabled children and with teenagers and young offenders. The core objective of *Focus on Practice* is for social workers and other practitioners to use their professional expertise to help create positive change for families and better outcomes for children and young people. Over the next three years, we expect to see a reduction in the number of children looked after and those subject to child protection plans, and more effective interventions with families resulting in fewer re-referrals to our services.

### **Partners in Practice**

- 10.3 In December 2015, Hammersmith and Fulham, Kensington and Chelsea and Westminster were selected as 'Partners in Practice' with the Department for Education. Over the next four years, the Department of Education will work with the 8 Partners in Practice authorities across England to develop models of effective practice which will contribute to overall improvement in the sector, with a particular emphasis on deregulation.
- 10.4 Children's Services have submitted a proposal to the Department of Education to cover three areas; development of the practice system – which continues our Focus on Practice programme over the next 4 years, sector improvement – with the development of a Tri Borough Centre for Social Worker to drive practice improvements with the professional sector in other local authorities, and deregulation – the opportunity to test out more creative, less bureaucratic and efficient way of working to achieve better outcomes for children and families. One key area of work will be in respect to child protection conferences, their content, focus and how they are delivered, in order to attain greater participation from families and create more meaningful plans.

### **Adolescent at Risk Model**

- 10.5 Family Services are working with increasing numbers of young people who have suffered or are at risk of suffering significant harm where the risk is from the community (e.g serious youth violence, peer on peer violence, drug and alcohol use) as opposed to risk they are exposed to within their home.
- 10.6 As we know adolescents can be notoriously difficult to engage and can be resistant to services. As a result of the challenges and resistance that adolescents often present it has meant that frequently professionals have felt powerless and stuck as to how to manage this risk. The Adolescent at Risk model changes how we approach the work with young people.
- 10.7 It is long recognised that the Child Protection Conference forum and processes are not the best way to address and manage what is often an ongoing and longer term risk the young person is exposed to in the community. Further it is acknowledged that the Child Protection processes and plans can further alienate these young people. Underpinned by the Signs of Safety framework the Adolescent at Risk meeting is an alternative to a Child Protection Conference for those over 14 where it has been identified that the risk is not attributable to the care they are receiving from their parents or carers.

- 10.8 The Adolescent at Risk Meeting is a way of acknowledging, sharing, managing and reviewing the risk to the young person in partnership with the young person themselves, the parent/carer and the professional network; the difference being that the meeting is focused on the behaviours of the young person and risks within the community rather than the parenting the young person is receiving. The aim, as always, is to reduce the risk to the young person, develop a plan with measurable outcomes and timescales and maintain a robust reviewing process.
- 10.9 The Adolescent at Risk pilot was rolled out in Hammersmith & Fulham July 2016. An initial evaluation of the pilot will commence in February 2017.

### **MsUnderstood**

- 10.10 Since 2013, the University of Bedfordshire, as part of the MsUnderstood Partnership, has been supporting local areas to develop their response to peer-on-peer abuse. Following funding from MOPAC, the University of Bedfordshire has been able to offer a further three sites support and Hammersmith and Fulham has successfully applied to be one of those sites.
- 10.11 The support provided by MsUnderstood comprises an audit of current practice, which in turn is used to develop an action plan, alongside practitioners, so that the learning from the process can be embedded into local work. MsUnderstood takes a strength-based approach to local site support and the audit is intended to identify opportunities for development rather than to highlight gaps. Over the course of the support programme practitioners in Hammersmith and Fulham will have the opportunity to see and use resources developed by MsUnderstood. The project is being delivered by Dr Carlene Firmin and Dr Jenny Lloyd.

### **11 Equality implications**

- 11.1 There are no equality implications arising from this report.

### **12 LEGAL IMPLICATIONS**

- 12.1 There are legal no implications arising from this report.

### **13 FINANCIAL IMPLICATIONS**

- 13.1 There are no financial implications arising from this report.

### **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

None.



### Parental Alcohol Misuse Case Study 1

Children's Service became involved following a referral from a Primary School who stated that mother appeared to be under the influence of alcohol. A Police welfare check found mother to be extremely intoxicated whilst caring for the children. She was arrested and taken to Hammersmith police station. The children were subsequently taken into police protection. The children were initially placed in a foster placement and were then moved to their uncles home where they remained for 1 year.

Issues identified were;

- Mother had a history of alcohol misuse and admits that she was unable to stop when she had had a drink or if alcohol is in the home.
- There had been incidents reported over the years regarding Mothers ability to ensure her children's needs were met when she had been intoxicated.
- There had been some concern regarding child A's overly responsible behaviour
- Concerns regarding mothers ability to priorities her children's needs over her need for alcohol.
- Concern regarding mothers ability to recognise her drinking had been an issue over the years and access support to improve the outcomes for her children.

Interventions under a PLO framework;

- Children remained with maternal uncle and partner under section 20,
- Mother attended Family Drug Alcohol Court (FDAC)
- Treatment, included:
  - 1-2-1 sessions at the Community Drug and Alcohol Service
  - Alcohol monitoring
  - Relapse prevention group
  - Social Behavioural Network Therapy which looks at enlisting family and social networks in the recovery process
- Mother also attended an intensive parenting assessment programme through FDAC. This included:
  - Reflective Parenting Group  
Direct work with mother around parenting and understanding the needs of the children
  - Observations of contact
  - Video Interaction Guidance used as an intervention and also to assess mothers parenting

The FDAC final Pre-proceedings Assessment and Intervention report concluded that mother had made great progress both in terms of treatment and parenting and had worked very hard to success with abstinence and recommended the children return to her care. A Rehabilitation Plan was devised and the children returned home on 30th April 2015.

Support continued for a year after the children's return home, under a Child in Need framework. Interventions included;

- Therapeutic work with the children
- Family Group Conference to identify support available within the family network
- Parenting support
- Attendance at AA once a week
- Ongoing support via school.

- Periodic Hair Strand Testing to ascertain alcohol use
- One to one support at Turning Point (substance misuse service) every two weeks, and then progressed onto Mentoring within the organisation.
- Life Story Work undertaken with the children to understand and reflect on their experiences

A final hair strand test undertaken in June 2016 was negative for alcohol. At a CIN meeting on 13/6/16, all the professionals and mother agreed that the case should close.

Consultation with the clinical practitioner led to a reflective ending session with mother to affirm the positive changes and help her think about maintaining this in the future. Work was also undertaken with the mother and the children to enable the children to talk about their experiences of their mother's alcohol use and help them all to acknowledge what the problems were and how things have changed for the better

### **Parental Alcohol Misuse Case Study 2**

**A** was removed from his Mother's care in July 2015 due to chronic neglect and emotional abuse as a result of Mother's on-going alcohol addiction. **A** experienced a lot of trauma as a result of this, including being left home alone aged eight for extended periods, a neglect of his basic needs, witnessing domestic violence and his mother being arrested. **A** suffered from anxiety regarding his mother's well-being, as well as from trauma of his past experiences. This resulted in incontinence and soiling, which caused **A** further anxiety.


An SMU Specialist Worker was allocated to undertake age appropriate intervention with **A**, to address the significant impact previous exposure to parental substance misuse has had on his life/hidden harm experienced.

Interventions included: Structured Hidden Harm Sessions and Drug Awareness Education and identifying safe, positive and supportive adults in his life. Through the delivery of structured sessions, **A** obtained an age appropriate understanding of Mother's dependency to substances and that he was not to blame. Hence lessening anxiety/guilt previously experienced.

Sadly, Mother continues to misuse alcohol and is unable to care for her son. However, **A** is now in a stable environment with his paternal grandparents who he relies on for care, love, and encouragement. Mother has chosen not to have contact with **A** due to an awareness of the negative impact her lifestyle has had on **A** and her inability to keep **A** safe/fulfil his basis needs.

**A** is currently engaged with CAMHS. Additional Hidden Harm Structured Sessions have been offered, should it be deemed appropriate, when CAMHS involvement ceases.

# Agenda Item 10

<p>London Borough of Hammersmith &amp; Fulham</p> <p><b>CHILDREN AND EDUCATION POLICY &amp; ACCOUNTABILITY COMMITTEE</b></p> <p>21 November 2016</p>	
<b>ANNUAL REPORT OF THE LOCAL SAFEGUARDING CHILDREN BOARD</b>	
<b>Report of the Independent Chair of the LSCB</b>	
<b>Open Report</b>	
<b>Classification: For PAC review and comment</b> <b>Key Decision: No</b>	
<b>Other services consulted:</b> Report also presented to the Health and Wellbeing Board 14 November 2016	
<b>Wards Affected:</b> All	
<b>Accountable Director:</b> Clare Chamberlain, Executive Director of Children's Services	
<b>Report Author:</b> Steve Bywater, Service Manager, Strategy, Partnerships and Organisational Development	<b>Contact Details:</b> E-mail: <a href="mailto:steve.bywater@rbkc.gov.uk">steve.bywater@rbkc.gov.uk</a>

## 1. EXECUTIVE SUMMARY

A draft version of the Annual Report for the Local Safeguarding Children Board (LSCB) 2015/16 has been provided for review and scrutiny by the Committee. The publication of such a report is a requirement of the LSCB following statutory guidance. The report includes key details about the demographics of local children, safeguarding responsibilities and activities of agencies which are represented on the LSCB, an overview of the LSCB priorities, activities and details of its budget; a review of the outcomes of Serious Case Reviews and learning that has resulted from these.

## 2. RECOMMENDATIONS

- 2.1. The Children and Education Policy and Accountability Committee (CEPAC) is asked to review and comment upon the LSCB's draft Annual Report for 2015/16. Any particular points made will be responded to or reflected in future annual reports.

### **3. BACKGROUND**

- 3.1 The independent chair of the LSCB is required (through Working Together to Safeguard Children 2015) to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.
- 3.2 The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and wellbeing board. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.
- 3.3 The annual report for the LSCB for Hammersmith & Fulham, Kensington and Chelsea and Westminster is currently being finalised and so what is currently a draft version has been provided to be considered by CEPAC. It was also circulated to LSCB members prior to its most recent meeting on 11 October 2016 with subsequent comments from particular agencies included in the draft presented to CEPAC. The report was scheduled to be reviewed by Hammersmith & Fulham's Health and Wellbeing Board on 14 November. CEPAC will be advised at its meeting on 21 November of any significant changes that have since been made to the draft presented.

### **4. CONTENTS OF THE DRAFT REPORT**

- 4.1. The report includes details of:
  - The local background and demographics of Hammersmith & Fulham and the other two local authorities.
  - Statements of the activity of key partner agencies in relation to safeguarding children and self- assessments of their effectiveness.
  - Details of core activities of the Board (including "Section 11" audits of arrangements agencies make to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children; multi-agency audits; the Child Death Overview Panel and others).
  - Governance and accountability arrangements and a report on activity and progress made by the various sub-groups which report to the LSCB.
  - This includes a summary of the borough's "Partnership Group" activity and developments this has resulted in. The group has had a particular focus on issues such as child sexual exploitation, domestic abuse, substance misuse and adult mental health throughout the year. The group has continued to engage the community and voluntary sector and bringing representatives into the core of safeguarding work. A representative from education has provided an essential link to local head teachers. A review initiated by the group led to improvements to the protocol and pathways in relation to pregnant refugee women presenting at maternity units for delivery who are homeless and have no recourse to public fund. Feedback about the LSCB has been actively sought from front line practitioners

across all services through questionnaires or team/service discussions with the group leading on the dissemination of information to multi-agency front line staff.

- An overview of recent serious case reviews one of which was recently published and another which was initiated in 2016-17. Both of these reviews focus on incidents involving families with connections to Hammersmith & Fulham.
- A review of the priorities of the LSCB and progress made and the priorities identified for 2016/17.
- Details of the LSCB budget (income and expenditure)

## **5. CONTEXTUAL INFORMATION**

- 5.1 CEPAC may wish to note two key developments which have influenced the current and future developments of local LSCB arrangements. Firstly the LSCB was reviewed by Ofsted as part of the inspection of services for children in need of help and protection and care leavers which took place in January and February 2016. The inspectors found the LSCB to be “good”. Approximately a third of the 109 LSCBs to have been reviewed to date have received this judgement with only one recently found to be “outstanding”. In the review of our LSCB, Ofsted recognised the “significant benefits for young people and for all partner agencies” resulting from the shared arrangement with the “right balance between shared and local functions” which “ensures that children are effectively safeguarded.”
- 5.2 In May 2016, the government published a national review of LSCBs led by Alan Wood, a former Director of Children’s Services. This made a number of recommendations regarding future arrangements to coordinate safeguarding activity at the local level. Many of these were accepted by the government and these are expected to be enacted through the Children and Social Work Bill currently progressing through Parliament. The government has announced its intention to introduce a more flexible statutory framework that supports local partners to work together more effectively to protect and safeguard children. The framework is expected to set out clear requirements for the key local partners, while allowing them freedom to determine how they organise themselves. The key local partners will be the local authority, the police and health (Clinical Commissioning Groups).
- 5.3 There is some appetite among partner agencies to review and where possible improve local arrangements. There is a variety of views on what kind of change is needed, often informed by the size of agencies who participate in our LSCB. Some board members need to represent their agency in LSCB arrangements across numerous other local authority areas as well as the shared LSCB while some other smaller agencies see the LSCB and its sub-group structure as a key way to participate in and stay informed about local safeguarding developments. There is also a desire to review the overall purpose of the LSCB across the three boroughs and the way that we involve and have an impact upon frontline staff, children, families and the wider community. The LSCB is considering messages from the review and has

started to assess opportunities for developing local arrangements to meet the needs of all partner agencies. Options will be considered and developed alongside developments at the national level.

## **6 FUTURE PRIORITIES**

6.1 Informed by progress made in 2015/16 and the wider views of partners, the Annual Report summarises the LSCB priorities for the current year. These include:

- **To build on partnerships to improve safeguarding practice with a particular focus on increasing the capacity of vulnerable parents to safeguard their children effectively**  
This seeks to continue to focus the Board's attention on the key reasons why children need protection from significant harm, i.e. as a result of parental mental health difficulties, parental substance abuse and domestic abuse. There is an aim to improve engagement with other partnerships which have a role in coordinating and addressing such issues as they affect adults.
- **Improving communication and engagement**  
There is an ongoing need to continue to find ways to effectively involve frontline staff from all agencies, children and families and the wider community in the activity of the Board.
- **Demonstrating our impact and knowing where more effective practice is required**  
This seeks to make better use of data to target activity and increase the coordination of learning and action plans resulting from serious case reviews. There are also important areas of practice such as the Focus on Practice programme, the tackling of Neglect and development of early help which the Board need to maintain its overview of.
- **Improving the effectiveness of the Board**  
As well as ongoing forward planning and work to analyse the effectiveness of multi-agency training, this priority will also be informed by local developments resulting from the Alan Wood Review and the government's response.

## **6. EQUALITY IMPLICATIONS**

6.1. There are no equality implications resulting from this report.

## **7. LEGAL IMPLICATIONS**

7.1. There are no legal implications resulting from this report.

7.2. *Implications verified/completed by: (Name, title and telephone of Legal Officer)*

## **8. FINANCIAL IMPLICATIONS**

- 8.1. There are no legal implications resulting from this report.
- 8.2. Implications verified/completed by: (Name, title and telephone of Finance Officer).

## **9. BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

**None.**

### **LIST OF APPENDICES:**

**Appendix 1 – Annual Report of the Local Safeguarding Children Board**



Hammersmith & Fulham | Kensington and Chelsea | Westminster

# DRAFT ANNUAL REPORT

## 2015 / 2016

### FOREWORD BY LSCB INDEPENDENT CHAIR

I have been the Independent Chair of the Local Safeguarding Children Board for the three boroughs of Hammersmith & Fulham, Kensington and Chelsea and Westminster since it was established in April 2012. This is my fourth report, covering the year April 2015 to March 2016.

The LSCB is a statutory body and is a partnership comprising statutory partners who are charged with compliance with 'Working Together' (the statutory guidance underpinning LSCBs) and other partners, including lay members. We meet as a Board four times a year; but, the LSCB comprises a number of subgroups and a range of activities. The Board is responsible for the strategic oversight of child safeguarding arrangements by all agencies. It is not accountable for delivering child protection services - but it does need to know how well things are working.

This year the annual report presents information about what we know about children in our area, key partner agencies' activities in relation to safeguarding, the activities of the Board, the governance and accountability arrangements, an overview of serious case reviews and a review of the priorities for the coming year as well as some additional information on budget. The report refers to the 2016 Ofsted review of the LSCB (a judgment of Good') and the impact of resources - a reality for all agencies. The priorities for 2016/17 are included in the report.

An early start is being made to consider future options for making the local arrangements more effective. This needs to align with the changes that will be introduced nationally by government for multi-agency safeguarding leadership. 2016/17 is my final year chairing the Board and so I am working with others towards the handover, anticipating the national changes.

Once again I want to thank staff for the difference they continue to make to the lives of those with whom they work. Safeguarding is at the forefront of all that they do.

**Jean Daintith, Independent Chair**



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## **EXECUTIVE SUMMARY**

This report, as required of the Independent Chair through “Working Together to Protect Children 2015”, provides an overview of the effectiveness of child safeguarding and promoting the welfare of children in the areas of Hammersmith & Fulham, Kensington and Chelsea and Westminster in 2015/16. It includes a self-assessment of the performance and effectiveness of many of the local and regional agencies represented on the LSCB and identifies a number of areas where improvements are required. The report also summarises a number of reports that have been published following reviews of incidents where children have died or been seriously injured and where abuse or neglect is thought to have been involved. The learning that has resulted from such reviews and how these have been communicated to those who work with children is also included.

The Safeguarding Plan for 2015/16 is reviewed with an overview of where progress has been made as well as areas where further work or attention is required. The Report concludes with an Assurance Statement provided by the Independent Chair and outline of the priorities of the LSCB for 2016/17.

## LOCAL BACKGROUND AND CONTEXT

The Local Safeguarding Children Board covers three inner London local authority areas. A total of 579,420 people live in the area, of which 110,240 or 18% are children aged 0-18<sup>1</sup>.

<b>Local Population Profile*</b> ( <i>mid year 2015 population estimates</i> )	<b>LBHF</b>	<b>RBKC</b>	<b>WCC</b>	<b>Total</b>
All ages resident population	179,410	157,711	242,299	579,420
0 to 4 years	11,601	8,981	13,927	34,509
5 to 10 years	11,990	9,989	14,616	36,595
11 to under 19 years	12,154	10,683	16,299	39,136
Total 0 to under 19 years	35,745	29,653	44,842	110,240

As with many boroughs in London, there are areas with high levels of affluence but also localities where there are significant levels of deprivation. The three boroughs' rates of child poverty after housing costs were (in 2014):

Hammersmith & Fulham	31%
Kensington and Chelsea	28%
Westminster	39%

These figures do not show the variations in levels of poverty within wards. For example, using the Her Majesty's Revenue and Customs (HMRC) measure of child poverty, the ward with the highest rate in London was Church Street in Westminster where 50% of children were classified as being in poverty<sup>2</sup>. 10 wards across the three boroughs have child poverty rates of over 40%.

As with many London boroughs, the three areas covered by the LSCB have highly diverse populations. The 2011 Census identified a BAME (black, Asian and minority ethnic) population of 188,969 people living in the area (58,271 in Hammersmith & Fulham, 46,632 in Kensington and Chelsea and 84,066 in Westminster).

The profile of the most vulnerable children in the LSCB area is summarised below.

### **Children subject to a child protection plan at 31 March 2016 (and comparative figures since 2011-12)**

	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<b>Hammersmith &amp; Fulham</b>	134	142	161	169	105
<b>Kensington and Chelsea</b>	79	74	92	61	66
<b>Westminster</b>	97	96	99	113	89
<b>Total</b>	310	312	352	343	260

<sup>1</sup> ONS Mid-Year Estimates 2014

<sup>2</sup> End Child Poverty 2014

Following increases in the numbers of children subject to a child protection plan in Hammersmith and Fulham and Westminster in 2014-15, over the course of 2015-16, planned reductions in the numbers of children with plans were achieved in both boroughs. In Kensington and Chelsea, numbers increased by 8%. These changes are linked to fewer child protection plans starting in the year in Hammersmith and Fulham and Westminster and a higher number of plans ceasing. Kensington and Chelsea saw a similar number of plans starting in each of the two years, but fewer plans ended in 2015-16. The numbers of children with plans fluctuated considerably from month to month in all three boroughs.

**Children in care at 31 March 2016  
(and comparative figures since 2011-12)**

	2011-12	2012-13	2013-14	2014-15	2015-16
<b>Hammersmith &amp; Fulham</b>	224	236	200	185	198
<b>Kensington and Chelsea</b>	139	98	98	105	105
<b>Westminster</b>	208	188	176	179	166
<b>Total</b>	571	522	474	469	469

The numbers of looked after children have increased in Hammersmith and Fulham, reduced in Westminster and remained constant in Kensington and Chelsea over the course of 2015/16. Over the last three years, the number of unaccompanied asylum seeking children has increased by 73%. This trend has had an impact upon overall numbers of children in care which have otherwise been generally decreasing over time.

**THE OFSTED REVIEW OF THE LSCB**

In January 2016 Ofsted reviewed the LSCB as part of its inspection of the three inspections of Children’s Services. The LSCB was reviewed as one body and reported on in all three reports on children’s services, with the only variation in the three reports being in relation to the borough-based local partnership groups of the LSCB. The overall judgement of the LSCB was that it was ‘Good’. This placed the LSCB in the top third of Boards reviewed at that time.

Ofsted commented on the strengths of the LSCB:

- Amalgamation under a single LSCB creates significant benefits for young people and for all partner agencies.
- The tri-borough achieves the right balance between shared and local functions, and this ensures that children are safeguarded effectively.
- Robust links are in place between the LSCB and other statutory bodies and this allows the board to make sure that children’s safeguarding stays high on everyone’s agenda.
- The Chair promotes safeguarding issues across the partnership and community, and provides appropriate challenge. As a result, extensive engagement by partners has been secured across the full range of safeguarding work. Partners are encouraged and enabled by the Chair to raise issues and challenges constructively.
- Through systematic analysis of audits under Section 11 of the Children Act 2004,

the LSCB has assured itself that safeguarding is a priority for all partner agencies. (but see recommendation 3 below).

- Effective monitoring by the Child Sexual Exploitation/Missing sub-group enables the board to have a robust understanding of missing children and their behaviour across the tri-borough.
- An established case review sub-committee ensures that lessons learnt from reviews are disseminated promptly across the tri-borough (but see recommendation 4 below).
- A clear and detailed learning and improvement framework incorporates the learning from Serious Case Reviews (SCRs), themed audits and performance monitoring by the board. The learning and development sub-group of the LSCB undertakes its role across the tri-borough and ensures that sufficient safeguarding training is provided across all partner agencies.
- A wide range of activity to tackle the board's priorities and any lessons from SCR's is appropriately included in the LSCB annual report. A comprehensive safeguarding plan covers all of the board's priorities.

### Ofsted made 5 recommendations for the LSCB

1. Review the extensive dataset to ensure that it is aligned to the board's priorities.
2. Devise a system for ensuring that actions arising from data scrutiny are carried out in the individual boroughs.
3. Ensure that recommendations from multi-agency themed audits are carried out and analyse their impact on improving practice.
4. Develop an overarching SCR action plan to track the progress of work arising from individual case reviews.
5. Devise a system to escalate concerns about infrequent partnership attendance at the board.

Ofsted also noted two changes of Business Manager for the LSCB in the previous year and the need for coordination of activities and work arising from the LSCB so that it is evident to others; the limited time available for the Independent Chair to maintain all the links across three separate boroughs; a need for a formal analysis of the impact of training either across the tri-borough partnership or at borough level; and an annual report that could be stronger on explaining the difference the LSCB has made to children's lives.

All these issues have been fed into the 2016/17 Business Plan and are being monitored during the year.

## **THE EFFECTIVENESS OF LOCAL SERVICES**

### **London Borough of Hammersmith & Fulham**

The Borough's Family Services directorate coordinates a range of services for vulnerable children including statutory social work for children and families and early help. A number of services are provided by shared arrangements with the Royal Borough of Kensington and Chelsea and Westminster City Council. This includes specialist support for children involved in the criminal justice system via the local Youth Offending Team which is

managed by a single management team across three boroughs. There is also a single Fostering and Adoption service which recruits, approves and supports foster carers, connected persons and adoptive parents who care for children from all three boroughs. The borough's services for children in need of help and protection, children looked after and care leavers were inspected by Ofsted under its unannounced single inspection framework in January and February 2016. This resulted in a "Good" judgement by Ofsted. The inspection report<sup>3</sup> included a sub-judgement of "Good" regarding the experience and progress of children needing help and protection.

Ofsted made six recommendations following the inspection in relation to children who go missing, access to independent advocates, out-of-hours services for children, care planning, opportunities for care leavers and pathway plans. The local authority has produced and reviewed progress on an action plan to address these recommendations which has been submitted to Ofsted.

### **Royal Borough of Kensington and Chelsea**

As is the case with Hammersmith & Fulham, the Royal Borough's Family Services directorate coordinates a range of services for vulnerable children including statutory social work for children and families and early help and also shares the same services. The Royal Borough's services for children in need of help and protection, children looked after and care leavers were inspected by Ofsted under its unannounced single inspection framework in January and February 2016. This resulted in an "Outstanding" judgement by Ofsted, one the first of two authorities to have received this judgement to date. The inspection report<sup>4</sup> included a sub-judgement of "Good" regarding the experience and progress of children needing help and protection.

Ofsted made four recommendations following the inspection in relation to children who go missing, out-of-hours services for children, engaging partner agencies in strategy discussions and access to independent advocates. The local authority has produced and reviewed progress on an action plan to address these recommendations which has been submitted to Ofsted.

### **Westminster City Council**

As is the case with Hammersmith & Fulham and Kensington and Chelsea, Westminster's Family Services directorate coordinates a range of services for vulnerable children including statutory social work for children and families and early help and also shares the same services. Westminster's services for children in need of help and protection, children looked after and care leavers were inspected by Ofsted under its unannounced single inspection framework in January and February 2016. This resulted in an "Outstanding" judgement by Ofsted, one of the first two authorities to have received this judgement to

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<sup>3</sup> [London Borough of Hammersmith and Fulham - Inspection of services for children in need of help and protection, children looked after and care leavers Ofsted 2016](#)

<sup>4</sup> [Royal Borough of Kensington & Chelsea - Inspection of services for children in need of help and protection, children looked after and care leavers Ofsted 2016](#)

date. The inspection report<sup>5</sup> included a sub-judgement of “Good” regarding the experience and progress of children needing help and protection.

Ofsted made four recommendations following the inspection in relation to children who go missing, out-of-hours services for children, evaluation of children in need cases and support for care leavers who are in custody. The local authority has produced and reviewed progress on an action plan to address these recommendations which has been submitted to Ofsted.

## **Metropolitan Police**

A combination of individual Borough Commands and specialist teams provide policing across the LSCB area. All of these units prioritise children’s safeguarding with their wider priorities informed by the Mayor’s Office for Policing and Community (MOPAC). MOPAC identified 7 key neighbourhood crime types for particular attention between 2013 and 2016 including violence with injury. The future strategies of the Metropolitan Police will focus increasingly on key risks to vulnerable people, including children, for example, those who go missing, are at risk of sexual exploitation and victims of modern slavery.

The Child Abuse Investigation Team (CAIT) is one of 15 such teams covering all 32 boroughs and has responsibility for providing support, advice and assistance with any serious safeguarding issues relating to children. CAIT also investigate abuse committed within families as well as by professionals and carers. Such investigations take place in cooperation with local authority services and include recent and historical allegations of offences against children. Locally, the Borough police have focused particularly on children who go missing or are at risk of child sexual exploitation, domestic abuse and serious youth violence or gang activity. As more specialist secondary teams often rely upon borough police officers to detect and refer on such crime, it is important that frontline officers have the necessary levels of awareness and knowledge. Therefore, a continuous programme of training is provided to officers on these issues and safeguarding in general. Current pressures for the police service include needing to respond to high levels of children being reported as missing and meeting the needs of people who have significant mental health difficulties. In the LSCB area there are also additional pressures resulting from needing to provide initial responses to significant numbers of young people for whom there are concerns but who are the responsibility of other local authority areas.

The report following a “PEEL” inspection of the Metropolitan Police’s effectiveness across London in response to vulnerable people was published in December 2015. It concluded that a good response was provided by the force to missing and absent children and that it had made a good start in ensuring it was well prepared to tackle child sexual exploitation. Meanwhile its response to victims of domestic abuse was good, clear and well understood by officers and staff across the force. However, the overall conclusion was that the force required improvement. There were recommendations to develop understanding of the nature and scale of the issue of missing and absent children through assessment of available data, including that of partner organisations. It was also recommended that it should be ensured that specialist staff receive appropriate training in relation to safeguarding and understanding how to prevent repeat instances which could lead to

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<sup>5</sup> [Westminster City Council - Inspection of services for children in need of help and protection, children looked after and care leavers Ofsted 2016](#)

harm. In 2016, Her Majesty's Inspectorate of Constabulary carried out an inspection of the Metropolitan Police's response to child protection issues, the results of which are yet to be published

### **Multi-Agency Safeguarding Hub (MASH)**

The Tri-Borough MASH acts as the focal point for all police generated safeguarding referrals for both children and vulnerable adults. Excellent partnerships exist across all the agencies represented within the MASH ensuring consistency in the application of thresholds and informed risk based decision making. The team also shares all reports created in relation to missing children maintaining a productive working relationship with the Tri-Borough Missing Persons Co-ordinator. The officers within the MASH now have responsibility for the investigation of Category 1 CSE concerns across the LSCB area. This dedicated response has seen a significant increase in police attendance at strategy meetings and improved oversight of the links between missing children and CSE. Oversight for CSE across the area is managed via the Multi-Agency Sexual Exploitation (MASE) panel which enables a strategic overview of the effectiveness of interventions made with victims and disruption tactics employed with perpetrators. MASE is well attended by a range of partners who are supportive of the aims of the group which reports quarterly to the LSCB subgroup. The work of the MASH, MASE, and overall response to CSE were commended in the reports published by Ofsted following inspections in all three boroughs of services for children in need of help and protection, children looked after and care leavers. Arrangements have also been subject to a recent Her Majesty's Inspectorate of Constabulary inspection the results of which are yet to be published.

### **NHS England (NHSE)**

NHS England London Region is responsible for ensuring that the commissioning system in London works effectively to safeguard children at risk of abuse or neglect. One of its outcomes is to ensure that NHS England London Region directorates are aware of their responsibilities with regard to safeguarding and are appropriately engaged with the Local Safeguarding Boards and key partners such as the Metropolitan Police across London.

Key activity for London Region in 2015/16 included carrying out a CCG Safeguarding Deep Dive Assurance and the development of a risk matrix outlining key safeguarding risks across London. This was partly based on the "Section 11 audit" used by LSCBs to assure themselves that agencies placed under a duty to co-operate are fulfilling their responsibilities to safeguard children. While the self assessment concluded that the theme of "The culture of safeguarding within the organisation" was fully met, the outcomes for "A safe organisation" and "Assurance and system leadership" were assessed as "partially met". This has led to planned actions to improve training for staff and to improve linkages between CCGs, local authorities and NHS London in relation to primary care assurance. The need for work with London Councils in relation to the Alan Wood Review (a government initiated review of the role of LSCBs published in 2016) was also highlighted.

Significant challenges for health agencies in London include the recruitment and retention of safeguarding professionals; effective working with CCGs, Care Quality Commission (CQC) and safeguarding boards to recognise and understand key safeguarding risks in primary care; keeping up with the challenge of complexity, particularly in relation to new and emerging risks including Female Genital Mutilation (FGM), Modern Slavery, counter terrorism, unaccompanied asylum seeking children and CSE. Activity in 2015/16 which has specifically impacted upon the area covered by the LSCB includes the implementation of



the Child Protection-Information Sharing project (CP-IS). This is a national system that connects children’s Social Care IT systems with those used by in unscheduled care settings across England. The system went live in Kensington and Chelsea in 2015/16 with Hammersmith & Fulham and Westminster due to go live by the end of 2016.

Priorities for 2016/17 include improving training numbers in the region; leading work on FGM and modern slavery; working with partners to understand the impact of the Alan Wood review; and improving the CH-IS roll out and to work on priorities identified from the CCG deep dives.

**Clinical Commissioning Groups (CCGs): West London CCG, Hammersmith and Fulham CCG and Central London CCG**

CCGs are statutory NHS bodies with a range of statutory duties – including the safeguarding of children. They are membership organisations that bring together General Practices to commission services for the registered populations and unregistered patients who live in their area.

CCGs as commissioners of local health services need to assure themselves that the organisations they commission have effective safeguarding arrangements in place. They are responsible for securing the expertise of Designated Professionals on behalf of the local health system. These professionals undertake this role across the health economy and actively participate in the work of the LSCB. During 2015-16 Designated Professionals played an integral role in all parts of the commissioning cycle, from procurement to quality assurance, ensuring appropriate services are commissioned that support children at risk of abuse or neglect, as well as effectively safeguarding their well-being.

During 2015 the three CCGs undertook an NHSE Assurance Safeguarding “Deep Dive” exercise. The CCGs were assessed against four components namely: Governance, Systems and Processes; Workforce; Capacity Levels; and Assurance

The table below details NHSE’s assessment of the CCGs against these components.

<b>Safeguarding Deep Dive Review Components</b>		<b>Outcome</b>
1	Governance / Systems / Processes	Assured as Good
2	Workforce	Limited Assurance
3	Capacity Levels within CCGs	Assured as Good
4	Assurance	Assured as Good

Beneath these four high level components are a number of more detailed areas. The CCGs were assured as being **Outstanding** on the following areas:

- Engagement around FGM.
- The work being undertaken with Buckinghamshire New University to develop an educational tool to support practitioners in the application of the Mental Capacity Act (2005).

Components that were rated as providing Limited Assurance are being addressed at a CCG level. These predominately relate to the uptake of training.

## **Imperial Hospital NHS Trust**

Imperial College Healthcare NHS Trust has a well-established children's safeguarding service led by a Designated Doctor, Nurse and Midwife. Specialist staff are based in maternity, children's services and the A&E department and a quarterly safeguarding children meeting is held. Strong links have been established with organisations and charities, to provide joined up support in areas such as domestic violence (Standing Together) and youth gang violence and child sexual exploitation (Red Thread). Red Thread workers are based in the A&E department and sexual health clinic at St Mary's Hospitals. Close working has also been developed with adult safeguarding services to ensure that children are protected in situations where there are adult safeguarding concerns. An extensive programme of training and supervision has been established to ensure that staff are prepared and supported when dealing with safeguarding issues.

## **Chelsea and Westminster Hospital NHS Foundation Trust**

Within Chelsea & Westminster Hospital there is a full safeguarding children's team – liaison health visitor, Designated Nurse, Midwife and Doctor, supported by an administration post. The Designated Doctor for the area works within the Trust and offers additional support. Quarterly Children's Safeguarding Boards are chaired by the Director of Nursing, and there is also an annual Joint Adult and Children's Safeguarding Board within the Trust. A social work team based within the hospital supports children's safeguarding. Child Protection medicals are undertaken within the hospital, and there is good attendance at case reviews by the safeguarding team along with the lead nurse for paediatrics.

The team has worked with the Designated Nurses and Tri-borough safeguarding leads in a number of SCRs with learning shared across the organisation and with other agencies. The relationships developed through the LSCB enable the organisation to provide best practice, up to date safeguarding training, supervision, and care to children and families. Domestic violence continues to be a theme within SCRs and training within this area has been a priority, led by our Domestic Violence lead. We are delighted to have an Independent Domestic Violence Advocate in post to offer support and advice to families and staff.

Child and Adolescent Mental Health Services (CAMHS) are an ongoing concern due to the lack of tier 4 beds (specialist in-patient care for children who are suffering from severe and/or complex mental health conditions), but senior staff within the hospital are working with the CCG, mental health providers and NHSE to bring about improvements for patients within this area.

The Director of Nursing is a member of the LSCB and this is an essential partnership to enable sharing of learning, best practice, and support across agencies.

## **Central and North West London NHS Trust (CNWL) and West London Mental Health Trust**

Both Trusts have continued to work closely with children's social care across the three local authorities, referring cases appropriately whilst responding to MASH or Front Door enquiries as to whether parents are known to mental health services when safeguarding is a concern. There has been good feedback about the service provided by Trust link staff. We have worked hard to promote the "Think Family" agenda within adult mental health

services and this has contributed to a demonstrable increase in referrals from adult mental health services to children's social care.

An audit on the joint protocol was included in our Commissioning for Quality and Innovation (CQUINs) payments framework. This showed good joint working across the partnership, but with no room for complacency. We have also tried to stress that mental health is not just about mental health services and this year have encouraged primary care to explain to service users the services that they provide to those with minor mental health problems or stable severe conditions.

In 2015/16 both Trusts were subject to CQC Inspections and there were no actions that were identified in relation to safeguarding children arising from either inspection.

CNWL has undertaken work in relation to the two Serious Case Reviews that it was involved with and is now in the process of implementing the action plans and embedding the learning across its services. This has also been shared with West London Mental Health Trust so that both Trusts can learn from incidents.

New reporting guidance on FGM has been implemented. New guidance on modern slavery has also been promoted and used effectively with a specific case so that a vulnerable adult was kept safe. The Prevent agenda also continues to be promoted with both agencies having internal targets to contributing to a three year target which is on track to be achieved. Both Trusts have been involved with a Mayor's Office for Policing and Crime (MOPAC) funded project. This includes joint work with Standing Together to run sessions for mental health staff on raising awareness of domestic abuse and to improve compliance with procedures.

## **Probation**

The National Probation Service (NPS) London continues to work with partner agencies to safeguard children within the three boroughs. NPS contributes to MASH, the Multi-Agency Risk Assessment Conference (MARAC), MASE and Multi-Agency Public Protection Arrangements (MAPPA) to ensure that issues of child safeguarding are at the forefront of all our work with service users. NPS undertakes an audit of a sample of cases every month and safeguarding aspects of casework are always considered when appropriate. Court teams are currently developing closer links with safeguarding agencies to ensure more effective and faster sharing of information to protect children of those who appear in our local courts. All staff are trained and are encouraged to take part in the opportunities for further learning provided by the LSCB training programme.

## **Community Rehabilitation Company (CRC)**

Since December 2015, London CRC's offender managers have adopted a new approach which works with groups of offenders who have similar rehabilitation needs. The aim of this new way of working to deliver tailored services that tackle the underlying causes of offending. Young people receiving services are now assigned to one of six cohort groups including those who are 18 to 25 year old males, those who have mental health and learning disabilities (as the primary presenting need) and those who are women. Through this model, operational staff can spend more time working face-to-face with offenders. The CRC also continues to fulfil its Community Safety (Integrated Offender Management) and Safeguarding (MASH) responsibilities. The CRC has re-launched its performance framework which monitors the volume of responses and whether someone is known to

children's social care. Meanwhile staff in the separate Rehabilitation, Partnerships and Stakeholders directorate are focusing on developing partnership relationships. This work is led by a Head of Stakeholders and Partnerships who attend this and other LSCBs.

### **Children and Family Court Advisory and Support Service (Cafcass)**

Cafcass is a non-departmental public body, sponsored by the Ministry of Justice. It works in the family courts in circumstances where children have experienced or are at risk of experiencing abuse, neglect or trauma. Cafcass also work with families in circumstances where there is a dispute about where a child should live or with whom they should spend time, often following divorce or separation. The role of Cafcass is to make recommendations to the court about the right courses of action for children and young people. Cafcass was inspected by Ofsted in 2014 and judged to be good with outstanding leadership and management. Since then Cafcass continues to prioritise safeguarding activity and internal audit reveals that the organisation is making good progress. Cafcass's recent annual report detailed work with 116,104 children and young people across England. Cafcass's key performance indicators were met 2015-2016 despite a 10.3% increase in demand in private law and a 14.2% increase in public law cases.

### **Community Safety**

Across the three local authority areas, Community Safety provides significant focus around prevention and a range of activity in support of safeguarding. Through the Channel and wider Prevent safeguarding processes, the Prevent Team works closely with different Council departments across the three local authorities and with other agencies to support and safeguard individuals potentially vulnerable to extremism or radicalisation.

Channel is a statutory, early intervention, multi-agency process designed to safeguard vulnerable people from being drawn into violent extremism and/or terrorism. Channel works in a similar way to other safeguarding partnerships such as case conferences for children in need. It is a pre-criminal process that is designed to support vulnerable people at the earliest possible opportunity, before they become involved in illegal activity. Safeguarding leads from within child protection and Children's Services also sit on the panel. Alongside this, other multi-agency partners, including all those involved in any specific case, are brought together to collectively assess the risks in relation to an individual and decide whether a support package is needed. If the panel feels that an individual would benefit from support; a bespoke package will be developed, based on their particular needs and circumstances. The value of this work across the three boroughs was recognised in the early 2016 Ofsted inspection of services for children in need of help and protection, children looked after and care leavers.

Significant work has taken place to address youth violence within and across the three boroughs. Westminster's Integrated Gangs Unit (IGU) has also delivered multi agency work to safeguard young people. Examples include the provision of intensive support for those involved in gangs (100 referrals per year), prevention in schools (3074 pupils took part in sessions in 2015), joint workshops to support women in the BAME community (Prevent and IGU) and work to safeguard those at risk of being exploited by potential child sexual exploitation perpetrators.

### **Housing and Housing providers**

The range of housing services across the three boroughs is very broad comprising the provision of tens of thousands of homes owned and/or managed by the three councils with similar numbers of affordable housing properties owned by Registered Providers (Housing Associations). Advice is provided to thousands of households in housing need and across the three boroughs. Accommodation is also provided for over 6000 homeless households and supported housing services to care-leavers and other vulnerable young people to support them to live independently. High priority has been given to ensuring front-line staff across all types of housing service have an excellent understanding of safeguarding, are able to identify risk and know the appropriate action to take. There has also been a strong focus from the LSCB on ensuring that the most vulnerable homeless families are prioritised for suitable housing within their home borough and that the use of non-self-contained bed and breakfast accommodation for households in need only happens in emergencies. At any one time there have not been any more than 10 such placements across the three boroughs. Reviews of young people's hostel accommodation have included a significant focus on safeguarding and the findings of such reviews were very positive with the overwhelming majority of young people feeling safe and knowing action to take following any incidents.

## **Voluntary / Faith Sector**

The LSCB has benefited from a Community Development Worker post working closely with key safeguarding agencies from across the three boroughs, such as Prevent, the safeguarding in schools lead, and the FGM lead. In 2015-16, joint safeguarding sessions have been delivered to community groups, Imams, supplementary school teachers, and community forums. This joint working has helped to safeguard children more effectively in an LSCB area of significant diversity because of the increased face-to-face contact enabled with key community leaders who are often gate-keepers to the communities themselves. We have provided such leaders with key safeguarding contacts, an enhanced understanding of what safeguarding is, and some insight into signs and symptoms of abuse. This increased awareness amongst communities and groups can only strengthen safeguarding arrangements of children and young people. The Ofsted inspection in early 2016 provided very positive feedback regarding the work carried out with male members of FGM practising communities, particularly in reference to the support provided for key community leaders, including an Imam, in addressing this challenging issue amongst the wider community.

## **Schools**

As at January 2016<sup>6</sup>, there were there was a total of 255 schools across the three boroughs. 160 of these were state funded including 12 nursery schools, 104 primary schools, 30 secondary schools, 9 special schools and 5 settings which were either pupil referral units or alternative provision. 43 of these schools were academies or free schools. There is a significant independent sector across the three boroughs. In all there are 94 independent schools, 21 in Hammersmith & Fulham, 44 in Kensington and Chelsea and 29 in Westminster.

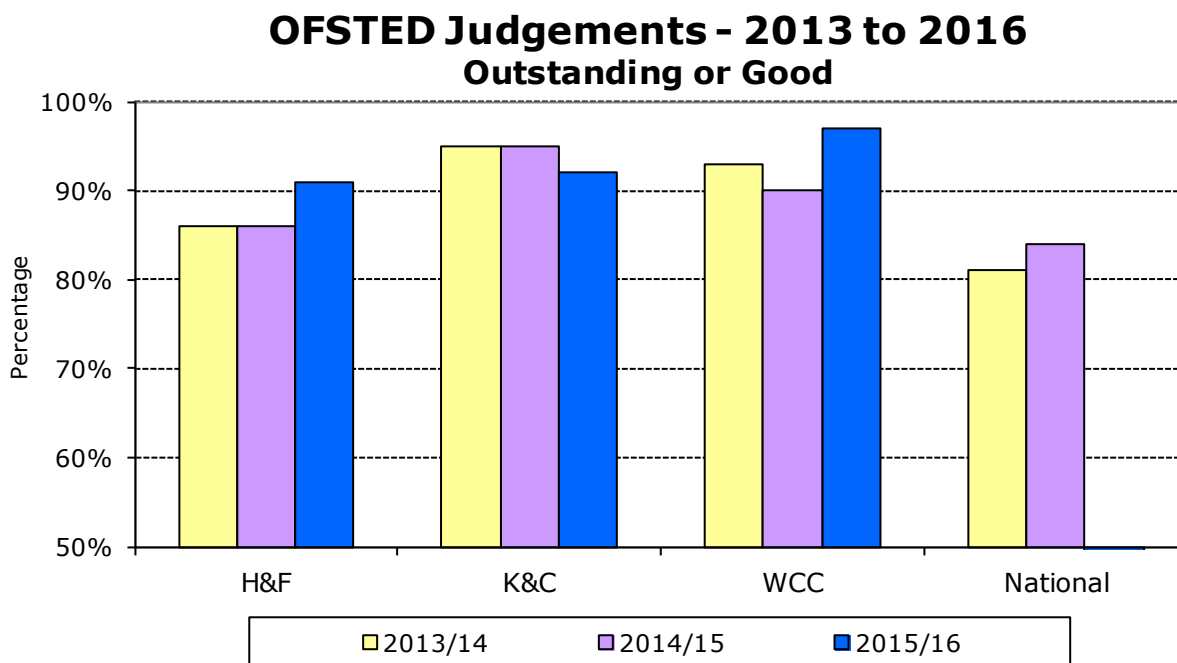
## **Ofsted Inspections of Schools 2015/16**

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<sup>6</sup> DfE "Schools, pupils and their characteristics: January 2016"

The percentages of schools in the tri-boroughs which are rated outstanding or good by Ofsted inspectors have remained consistently high during the last three academic years. Only three schools are currently judged inadequate (Hurlingham Academy and Phoenix, in Hammersmith & Fulham, and Wilberforce in Westminster) while seven of the 155 schools are judged to require improvement.

The percentages ranked outstanding or good at the end of the last three academic years is shown below; overall judgements for all three boroughs were considerably above the national average.



During 2015/16 to date there have been twelve full inspections of schools across the three local authorities. There have also been short inspections of a further four schools. The reports from such inspections include specific commentary from Ofsted regarding the effectiveness of safeguarding arrangements in individual schools and these reports are all publicly available.

### Children’s Homes

The Royal Borough of Kensington and Chelsea maintains two children’s homes in the area (Olive House and St Marks). St Mark’s has a current Ofsted rating of Good following an inspection in June 2016. Olive House received a rating of Good with “declining effectiveness” in an interim inspection in February 2016. No recommendations were made for specific actions for Olive House and the “declining effectiveness” issue was linked to the registration status of the home’s manager. An application for registration has subsequently been submitted to Ofsted.

Both Olive House and St Mark’s continue to provide detailed risk assessments for all the young people placed with them. These identify areas of concern and actions taken to address them. All staff undertake relevant training including bespoke training as the needs arise. Specific training was commissioned to support staff around working with CSE and to

respond more effectively to those people who go missing. St Mark's Ofsted inspection did note the lack of opportunity for young people to be seen by an independent person when returning after going missing and an action plan is in place to address this.

The Haven in Hammersmith & Fulham is a local authority children's home registered for up to seven children with learning disabilities and physical disabilities. The home mainly provides short breaks, but can also provide interim emergency and longer-term placements. It was last inspected in July 2016 and judged by Ofsted to be "good" across all three sub-judgements. An area identified for improvement was the "safeguarding knowledge" of staff. Managers advise that this refers particularly to temporary staff which have been needed to meet demands for longer-term placements. This demand has resulted from a planned strategy to ensure more children with complex needs can be placed locally with good access to their family networks and local support services. Managers have provided assurance that permanent staff have a good understanding of safeguarding and that these staff take lead responsibility for each shift. Further actions are being taken to increase recruitment to permanent positions and to ensure training needs of all staff are identified and met.

### **HM Prison Wormwood Scrubs**

Safeguarding comprises a significant part of the work carried out by HM Wormwood Scrubs Prison with families and children of inmates. A lead officer, who is also an attending statutory member of the LSCB, is in place for safeguarding. Her role includes liaison with social workers, schools and families regarding children's visits to the prison and discussing any safeguarding issues. There are also links between the prison and external Multi-Agency Public Protection Arrangements (MAPPA). The officer has attended Level 3 multi-agency safeguarding training provided by the LSCB and the Academy of Justice and. Furthermore she provides a basic training to the officers who supervise visits and there are plans to recruit a family officer.

The prison's Visitor Centre has provided safeguarding training for the staff working there and can make referrals or consult with the lead officer where there are any safeguarding issues for families attending the centre.

A recent Justice Inspectorate inspection in December 2015 noted that public protection procedures were adequate and that applications for contact with children were assessed appropriately and suitable levels of contact approved where possible.

### **Section 11 Audits**

Section 11 of the Children Act 2004 details the responsibilities that agencies have for safeguarding children. The LSCB carries out bi-annual audits of all member agencies. In 2015-2016, a working group, including one of the LSCB lay members, reviewed the pan-London audit tool in use and revised the questions in it to make it both more user friendly and helpful for agencies completing it. The audit tool questions were also updated to include new and emerging safeguarding concerns such as radicalisation and child sexual exploitation. The audit tool is now accessed online and once completed in full, allows users to generate an action plan to address any areas that need improvement. Following the development of the revised audit tool, a small number of agencies were selected to

complete it at the end of the year. A wider range of agencies, including schools and voluntary sector providers are expected to complete it in 2016-2017.

## **ANNUAL REPORTS**

### **Child Death Overview Panel (CDOP)**

The 2015/16 Annual Report for CDOP provides analysis of the child deaths reviewed during 2015-16 in the boroughs of Westminster, Kensington and Chelsea and Hammersmith and Fulham, rather than those deaths notified during the same period. Between April 2009 and March 2016 there have been 226 child death reviews completed with 25 reviews in 2015- 16.

The panel has focused on reviewing all child deaths that have occurred across the 3 boroughs identifying factors that may have contributed to the deaths along with any modifiable factors.

The panels are themed to enable more effective learning from cases and do not review unexpected deaths until other forms of investigations or Serious Case Review has been undertaken.

In addition, the timing of reviews is subject to:

- The information available from agencies involved
- Other processes such as police investigation, serious case review or inquest
- Number of cases relation to particular themes

Of the 25 deaths of children, reviewed by the Child Death Overview Panel (CDOP) 10 were assessed as unexpected. The key themes for the unexpected deaths were related to life limiting disease and perinatal events. As a consequence, the main category of death has been those with life limiting disease.

The Clinical Commissioning Groups have continued to lead on the work of CDOP on behalf of the LSCB. Quarterly updates are given to the Board and progress has been made in strengthening links with other subgroups in particular the Case Review Subgroup.

The panel is chaired by the Deputy Director of Public Health for Westminster. A Specialist Nurse is being recruited to take responsibility for the management of the CDOP process working alongside the Designated Doctor for Child Death.

A number of recommendations were made for the work of CDOP in 2016/17 including

- To improve the communication process between CDOP and the parents of children who have died. Parents should receive a letter to inform them of the CDOP process along with appropriate leaflets.
- Identification of topics for research and to develop a work stream to support this.
- To work with the LSCB to develop web pages on the LSCB website so that families and professionals have access to information and resources in relation to the child death process and how to access support.
- To establish links with the Learning and Development subgroup secondary and primary care, education and the police to ensure that learning from the child



death reviews is disseminated and that agencies are aware of the CDOP process.

- The learning from CDOP to inform the Joint Strategic Needs Assessment for the three boroughs.

### **Local Authority Designated Officer (LADO) – Safer Organisations**

The LADO has provided a report regarding the management of allegations against adults working with children across the LSCB over the course of the past year.

The procedures used for managing allegations are as set out in the London Child Protection Procedures. The procedures are invoked when there is an allegation (whether historic or current) that a person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people. If concerns arise about the person's behaviour to her/his own children, the police and/or children's social care must consider informing the employer or organisation in order to assess whether there may be implications for children with whom the person has contact at work / in the organisation, in which case this procedure will apply.

All staff should be made aware of their organisation's whistle-blowing policy and feel confident to voice concerns about the attitude or actions of colleagues; learning from Serious Case Reviews indicates that early reporting of low level concerns around rule breaking and boundary keeping can help to prevent the abuse of children.

In 2015/16, the local LADO service has been strengthened and developed. Child protection advisors in each of the boroughs handle incoming cases on a duty basis with support from the Safe Organisation manager /LADO lead. The majority of Child Protection Advisors are now permanent members of staff which means practice is embedded and there are opportunities to take advantage of discussing emerging themes and thresholds across the three boroughs. This is particularly important where there have been similar changes in the arrangement in place for the Child Abuse Investigation team.

### **Safe Recruitment and learning from Serious Case Reviews**

The LADO has continued to offer accredited safe recruitment training as part of the LSCB training programme. This has been well attended as have sessions on learning from SCRs and 'meet the LADO' events.

### **Raising the profile of the LADO role**

The LADO has worked closely with the Safeguarding Lead for Schools and Education officer and the LSCB Training Officer to raise the profile of the role with schools and in particular in the independent school sector (in part prompted by the learning from the Southbank International School SCR). There is further work to be done academies, particularly those which belong to larger trusts and where in-house HR services for such schools do not have specialist knowledge of safeguarding.

## **Origin of Referrals**

Overall the volume of cases reported to the LADO service is increasing – this appears to be reflected across the London boroughs. More organisations are making contact for consultation and reassurance on risk assessment. The majority of cases still emanate from early years settings and schools.

It would appear that more historic cases are coming to light and this could partly reflect the influence of the Independent Inquiry into Child Sexual Abuse at a national level. All LADOs have been instructed to retain and secure records of previous concerns and it is possible that a local case will be called in during the course of the Inquiry.

It is notable that there has been a decline in the number of referrals from the voluntary sector. Whilst acknowledging that this is not a homogenous group of organisations, some consideration should be given to further outreach work to raise the profile of safeguarding and to ensure that the sector is well-supported amongst the wide range of organisations in this sector.

In contrast there has been an increase in referrals from a broad range of sports organisations. Whilst some bodies like the Rugby Football Union do have a regulatory role, many other such bodies are membership organisations, meaning that anyone can pay their fee and join. This can give users the false impression that sports providers are accredited and vetted and it can be very difficult to hold some small scale providers to account in these circumstances. A similar situation applies to other service providers – for example therapists who do not need to be registered with the Health Care Professionals Council (HCPC).

## **Private Fostering**

The social worker responsible for the coordination of private fostering arrangements across the LSCB area provided a report to the LSCB in October 2015. The report showed an increase in notifications of such arrangements at that point of 2015/16 compared with the previous year. Notifications tended to come from agencies such as school admissions, the Benefits Agency, schools, local authority Children's Services and self-referrals. A programme of awareness-raising had taken place including with GPs, Health Centres, and Youth Hubs with some initial indications of this having an impact upon referrals. Other publicity and guidance had led to an increase in queries and consultations. The effectiveness of this coordinating role including awareness raising and impact on referrals was confirmed in the reports following the Ofsted inspections in all three boroughs in January and February 2016.

The report notes that a high number of private fostering arrangements had recently ended, largely because children and young people had either returned to the care of close family members, made the transition into adulthood or moved to other areas. Appropriate referrals have been made to the relevant boroughs to inform them of the likelihood that children were moving into their area subject to private fostering arrangements. Support had also been explored with carers of young people as they reached the age of 16, and appropriate referrals made where required.

Further work was planned including a formal communication and awareness raising strategy across the LSCB area including a single website; engagement with external special interest groups to ensure access to best practice; development of a local, shared

Private Fostering Protocol and improvements to common recording and assessment processes.

### **Independent Reviewing Officers (IRO)**

Independent Reviewing Officers chair reviews for individual looked after children and have an important role in the care planning and safeguarding of such children. They therefore hold significant information regarding the overall experiences of children in the care of the three local authorities covered by the LSCB.

Over the course of 2015/16, the IROs have been working as part of a unified service. The teams have remained relatively stable, with caseloads within the recommended limits set in the IRO Handbook. This allows IROs to know their children well, and to monitor cases between reviews. They have continued to work in collaboration with the social work teams to resolve issues and concerns about children's care plans in an informal manner wherever possible. There is a positive working relationship between IROs and front line teams across the three authorities, and this has kept the need for recourse to the formal Resolution Protocol to a minimum.

The role of the IROs was noted in the inspections of the three local authorities by Ofsted in 2016 with commentary including "Outstanding services for children looked after are characterised by robust arrangements in place for reviewing care plans by a dedicated team of independent reviewing officers", "Independent reviewing officers know children and young people well, and provide positive support outside of the reviewing process. There is a culture of informal and formal challenges to care plans" and that IROs "have manageable caseloads ..., enabling them to drive permanency planning vigorously. They routinely attend permanency planning meetings and are committed, knowledgeable and passionate about their work. They know the young people well."

51% of the children looked-after at 31<sup>st</sup> March 2016 had been in the care system for less than 12 months. This indicates a continued high turnover of children in the care system over the 12 month period. 78% of looked-after children across the three authorities are aged ten and over. This presents particular challenges for achieving stable and permanent placements for some of these young people, as their needs are likely to be more complex as a result of their late entry into the care system. 22% of looked-after children were placed outside of the London area. Progressing permanent and stable placements for these children close to their home authority wherever possible remains a challenge and the LSCB has reviewed the reasons behind children being placed at distance from a perspective of being able to provide consistent health services for them.

Across the three local authorities 91% of looked after children reviews were held within statutory timescales. Over 97% of looked after children participated in their review meetings over the year. They have also been involved in key service development initiatives through their Children and Young People's Panel / Children in Care Councils. These included engagement activities as part of the development and implementation of the Looked After Children and Care leavers Strategy, recruitment of senior Officers, and a number of events to celebrate key achievements

## Violence Against Women and Girls (VAWG) Partnership<sup>7</sup>

The three local authorities covered by the LSCB established have maintained a shared services response to VAWG commissioning, governance and strategy since 2014. Mayor's Office for Policing and Crime (MOPAC) London Crime Prevention Funding, matched by Council funding has been used for this purpose from 2013 with the current funding due to end in 2017. From April 2015 to March 2016 the three previously sovereign borough Domestic Violence/VAWG arrangements were brought within a single governance structure with a Strategic Board, chaired by the Tri-Borough Executive Director of Children's Services, and supported by six operational groups. Joint working protocols have been established with the partnerships including the LSCB in recognition of the cross cutting range of harms included in the scope of VAWG.

The VAWG strategy is configured around seven priorities including one which focuses on children and young people. The priority is that children and young people are supported if they witness or are subject to abuse and understand healthy relationships and acceptable behaviour in order to prevent future abuse. The Partnership prioritises both prevention of violence and abuse and direct provision of support for Children and Young People.

Specialist VAWG professionals within eight different children's services settings were co-located through the Partnership in 2015/16. Professionals in specialist services now work alongside colleagues from children's services to strengthen pathways and knowledge-sharing between them to support high risk families in the short term but also to undertake longer term work to prevent future abuse and increase safety in families.

Priorities for 2016/17 include a focus on whole school and whole family approaches and networks of lead professionals across the children's sector. Additionally, there is a plan to roll out the #SpeakSense campaign for young people alongside the young person's version of the VAWG Strategy.

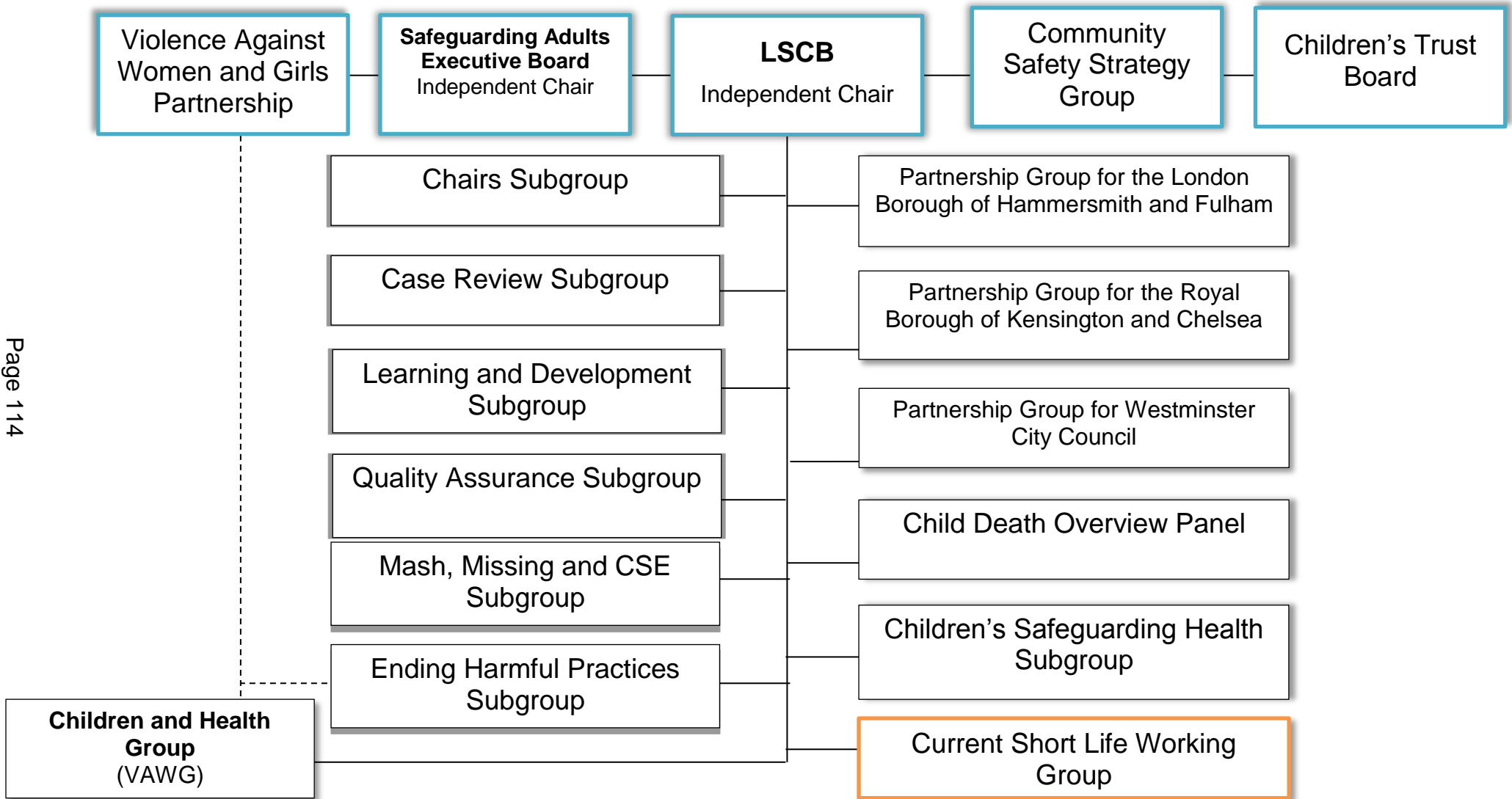
Specialist support for children remains a significant gap in all three boroughs. There is no specialist advocacy support for children and young people under 13 years old who have been affected by domestic abuse in any of the three boroughs. The Partnership aims to address this gap with a needs assessment and joint commissioning strategy.

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<sup>7</sup><https://www.rbkc.gov.uk/pdf/Violence%20against%20women%20and%20girls%20Partnership%20Annual%20Report%202015-16.pdf>

## GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

The current structure of the LSCB is as follows \*



\* LSCB membership on LSCB website <https://www.rbkc.gov.uk/sharedservices/lscb/aboutus/boardmembersandadvisers.aspx>

## PRIORITIES OF THE LOCAL SAFEGUARDING CHILDREN BOARD – 2015/16

The headline priorities of the Local Safeguarding Children Board for 2015/16 were as follows:

### Continue to deliver the core business of the Board at high quality

- Evaluation and challenge of the role of Early Help in safeguarding children
- Engagement with diverse communities
- Effective child protection plans
- Multi-agency responses to neglect
- Ensure safeguarding practice meets the needs of children with mental health concerns, who are disabled or affected by domestic abuse

### Improve the Board's effectiveness in reducing harm to children

- Learning from each other in a context of organisational change
- Increased learning from case reviews
- Ensuring that the needs of children from marginalised groups are scrutinised by the Board
- Effective communication with a multi-agency workforce
- Holding each other to account - challenge that improves outcomes
- Maximising our wider partnerships to better influence impact on the ground

### Ensure effective, proportionate, multi-agency responses to safeguarding issues which affect children & young people with high levels of vulnerability

- Female Genital Mutilation
- Sexual exploitation
- Addressing perpetrators of abuse and exploitation
- Involvement with gangs
- Going missing
- Substance misuse
- Radicalisation of young people

**Informed by the voice of the child & the experience of our looked after children**

## **Summary of outcomes and progress made**

The Safeguarding Plan was developed to identify a series of outcomes through which progress could be measured. The following section lists the outcomes and evidence of activity that supports each of the outcomes.

- 1. We know the impact of our early help framework in identifying and supporting children and young people who are at risk of neglect and/or have high levels of vulnerability.**
  - The LSCB was provided with an assessment from each borough of measured impacts of council early help services upon children and families.
  - A Focus on Practice impact report was provided showing initial indications of the positive effects of the programme on rates of children becoming looked after, those with child protection plans and re-referrals.
  - The LSCB Neglect Strategy was published which is now informing a series of tools and awareness raising developments across the three boroughs.
  - An integrated ante-natal offer and 2 year old check has been implemented across all three boroughs with Information Sharing Agreements in place.
  - Schools are increasingly engaged with addressing eSafety issues, including through linking with parents.
  
- 2. Our performance framework identifies areas of concern which are challenged and addressed through the Board.**
  - The Board has consistently received performance reports with exceptions identified. There have been challenges which have been discussed at the Board including in relation to the numbers of looked after children placed out of borough.
  
- 3. Partners have a shared overview of the effectiveness of safeguarding of disabled children and agree actions to address any concerns.**
  - Learning in relation to the specific needs of disabled children from relevant Serious Case Reviews has been reviewed and shared across the multi-agency workforce.
  
- 4. We have reviewed the structure of the LSCB to maximise the contribution of our partners and the Board's impact upon wider practice.**
  - Ofsted's Review of the LSCB found the shared structure created significant benefits for young people through the rationalisation of time and secure involvement of senior representatives from partner agencies. The balance achieved between shared and local functions ensured that children are safeguarded effectively. Additional points of relevance to this outcome included:
    - i. Although Ofsted recommended that the Board should devise a system to escalate concerns about infrequent attendance at the board by

partners, there has been effective follow-up in relation to this by the Independent Chair and others. There has also been effective action to ensure departing members are replaced. The sub-groups are chaired by leads from a range of agencies. The LSCB now includes stronger input from Public Health, Health, Adults Services and Prevent.

- ii. A Health Overview sub-group has been meeting since April 2015.
- iii. A new system has been implemented to enable Section 11 audits to be carried out virtually with a phased programme to make this accessible to different agencies.

**5. A Communications Strategy is agreed which reflects the views of children and young people on how best to raise their awareness of our priority safeguarding issues; successfully disseminates key learning to practitioners in all partner agencies; identifies missing stakeholders/partners and strategies to engage them.**

- A shared website went live in 2015 and has been regularly updated with further developments planned. A Twitter feed is driving visits to the site.
- The “Young Humans” project regarding feelings of young people about being Muslim in West London has been hosted on the website.
- The LSCB worked with young people during Youth Takeover Day to design anti-bullying resources.
- Our communications are encouraging increasing numbers of independent schools to seek advice about safeguarding issues.

**6. Our training programme is targeted to reflect the priorities of the LSCB and address current challenges for frontline workers.**

- The annual training programme was published with a plan in place to measure the impact on delegates at intervals after training was completed, as well as mystery shopping exercises.
- Feedback from consultation has influenced training content, e.g. a VAWG consultation of young people led to key messages being stressed in LSCB core training. LSCB has facilitated advertising of Prevent WRAP training to increase uptake by the children’s multi-agency workforce.

**7. LSCB members have a clear understanding of the role and challenges of other partner agencies including the impact of ongoing significant change.**

- LSCB member agencies have publicised changes to service offers via the Board with challenges where it is felt that such changes could have an impact on safeguarding. This aspect of the Board’s activity will be formalised through LSCB meeting agendas in 2016/17.

**8. All partner agencies are effective in identifying children and young people affected by gangs and serious youth violence and refer them on for effective support.**

- There have been effective services and processes in all three boroughs as follows:



- i. Hammersmith & Fulham: Street Outreach Service operating as an autonomous service with referrals from police, children’s services and probation following concerns about serious youth violence or emerging tensions.
- ii. Kensington and Chelsea: Good working relationships between key agencies concerned with serious youth violence facilitate information sharing and effective meetings following London Child Protection guidelines. The local police gangs team work with all agencies on managing individual or groups of young people.
- iii. Westminster: The multi-agency Integrated Gangs Unit located in the MASH meets daily to share information with strong partnership working with schools, Redthread and Child and Adolescent Mental Health Services.

**9. Frontline practitioners are aware of the signs of child sexual exploitation and are confident in supporting children who are affected.**

- There is a high level of assurance about the effectiveness of a wide range of strategies to tackle CSE in the three boroughs. Ofsted noted a “robust and well-coordinated response...informed by the effective sharing of information and intelligence between all key agencies.” The Review of the LSCB noted that “Effective monitoring by the child sexual exploitation and missing sub-group enables the board to have a robust understanding of missing children and their behaviour across the tri-borough partnership.”
- LSCB general and specialist training courses address CSE with additional training provided for Family Services staff by CSE leads. Training has been reviewed and revised where appropriate e.g. to make some generic training more specific to local situations. Staff from local authority Children’s Services, health, the voluntary sector and probation have participated in the training offered.
- Training and awareness videos have been published on the LSCB website.
- Profiles of CSE activity have been produced and shared with partners through the MASH/Missing/CSE sub-group.

**10. The wider community has an increased awareness of young people vulnerable to sexual exploitation, gang activities, domestic violence and female genital mutilation.**

- Operation Makesafe has been implemented across the three councils with a Stakeholder Group led by the Director of Children’s Services reporting to the LSCB. This has engaged businesses including hotels, licensed premises and taxi companies in awareness of and responses to CSE
- Awareness of CSE amongst young people has been addressed through the Healthy Schools Partnership and School Improvement Team which promotes this in schools through the Personal, Health and Social Education (PHSE) curriculum.

- Young people in targeted schools have received training from the Integrated Gangs Unit and the police on consent and rape as well as additional training from Barnardo's and VAWG.
- Ofsted noted the effectiveness of awareness-raising regarding FGM which had led to referrals to children's social care increasing along with the effective role of the tri-borough female genital mutilation project in engaging fathers and husbands and from particular communities.

#### **11. Multi-agency planning addresses the behaviour of perpetrators of CSE and Domestic Abuse.**

- Ofsted noted the role of information sharing through the Multi-Agency Sexual Exploitation panel (MASE) and other local panels and mapping arrangements in ensuring a focus on both victims and perpetrators.
- Reports to the MASH/Missing/CSE Sub Group now include summary information about perpetrators and locations of concern.
- There is reciprocal attendance at key risk management groups such as MAPPA and Serious Youth Violence panels with good examples of "mapping" meetings in the boroughs sharing information about perpetrators from different agency perspectives.
- Anonymised examples of effective action to disrupt perpetrators and address locations of concern have been shared with the LSCB and the Sub Group.
- All three boroughs have well performing MARACs that safety plan for families where there is high risk domestic abuse

#### **12. Agencies are aware of and able to respond to young people affected by domestic abuse perpetrated by peers**

- A report has been presented by VAWG representatives to the LSCB with a commitment to regular updates going forward.
- Professionals from specialist services are now working alongside colleagues from children's services to strengthen pathways and knowledge-sharing between them to support high risk families and to provide longer term work to prevent future abuse and increase safety in families.
- Parenting Programmes have been introduced which support wider relationships and their impact on child well-being, in addition to developing additional components to early intervention parenting programmes that offer VAWG support. This includes *Talking Without Fear*, which focuses on offering extra support to non-abusive parents post separation as they are recovering from the trauma of abuse, and the *Healthy Relationships Healthy Babies* pilot, both of which have happened in Westminster.
- Children and young people have been identified as a priority in all of the VAWG's operational groups

**13. Practitioners are increasingly able to identify children at risk of female genital mutilation and respond appropriately to safeguard them.**

- A pilot project involving local authority and health services has introduced an innovative approach in identifying and working with potential and current FGM victims. A specialist social worker co-located and embedded within a health setting has contributed to strong multi-agency working which is enhanced by joint development work with Midaye, a Somali Development Network.
- The project has led to a substantial increase in the number of families where FGM has been identified to be an issue, enabling a proportionate response at an early help stage or Child in Need or Child Protection services where required. From May 2014 to March 2016, 77 women from the three boroughs have been referred and seen in both clinics. All women who have daughters or are going to give birth to girls have agreed to social work visits.
- At St Mary's weekly FGM clinic, the team see approximately 10-12 women per clinic. 3-7 of these are residents of the three boroughs. At Queen Charlotte's Hospital where an FGM clinic operates fortnightly, the team sees 5-10 women per clinic, with 4-5 women of these from the three boroughs.
- The LSCB provides FGM training to a range of practitioners who have contact with girls across different age groups. "Learning Events" have been planned to support schools with addressing FGM.
- The LSCB community worker has built strong links with Mosques and Madrassahs to build capacity to recognise and respond to safeguarding issues

**14. The LSCB has identified how best to work with other key partnerships to better address safeguarding issues resulting from the radicalisation of some young people.**

- A major conference took place involving local schools and including presentations on responding to threats of radicalisation,
- The Channel Panel has been expanded to include safeguarding representatives from Children's Services in all three boroughs and specific schools, determined by what is on the agenda.
- Following training and awareness raising, an increasing number of schools and colleges are raising the issue through school councils, PHSE, assemblies and using the support and advice available from Prevent.

**15. The LSCB has ensured that local multi-agency responses to national safeguarding issues are proportionate and target the communities or localities most affected.**

- There are good examples of tailored support being provided to specific communities, raising awareness of safeguarding in response to local needs while ensuring an appropriate range of other issues are addressed through this contact.

## **Conclusions following the review of the 2015/16 Safeguarding Plan**

1. While there have been significant developments in many service areas and improved processes, in some areas of LSCB activity, there is an ongoing need for a greater emphasis upon outcomes and clearer indications of impact upon children which result.
2. While we are now clearer about the impact of local authority Early Help services, there is less clarity about preventative services provided by other sectors and their contribution to effective safeguarding.
3. There is a need for the Board to consider the safeguarding needs of disabled children. While the recent Ofsted review and the simultaneous inspections of the three local authorities did not identify any specific concerns about disabled children, there is still a need for the LSCB to consider their safeguarding needs in more detail.
4. While there have been initiatives to involve young people in the work of the board and consult them about safeguarding, this has involved limited numbers of children. A more comprehensive understanding of how we assess the impact of safeguarding upon the lives of children and young people and how the Board has acted upon their views is required.
5. While we have made progress with communicating more regularly and in different ways, we are not always clear about the degree to which key messages are received and responded to by the large multi-agency workforce. Further developments could also be considered as to how the LSCB might best receive feedback from frontline staff about how safeguarding is working in practice.
6. There is an ongoing need for the LSCB needs to continue to develop its links with a range of partnerships with which we share a common agenda or priorities.

## **VIEWS OF CHILDREN AND YOUNG PEOPLE**

With support from the LSCB Community Development Officer for Children and Young People we undertook a range of activities this year. In July, we hosted a workshop for school children aged 9-10 years old for the Children's Choice Conference for schools in Hammersmith and Fulham, and Kensington and Chelsea where we asked children to tell us about what worried them most. The children were asked 1) what worried them about a particular safeguarding topic, 2) how they could keep themselves and their friends safe and 3) what adults could do to keep them safe.

One of the main themes identified was bullying at school, and we subsequently planned an activity around this and e-safety for Youth Takeover Day in November. For this event, we challenged a number of young people from Phoenix High School in Hammersmith and Fulham to produce with a short stop motion film about keeping safe online which was used on the LSCB Twitter feed to promote Safer Internet Day in February.



In 2015 we also worked with a group of young people in Westminster who formed our Young People's Panel. They identified 'sexting' and staying safe online as two issues they wanted to explore further during our workshops with them.

## **KEY ACHIEVEMENTS FROM LSCB SUBGROUPS**

### **Hammersmith and Fulham Partnership Group**

The Partnership Group has continued to develop strong partner relationships. There has been good and consistent attendance and contribution by a wide range of agencies. Key issues such as child sexual exploitation, domestic abuse, substance misuse and adult mental health have remained high on the agenda and are standing items for discussion. The Partnership Group has continued to engage the community and voluntary sector and has sought to strengthen collaboration and partnerships by bringing them into the core of safeguarding work. A range of voluntary sector partners have engaged with the partnership group, including Queens Park Rangers Football Club to develop relationships and strengthen their understanding, knowledge and response to safeguarding issues.

The Partnership Group now has a representative from education as a permanent member, which provides an essential link to the head teachers' forum and ensures that key education issues are brought to the attention of the LSCB.

The Partnership Group has routinely sought to encourage challenge between partners in a measured and proactive way. The LSCB is kept informed about all challenges that are raised. Challenges are recorded on the "challenge log", which is regularly reviewed to measure outcomes and the impact of any action taken. This has led to changes to protocols, pathways and responses. For example, a review led to improvements to the protocol and pathways in relation to pregnant refugee women presenting at maternity units for delivery who are homeless and have no recourse to public fund.

'What are you concerned about' remains a standing agenda item of the Partnership Group. This facilitates the raising of key safeguarding issues which can then be escalated to the Board. Members consider safeguarding in the wider context and can prompt particular actions, e.g. sexual health clinics noted a rise in CSE concerns in schools and younger children engaging in sexual activities. A multi-professional meeting was arranged to explore the concerns and developed a more robust approach to the assessment of the safeguarding concerns for each child, an assessment of the response of schools and a strengthening of communication pathways between agencies.

The Partnership Group has been central in maintaining the link between front line services and the LSCB. Feedback has been actively sought from front line practitioners across all services through questionnaires or team/service discussions. The group has led on the dissemination of information to front line staff, including the LSCB newsletter and Learning Review. Exercises have also taken place to measure the impact of the Partnership Group on front line staff's knowledge, understanding and practice following the dissemination of information about referral pathways, thresholds and Early Help and child sexual exploitation.

### **Kensington and Chelsea Partnership Group**

The Partnership Group has a committed and long standing core membership. Members seek to investigate proactively safeguarding issues of relevance to local need and issues, reflect and debate, and take action where required to improve the quality of interagency working and the quality of service provision to the children, young people and families in Kensington and Chelsea.

The group has met formally on a quarterly basis, with additional work taking place as required. This is supported by a comprehensive Business Action Plan which guides the group's focus and promotes the opportunity for reflection on local safeguarding issues.

Over the course of the year the Group considered a range of thematic subjects of relevance to local children, families, communities and professionals working at the frontline. These included; ending harmful practices such as FGM, early help services, organisational change and its impact, learning from serious case and management reviews, private fostering, child sexual exploitation, serious youth violence and gang activity. The Group members contribute to the delivery of information through papers, research and presentations on a range of issues. The opportunity to discuss and debate is actively pursued.

A range of speakers were invited to broaden the knowledge and the agenda. Guests discussed thematic issues, e.g. the Asian Resource Centre have presented their partnership work on ending harmful practices. Annual reports have been presented including those of the Child Death Overview Panel, Local Authority Designated Officer, Private Fostering, Multi Agency Risk Assessment Conference (MARAC) report considering domestic abuse, and the Multi Agency Public Protection Arrangements (MAPPA) report of the London Probation Service.

Guidance and signposting to specialist tools have been disseminated through members including FGM and CSE vulnerability assessment tools, and guidance

resulting from the Southbank Serious Case Review in understanding the 'grooming' of the environment and how to ensure a positive safeguarding culture and leadership in organisations.

Organisational changes and the impact upon local safeguarding arrangements have continued to be a theme with opportunities to provide updates, ask questions, raise challenge and debate safeguarding issues and implications. A significantly beneficial aspect has been to focus on collectively how we may support colleagues and promote a positive interagency working arrangement, promoting the opportunity to form professional relationships and address the emergence of issues at the earliest stage. This has had direct benefits for effective working together arrangements and safeguarding matters in relation to children and their families.

The partnership group remains committed to the Board's work on Neglect and a number of members are committed to the continuing partnership with the NSPCC to deliver the Neglect Campaign across the three Boroughs into 2016-2017.

### **Westminster Partnership Group**

The partnership group has had a productive year including the Ofsted inspection of children's services which took place in January 2016. The final report included a Review of the LSCB which was positive about the contribution and quality of Westminster's Partnership Group.

Achievements this year included the collation and dissemination of a comprehensive list of Westminster supplementary schools. These are education establishments that may not be registered with Ofsted because they offer homework clubs, religious studies and other provision out of usual school hours and therefore are not subject to a regulatory framework. The Community Development Worker undertook some effective relationship building to enable input with those running schools and institutions. This has meant the profile of issues such as FGM, child sexual exploitation, private fostering and the safeguarding aspects of the 'Prevent' agenda are raised directly with communities who may be affected.

The Community Development Worker has offered advice about making referrals to children's social care and therefore this work had a direct impact on the well-being of young people. She enabled discussions about the issues listed above to take place within the institutions which would not have happened otherwise. The list of supplementary schools was compiled with input from the group to ensure a comprehensive gathering of intelligence across the multi agency safeguarding spectrum.

The Children's Services and Housing Panel was promoted at the partnership group to ensure agencies are aware of the referral pathways and the work that can be done to intervene early, preventing homelessness for children and families. The Partnership Group identified a low take up of training from multi agency staff about how to use interpreters, which led to a discussion about interpreters' understanding of safeguarding and the complications that can arise when using interpreters with families where there are safeguarding concerns. Subsequently the interpreting and translation contract for children's services is being re-commissioned and this feedback was incorporated into the new specifications, ensuring that

interpreters and users of the service will have clear expectations and quality standards.

The Group heard challenges about the quality of the emergency out of hours social work service, and this was subsequently recognised through self-assessment and the Ofsted inspection. The challenges raised by our Lay Member and Appropriate Adult volunteer resulted in a number of detailed meetings and examination of the processes. The position now is that although further work is required, additional social work resource has been agreed for the out of hours service in Westminster to improve its quality.

The Partnership Group also identified the need for young carers to receive a better service this year. The Young Carers contract with a voluntary sector provider subsequently came to an end with the decommissioning decision influenced by the partnership group. The service is now provided in-house by Westminster Children's Services. There is now a target within Westminster City Council to report on the numbers of young carers identified as a proportion of early help cases. Such cases will therefore have significant multi agency input.

A series of themed workshops were planned to address the priorities the partnership group identified for itself at the start of 2015-16. These were informed by the wider Safeguarding Plan of the LSCB as follows:

- Serious Youth Violence
- Child Sexual Exploitation
- Female Genital Mutilation
- Radicalisation and Prevent

This led to a number of examples of the direct, positive impact of the partnership group on outcomes for children:

A workshop was held with group members and additional invitees on each of the themes outlined resulting in actions to be taken in each area. For example, Redthread attended and gave a presentation at the serious youth violence workshop about their work in hospitals with young people who have been the victim of violence. This was at the suggestion of a safeguarding health lead and led to actions including Redthread attending a safeguarding briefing for GPs. The Tri-Borough Alternative Provision (TBAP) schools were also invited to the Integrated Gangs Unit meetings in order to create better information sharing and closer working as some young people attending such provision would be at risk of or perpetrating serious youth violence.

The workshop on CSE resulted in increased input at the Multi Agency Sexual Exploitation Panel from probation and housing, and a commitment from colleagues in the Safeguarding, Review and Quality Assurance section in Children's Services to ensure that child protection plans for children who were considered at risk of CSE contained specific actions that would increase their safety.

The FGM workshop ensured a greater profile for FGM prior to the summer holiday break in 2016, which we know is a crucial time to identify girls who may be at risk.



Finally the Prevent workshop enabled an overview of the 'reach' of the current training offer for Prevent, offering reassurance that staff across the partnership have accessed the training and are making referrals where appropriate.

### **Case Review Subgroup**

The Case Review Subgroup considers new child care incidents (of serious injury or death to children) and makes recommendations to the chair of the LSCB on whether a decision on holding a formal Serious Case Review (SCR) or another type of review should be held.

The sub group also receives completed reports commissioned within the three boroughs so that learning can be identified and disseminated to the LSCB workforce. The sub group considers national or other local authority review reports where there are potential lessons for our local services.

### **New child care incidents: Recommendations from Case Reviews**

During the year two SCRs have commenced, one initiated by the shared LSCB and another by Luton LSCB involving a family which had prior involvement from services in Hammersmith & Fulham. Both reports will be completed in 2016/17.

The case initiated by the shared LSCB (known as "Baby Rose") involved a young mother who gave birth abroad and returned to the UK four months later with the intention of taking the baby to Moorfield Eye Hospital for an operation. The mother informed her parents, who lived abroad, that Children's Services had removed the baby from her care, and they were so concerned that they came to the UK immediately and took their daughter to the Police to report the baby missing. Following a police investigation the mother was charged and convicted of murder. Police advised that she had accepted that she suffocated and disposed of the body.

In the Luton case a baby died of severe physical injuries when cared for by a young mother and her new partner; the use of drugs by both parents influenced the care they provided for the baby. Hammersmith & Fulham Children's Services were involved at the time of the baby's birth, before the family moved out of the area. Children's Services and Hammersmith & Fulham's Housing Department are both engaged in the serious case review.

### **COMPLETED REPORTS RECEIVED AND REVIEWED**

A number of completed reports were received by the sub group and the key lessons reported to the LSCB and to the wider multi agency workforce through training, learning events and the Learning Review newsletter.

The key reports and lessons were as follows:

#### **CD – Case Review**

CD was a 21 year old care leaver who died as a result of drug misuse. She had a long history in care with multiple placements. The review noted that the services she was offered were provided by highly committed staff; despite the high level of input

the services did not sufficiently change her pattern of substance use or other life choices

The report identified the following lessons:

- a. The LSCB should note the need for the care leavers' teams to have and/or have access to specialist substance misuse knowledge and should ask the Tri Borough Assistant Director for looked after children to review the position in the three care leaver's services and take appropriate action as necessary.
- b. The borough's care leaver service should consider how to make available a drop-in opportunity for young people not able to keep to regular appointments.
- c. Peer mentoring should be made available to engage hard to reach young people.
- d. Pathway plans for young people leaving care should have a wider multi agency input into them.
- e. Consideration should be given to a career pathway for personal advisors to ensure that the more complex young people can be allocated to the most experienced staff.

### **Sofia – Serious Case Review**

In December 2015, the LSCB published the serious case review regarding baby Sofia. Sofia was a 13-month old baby who died as a result of neglect. Her mother had a history of moving between boroughs. As far as can be ascertained, Sofia and her mother lived in seven different areas prior to the baby's death.

The report identified the following lessons:

- a. There was a pattern, particularly across London, whereby the complex nature of housing and benefits legislation (as it applies to foreign nationals) meant that professionals are ill-equipped to explore all options open to families.
- b. There was a pattern in Westminster Children's Social Care at the time not to assess the needs of pregnant women where housing needs were the primary problem. This potentially placed unborn children at risk
- c. Systems to share information between GPs and Health Visitors need to be more robust so that reliable oversight of babies' health is not undermined.
- d. There was a pattern in London whereby strategy discussions had become diluted to a brief telephone communication between Police and Children's Social Care, which resulted in other agencies not being included in the discussion, even where they have the greatest knowledge of the family.
- e. There was a pattern of professionals over-focusing on physical manifestations of neglect, such as weight loss and failing to identify more complex, less visible indicators.
- f. There was a tendency to assess risk from the parent's perspective and not to focus on the child's experience. This meant that destitution, and resulting transience, were not seen as potential child protection issues.

- g. Children's Social Care being unable to complete an assessment because a family is 'avoidant' at point of transfer may lead to children inappropriately being described as 'in need' rather than 'in need of protection'.

## **JJ – Serious Case Review**

In January 2016, the LSCB published the serious case review for JJ. JJ was a 3-year-old boy who lived in Westminster with his mother. He died in the care of his father while having overnight contact in another local authority area. The post mortem outcome was that this was an unexplained tragic accident; further specialist medical advice concluded that the injuries did not match the reported description of events and suggested force had been used. Because the child had died and abuse or neglect was suspected, a serious case review was held.

The review could not identify any information regarding what had happened the evening JJ died – this had been carefully investigated by the police. No agencies were involved in any plans for JJ's overnight stays with his father; this was organised informally between his parents. However there were lessons which emerged for agencies which arose from the interactions his mother had had with health agencies.

The report made the following recommendations

- a. The health visiting service should review the assessment and recognition of support needs when mothers are presenting with low level mental health issues or anxiety.
- b. Communication needed to be stronger to primary health services regarding presentations of children to Accident & Emergency services. This should include not just the transmission of information, but the aggregation of patterns of presentations and understanding the potential issues that might lie behind them.
- c. Agencies should ensure that fathers are an important part of their thinking, assessments and intervention.

## **Southbank International School Serious Case Review**

The sub group received the report on the abuse at Southbank International School, which occurred over a period of four years, perpetrated by a teacher, William Vahey, who is now known to have been a prolific sex offender.

The report concluded that: "William Vahey, an American citizen, joined Southbank School from the international school in Venezuela, having worked in several countries during his teaching career. It is significant that he had a conviction for sexual offences against young boys in California in 1969 and this conviction resulted in a 90-day jail sentence and five years' probation with a condition that he should be supervised in the company of males younger than 16 during that time. This conviction was not picked up at the point he qualified as a teacher in the United States or by any subsequent employer."

Recruitment processes which were not compliant with expected standards resulted in his appointment as a teacher at Southbank International School. Vahey had quickly established himself as a teacher who had an informal, unconventional teaching style but was popular with many pupils. He specialised in residential trips

and ran the 'travel club' which involved him selecting pupils and teachers to accompany him on overseas trips.

The review has found that "aspects of Vahey's behaviour should have alerted senior staff at the school to the possibility that he was sexually abusing pupils; at no point was this given any formal consideration".

The key recommendations identified were:

- a. There is a need to ensure that all staff in the multi agency workforce are able to use the report resulting from the SCR to further develop their understanding of the modus operandi of sex offenders.
- b. The LSCB to consider how it can promote learning in agencies regarding the establishing and maintenance of a safeguarding culture that restricts opportunities for offenders, promotes identifications and ensures effective follow up when issues are raised.
- c. The need for effective recruitment practice, and where possible, overseas checks to be implemented in all agencies so as to minimise the chances of offenders gaining access to employment and to children.

### **Family C - Serious Case Review to be published in 2016-17**

In February 2015, the mother of two young children aged 4 and 18 months, killed her oldest child as well as the children's father and also seriously injured the youngest child, whilst she was experiencing an acute psychiatric disorder. The family had been known to local statutory agencies but had never met the criteria for any formal child safeguarding interventions. The mother was seen by adult services but left before formal assessments could be completed.

The SCR findings will be published in a full report, alongside the publication of a domestic homicide review (DHR), commissioned by the Community Safety Partnership. The timescale for publication of the SCR has not delayed sharing learning from it with practitioners and introducing some service changes in adult health services in order to improve communications.

### **External Serious Case Reviews**

The sub group also considered two serious case reviews from other LSCBs where children had been harmed in other local authority areas. In one case a local authority foster carer had sexually abused children placed in his care over a 10 year period. Another SCR focused on a teenager who had suffered severe neglect over a long period of time. Local review of these cases and learning led to actions to ensure this was shared with relevant groups (e.g. the local Fostering Panel, services responding to school attendance concerns and Early Help services) as well as informing the content of training and conferences.

### **Communication of the Lessons**

As a matter of routine all three local partnership groups in the three local authorities take the review reports to their meetings to ensure there is wide dissemination of the lessons. The LSCB's Learning Review newsletter includes a summary of the

lessons. The LSCB training offer is amended where required to incorporate learning. In addition, all LSCB members are expected to communicate and cascade lessons back to their agency networks as appropriate.

### **Quality Assurance Subgroup**

The Quality Assurance (QA) subgroup takes a lead on the LSCB's role in examining information including quantitative data, information about the quality of services, and information about outcomes for children. This is done by examining performance data from a number of key agencies, multiagency audits, section 11 audits and informal exception reporting. This is scrutinised to consider any unusual patterns or themes and compared with local and national data where possible. The subgroup has met quarterly to explore the above drawing conclusions and potential recommendations relevant for each sector.

In 2015/16 there were a number of achievements led by the QA subgroup. Section 11 audits are now completed using a virtual tool and the questions redesigned to ensure the document is user friendly and to increase agency participation. This has been trialled by several agencies with positive results tracked by the LSCB.

Multi-agency audits are now led by the local authorities' Quality Assurance Manager where previously an independent consultant was commissioned. In this period the subject chosen by the subgroup for audit was 'Safeguarding and Parental Mental Health' and the report was completed in January 2016. The process included agencies across a number of services completing individual case audits followed by a workshop to consider the findings. The information was analysed and contributed to a final report which was communicated to the LSCB meeting themed around mental health. The following findings cover a number of recommendations in the full report:

#### **1) Challenges Associated with Information Sharing**

This report has highlighted different examples of where information sharing has worked and where it is hindered. This ranges from parental consent/openness with practitioners to information sharing barriers between agencies. This is inclusive of private providers. The importance of taking a curious and proactive approach to safeguarding is essential.

#### **2) The Importance of Robust and Purposeful Planning and Interventions**

The inclusion of families and the importance of multiagency working is an important aspect of achieving good outcomes for families. There were examples where well attended network meetings had led to good discussions and planning to support families. However, there were examples where network meetings had not taken place and were therefore recommended within the audits.

#### **3) Relationships**

Relationships are central to working with families and the professional network to achieve positive outcomes and change. How we strengthen these relationships and utilise them is essential to continued development across services.

In November 2015, in response to a challenge from a voluntary sector partner agency, the Local Children Safeguarding Board was requested to review Children's

Services use of the Barnardo's Domestic Violence Risk Identification Matrix (DVRIM) where domestic abuse is identified in the home. The audit also explored the other types of tools that may be contributing to the Social Work assessment of risk and also made wider observations related to the quality of practice.

Whilst use of the Risk Identification Matrix was not evident on any of the cases reviewed, the audit identified evidence of multi agency approaches to assessments and interventions with families. Social Workers had a good understanding of risk to the child or children and parents and considered these in detail. The drive of systemic practice across Children's Services in the three local authorities was also being utilised in a number of these cases both with Social Workers that were on the 'Focus on Practice' course and those who had not yet started demonstrating that this too is becoming embedded.

Planned multiagency audits will now occur twice a year with the flexibility to complete further audit work where agencies raise potential practice challenges as demonstrated above.

### **CSE, Missing and MASH Sub-group**

The subgroup met on three occasions over the course of the year. As a multi-disciplinary partnership it considered strategic plans to deliver on LSCB safeguarding priorities in this area. The membership of the group continued to represent the wider spectrum of partnership agencies working with children and their families affected by child sexual exploitation, children who are missing from home, care and education. It also reflected the systems in operation through the Multi Agency Safeguarding Hub (MASH) to effectively identify and manage the information flow when assessing risk for some of the most vulnerable families.

The MASH has now been in operation for a number of years, and its activity has been overseen by this sub-group. This included the regular scrutiny of activity data as well as an exploration of practice issues and workload demands. The communication flow back to agencies which have been consulted as part of the initial checks made by MASH remained a challenge for the Hub and professionals. This led to a clear statement which noted that professionals and agencies will not be contacted following initial checks unless there was a concern that needed to be communicated. The sub-group acknowledged that the MASH would not have capacity to provide any additional feedback and approved a decision that Family Services would provide this where appropriate as part of any assessment carried out.

With an expanding knowledge of child sexual exploitation (CSE), its signs, impact and the need to increase awareness, the sub-group has overseen a multi agency strategic approach to address this safeguarding priority. There have been significant developments in the last year which the LSCB has been instrumental in leading, including the development of the CSE strategy and oversight of the Multi Agency Sexual Exploitation (MASE) panel which considers the cases of significant vulnerability and concern. A CSE Screening Tool has been developed and the six month pilot and results reported back into the sub-group. The outcome of the screening pilot was a confirmation of good levels of local understanding of risks, the levels of vulnerability and the decision making which had taken place.

Missing children and young people continue to be a priority of the LSCB's safeguarding plan. The last year saw an increased multi-agency understanding of the connecting factors of concern for children who go missing from home, missing from education, CSE, gang activity and criminal behaviour. The local authority Missing Coordinator has worked closely with social work practitioners and multi-agency partners to improve practice and safeguarding responses. The sub-group has been instrumental in refocusing the work of partners onto key issues of practice and effective interventions, leading to increased understanding about why children go missing and how they can be supported to not go missing in the future.

### **Harmful Practices Steering Group**

The Harmful Practices Steering Group was formed in June 2015 as part of the new governance structure to deliver the 2015-2018 Shared Services Violence Against Women and Girls (VAWG) Strategy and regularly reports to the VAWG Strategic Board and the LSCB. The Steering Group is chaired by the VAWG Strategic Lead and the Deputy Chair is the Joint Head of Safeguarding, Review and Quality Assurance for Children's Services.

The main functions of the Steering Group have been to ensure that the Project for Ending Harmful Practices Pilot (PEHPP) is delivering its objectives and outcomes, and highlight and address any issues arising regarding the delivery of the pilot at the earliest available opportunity. It has also overseen the delivery of the FGM pilot at St Mary's Hospital and Queen Charlotte's Hospital.

### **Ending Harmful Practices Training**

The PEHPP has overseen the roll out of a range of training opportunities on topics including FGM, forced marriage, honour based violence and faith based abuse. The training was delivered in stages, with half day multi-agency workshops open to staff from all agencies, followed by a two day specialist workshop open only to social workers, police and health staff. Staff who completed the two day specialist workshops were then invited to attend a series of half day follow up sessions to enable them to tackle the subjects in more depth.

Attendance in the first year of the training programme was good, although there was a high drop-out rate from bookings (overbookings were taken to compensate for this) with a good representation of practitioners from a variety of agencies. Evaluations from the earlier courses were taken into consideration to shape the following workshops and improvements were made in the delivery of subsequent workshops and evaluations continued to show good results as practitioners understanding of the subjects grew. The roll out of the training also coincided with the introduction of the FGM Mandatory Reporting Duty and the LSCB practice note on this topic was widely shared and discussed in training.

### **Educator Advocates:**

The PEHP Pilot has also seen Educator Advocates deployed in all three local authorities, initially in Children's Services offices. Their role has been to assist children's social care professionals in effective case management where FGM, Honour Based Violence, Forced Marriage or Faith Based Abuse is a concern. The

advocacy service was also available to support and offer guidance to victims of harmful practices. There were some initial barriers in getting this part of the project to work smoothly (e.g. access to system records, building trust with colleagues in children's social care) but these have gradually been overcome and the result is a steady growth in consultations that the advocates have carried out. The Educator Advocates have been proactive in visiting a range of offices where children's social care staff are based to reach a wide audience and extend the reach of this part of the programme.

### **Community Engagement:**

The PEHP Pilot has also delivered a range of community engagement activities across the three local authorities. This includes work done in local schools to engage families during coffee mornings. A local organisation has been set up by men (mostly from Somali and Sudanese communities) and a session was held with them to explore ways we could engage men in the conversations around FGM. Our male FGM worker also co-ordinated the delivery of a training session on FGM to a local school for 120 boys which was very well received.

### **Female Genital Mutilation Early Intervention Project:**

A partnership approach to the early identification of girls' at risk of FGM has been running at St Marys and Queen Charlotte's hospitals for a full year. This included a multi-disciplinary team of a specialist mid-wife, a specialist social worker, health advocates from the voluntary sector, a male worker and trauma therapists working together to deliver holistic maternity care to mothers who have suffered FGM, while working with those families to offer early help or safeguarding services to prevent FGM occurring to future generations. In the course of the year 139 families were worked with and 76 received further assessment and support from Children Services. This is compared to the baseline figure which was that no children at risk of FGM had been identified. The project will continue until December 2016.

### **Safeguarding Children Health Subgroup**

The Subgroup is chaired by the Designated Professionals and meets on a quarterly basis. The purpose of this group is to provide a strategic focus across health agencies to safeguarding children, quality improvement and sharing of learning. During 2015-16, the group met four times although quoracy was not always met owing to competing priorities of health providers.

### **Key achievements of the group**

- Implementation of the "Child Protection-Information Sharing" (CP-IS) project has progressed. This will improve the way that health and social care services work together to protect vulnerable children. NHSE have met with the NHS providers who provide unscheduled care and support is to be given regarding implanting CP-IS across different Information Technology systems within health.
- Links have been made between the Homeless Outreach Worker, wider health services and other vulnerable women's groups. Although many of the health providers are aware of risks within this particular group they tend not to be



aware of the services being offered. This has reduced the risk of pregnant homeless women not accessing appropriate healthcare services.

- Work has taken place to identify “bed blocking” in maternity wards by mothers who are subject to delayed discharge for social reasons such as homelessness or awaiting court orders. An audit was undertaken to ascertain the level of bed blocking and the impact on emergency cases. Results of the audit will be presented to the sub-group and appropriate actions agreed.
- An audit has commenced on an apparent trend for increasing numbers of children attending Accident & Emergency units following falls from high rise buildings

The outcomes of these pieces of work will identify service areas that need improving and will strengthen the partnership working between health, social care and housing.

### **Priorities of the Safeguarding Children Health Subgroup for 2016/2017**

- To improve the group’s quoracy by identifying the key organisational representatives who should attend, rotating meeting days and setting dates for the year ahead to enable the right participants to attend.
- To revise the agenda setting process to ensure meeting outcomes are robust and relevant to members and to allow the group to feedback any issues to the LSCB and wider health partners in a timely manner
- To ensure serious case reviews are a standing agenda item so that recommendations for health agencies and action plans are incorporated into practice at the earliest opportunity so learning can be embedded
- To carry out self-audits and “deep dives” to measure how learning from SCRs impacts upon practice.
- To develop a standardised referral form to children’s social care. This aims to alleviate staff anxiety and delays in acceptance of referrals as well as enabling enable professionals to have a common language and to facilitate the challenge and escalation of decisions where required.
- Increase the role of Designated Professionals in providing more scrutiny on health providers’ Section 11 audits and where required, working with providers on activity relating to the national inquiry into historical child sexual abuse.

### **Learning and Development Subgroup**

The LSCB has continued to provide a wide ranging training offer. This year, a total of 15 Introduction to Safeguarding Children workshops and 34 Multi-agency Safeguarding and Child Protection courses were offered. In response to demand from practitioners we introduced a half day refresher multi-agency safeguarding and child protection workshop.

New specialist workshops added to the programme included a session on the ‘toxic trio’ (domestic abuse, parental mental health and parental substance misuse) and

also working with difficult and evasive families. In partnership with the Women and Girls Network, we have also offered a series of seven workshops on child sexual exploitation.

The LSCB facilitated the roll out of the Partnership for Ending Harmful Practices Pilot (PEHPP) training. This included twelve half day multi-agency workshops (open to all agencies) covering FGM, forced marriage, honour based violence and faith based abuse. These were followed by two-day specialist workshops for health staff and social workers for more in depth information to be explored. A series of half day follow on sessions were also offered to delegates completing the two day specialist workshops, however, attendance at these was significantly lower as practitioners found it challenging to take so much time away from work.

Working in partnership with the Safer Organisations Manager and Tri-Borough LADO, we hosted accredited Safer Recruitment Workshops and Meet the LADO workshops to raise awareness of this important role.

The LSCB published an e-learning course on private fostering and continued to signpost to free external e-learning on FGM, Forced Marriage and CSE.

Evaluation of the training courses is carried out by a pre and post workshop evaluation form, to show how much learning has taken place on the day. A selection of delegates was then asked to complete a further online evaluation some months later, once they had had a chance to put their learning into practice.

Our priorities for 2016-17 include improving the way we evaluate training workshops, by holding focus groups to further measure the impact of training. The specialist course offer will be reviewed and additional workshops on the toxic trio and parental mental health and e-safety will be explored. A learning event for schools on the Southbank International School serious case review is also being developed.

## **SHORT LIFE WORKING GROUPS**

### **Parental Mental Health Short Life Working Group**

Central North West London Mental Health Trust and West London Mental Health Trust have been meeting regularly with representatives from children's social care regularly and more recently have engaged primary care in this short life working group. Participation of other agencies has been more sporadic. The working group has reviewed the challenges that issues of parental mental health and safeguarding pose for the multi-agency network and have identified key themes for the LSCB to consider at its Board meeting when the working group's final report will be presented. Themes focus on:

- Challenges for primary care
- The role of specialist adult mental health services
- The development of perinatal mental health services
- Information sharing
- Training

The group has also contributed to the development and completion of two multi-agency audits which have provided assurance on joint working and compliance with safeguarding policies. Findings from the audits will also be addressed in the final report.

### **Neglect Short Life Working Group**

Neglect continues to be a key priority for the Board and in late 2014, a decision was taken to commence a short life working group (SLWG), tasked to consider:

- the needs of frontline professionals in the recognition of the signs of neglect
- how to increase understanding of the impact of neglect
- the identification of tools or guidance that might best increase professional capacity to work with families to address neglect and the harm to children.

The group has considered and reflected on a wide range of issues, including the needs of a wide range of stakeholders and the different nature of their relationships with families which impact upon their understanding of neglect.

First actions of the SLWG included:

- a review of a range of tools already used by other agencies nationally;
- development of the neglect pages on the LSCB website
- consideration of the National Society for the Prevention of Cruelty to Children (NSPCC) core programme on neglect, and development of in-house resources to aid the understanding of how a child or young people lives day to day when neglect may be an issue.

It was recognised that the family practitioners' access to the Focus on Practice programme within Children's Services has done much to assist frontline social workers to work more effectively with families, and that new sets of formal procedures or assessment models were not what was required.

The SLWG also concluded that schools and early years provisions are key to understanding the lived experience of children and their families' experience. Therefore more valid recognition needs to be placed on the information and understanding which such agencies bring to the wider professional understanding of this. These agencies are most likely to have a long term connection with a family and may also have a sibling group in attendance for many years. Some of these agencies have expressed difficulties at times in communicating their concerns when referring to statutory social work services. Locality social work teams acknowledge this, particularly in relation to the application of thresholds for interventions.

Recently published SCRs on the children Sofia and Leon recognised that such thresholds can be too high, and do not always evaluate the impact of chronic neglect, its "drip-drip" effect and its emotional impact which is difficult to measure. All agencies and practitioners recognised that this needs to be reviewed and improved where required.

Additional developments instigated by the SLWG include the development and piloting of two set of tools which have been developed and trialled across the three

Family Service Directorates and in a number of schools. The purpose of these tools is to improve understanding of neglect, communication of concerns, focusing more on the 'lived experience' of children.

In collaboration with the NSPCC the Board agreed to the initiation of a Neglect Campaign into 2016-2017, with the launch being delivered through a multi-agency conference in May 2016. The aim of the conference was to increase awareness and recognition of neglect, with presentations from a number of prominent researchers and highly qualified professionals.

The work of the SLWG has increased professional awareness of neglect, improved the environment for professional discussion and debate and ensured that all practitioners working with families have access to a variety of tools to inform their work, supported by enhanced information on the LSCB website.

## **ASSURANCE STATEMENT**

This year LSCB can take some assurance from the review by Ofsted that it is 'Good', as well as from the two 'Outstanding' and one 'Good' judgements from the inspections of the local authority children's services. Areas where the LSCB has to be assured of the range of services and their effectiveness - adoption, fostering, care leavers, early help, social work services - were inspected, as were areas where we share key responsibilities e.g. CSE, missing children. Some areas of joint work, FGM, were highlighted as particularly notable. Reviews of local health services' safeguarding arrangements, described in this report, also give a high level of assurance that services are good. In addition the strong relationships in the LSCB and across local partnerships enable challenge and problem-resolution and there is good 'working together'.

Children's services commit more resources and time to the LSCB than any other partner and in 2015/16 chaired all three partnership groups and all sub-groups with the exception of the Health sub-group. Whilst partners are committed to participation in sub-groups, it is notable that no sub-group or short life working group has been chaired by the Police. During 2016/17 the Police have agreed upon a SLWG that they wish to chair. This is welcomed as is the stronger leadership by the police at a local borough level and across the three boroughs. In relation to funding, the local authority input – both financial and 'in kind' for the LSCB – is way beyond what any other partner commits. All London LSCB Chairs have noted that the Metropolitan Police continues to choose to fund partnership safeguarding in London 45% less than all the other large urban Metropolitan Police Forces in England. Safeguarding is a complicated and demanding partnership arrangement that needs appropriate resourcing if it is to be effective.

However, the organisational arrangements for the LSCB, commented upon by Ofsted, have continued to be under pressure with the new Business Manager recently covering her previous role of training manager as well as her own work. A 'move' of the managerial arrangements of the small safeguarding 'team' to Children's Commissioning coincided with increasing demands on the remaining staff – and it has been through strong competence and willingness of staff that the arrangements have 'held' sufficiently for the Board's work to continue. The support for multi-agency work across the LSCB relies on the small business support team and the

LSCB will not be able to maintain its momentum without this. The LSCB has met its statutory responsibilities in 2015/16.

The LSCB comprises all the required statutory partners and has strong and effective relationships with other partnership bodies across the three boroughs. Lay persons are engaged with the Board's work. The Board works closely with the Adult Safeguarding Executive Board for the three boroughs. All leaders and professionals, as well as voluntary organisations, prioritise safeguarding children. There could be a stronger link with front-line staff so that information from them directly informs the Board's work: the current emphasis upon relationships between and developments led by senior, strategic managers could be improved by a more genuine engagement of frontline workers, children and their families and the wider community. A multi-agency focus on and improvement of multi-agency practice should be the key means through which better outcomes can be realised and impact measured.

The national review by Alan Wood of the role and functions of LSCBs published with a response from government at the end of May 2016 will lead to national changes (currently being debated in parliament) for LSCBs in future years. I will complete my term as Independent Chair in 2016/17. National changes, which will place safeguarding responsibilities (yet to be defined) on local authorities, health and the police – as the three 'local leaders' – will pave the way for the current roles and functions operating at a local level to be re-defined and the structures to be reshaped. Early work by the LSCB to anticipate these changes is underway. New legislation and statutory guidance will be published during 2017. In the meantime, holding onto key staff and partnership working is imperative.

## **LSCB PRIORITIES FOR 2016-17**

Following a review of progress with previous priorities by the Board and consideration of developing needs across the three areas, the following four priorities with associated outcomes and actions have been agreed through the LSCB's Safeguarding Plan for 2016/17:

### **1. Build on partnerships to improve safeguarding practice with a particular focus on increasing the capacity of vulnerable parents to safeguard their children effectively**

**Outcome: More children are effectively safeguarded in families where parents have complex problems.**

The actions to achieve this priority and outcome are as follows:

- Maximise partnership arrangements to evaluate and increase their impact upon safeguarding children where parents are affected by domestic violence and abuse, mental health problems and substance misuse.

- Improve links and, where appropriate, hold to account key partnerships<sup>8</sup> to demonstrate that strategic work has a positive impact upon frontline practice and outcomes for children.

## 2. Improving communication and engagement

**Outcome: those who should benefit from the work of the LSCB are aware of and have an influence on what the Board is seeking to improve**

The actions to achieve this priority and outcome are as follows:

- Develop a comprehensive communications strategy for all Board activity.
- Listen to and review issues raised by multi-agency staff about safeguarding and confirm action taken by the LSCB in response.
- Listen to feedback from vulnerable children, young people and parents about the impact of safeguarding issues upon their lives (including issues such as radicalisation, CSE, missing children and FGM) and ensure the Board responds to this where required.
- Build upon progress and further develop an interactive LSCB website.

## 3. Demonstrating our impact and knowing where more effective practice is required

**Outcome: The Board is clear where improvements are required and can demonstrate actions which have made a positive difference to practice and children's lives.**

The actions to achieve this priority and outcome are as follows:

- Streamline and improve the use of multi-agency data to better measure our impact and progress as well as identifying where we need to improve.
- Ensure the work of sub-groups and short life working groups informs and delivers the LSCB's Safeguarding Plan
- Maximise impact and of learning from serious case reviews across the three boroughs by coordinating subsequent action plans.
- Review how the impact of the Focus on Practice programme is experienced by agencies responsible for safeguarding children and the opportunities for multi-agency learning from the programme.
- Promote the best outcomes for children who have experienced neglect.

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<sup>8</sup> To include Health and Wellbeing Boards, VAWG, Safeguarding Adults Board, Children's Trust Board, Crime and Disorder Partnerships, MARAC and MAPPA.

- Assess the effectiveness of multi-agency early help partnership work at a borough level in improving outcomes for children, ensuring the LSCB is sighted on service changes that may impact on safeguarding.
- Review multi-agency action and planning to improve outcomes for children and young people whose needs are difficult to meet, and who may pose risks to other children.
- Develop links with commissioners in all relevant agencies to be able to identify where improvements in safeguarding are needed.

#### **4. Improving the effectiveness of the Board**

**Outcome: All partners are consistently aware of and engage with the priorities of the Board**

The actions to achieve this priority and outcome are as follows:

- Continue to monitor attendance of partners at Board meetings taking effective action when attendance is infrequent or turnover of key members is anticipated.
- Develop a Forward Plan to include key Board activities and scheduling in other required reports.
- Develop a work plan for the LSCB business support team that coordinates activities arising from the Board and partnership groups and drives through the priorities for children.
- Ensure there is an analysis of the impact of multi-agency safeguarding training at a tri-borough level.

## LSCB BUDGET

	LBHF	RBKC	WCC	FORECAST
<b>Contributions received in 2015/16</b>				
Sovereign Borough general fund (BUDGET at Period 13)	-87,369	-67,612	-69,926	<b>-224,907</b>
<b>Partner Contributions in 2015/16</b>				
Metropolitan Police	-5,000	-5,000	-5,000	<b>-15,000</b>
Probation	-2,000	-2,000	-2,000	<b>-6,000</b>
CAFCASS	-550	-550	-550	<b>-1,650</b>
CCG (Health)	-40,000	-40,000	-40,000	<b>-120,000</b>
<b>Total Funding excluding reserves 2015/16</b>	<b>-134,919</b>	<b>-115,162</b>	<b>-117,476</b>	<b>-367,557</b>
<b>Forecast Expenditure in 2015/16</b>	<b>LBHF</b>	<b>RBKC</b>	<b>WCC</b>	<b>FORECAST</b>
Salary expenditure	83,200	83,145	82,527	<b>248,872</b>
Independent Chair	5,153	5,153	5,153	<b>15,459</b>
Training	3,016	3,016	3,016	<b>9,048</b>
Peer review/consultancy	1,625	1,625	1,625	<b>4,875</b>
Multi-agency Auditing	3,333	3,333	3,333	<b>10,000</b>
Other LSCB costs	409	109	109	<b>627</b>
<b>Total expenditure</b>	<b>96,736</b>	<b>96,381</b>	<b>95,763</b>	<b>288,881</b>
Serious Case Review related expenditure in-year	1,750	2,224	4,354	
<b>Forecast variance 2015/16 excluding Serious Case Review expenditure</b>	<b>-36,433</b>	<b>-16,557</b>	<b>-17,358</b>	<b>-78,676</b>
<b>Moved to B/S for partner income</b>	<b>36,433</b>	<b>16,557</b>	<b>17,358</b>	
<b>Final outturn</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>LSCB Reserves as at Period 1 2015/16</b>				
	<b>LBHF</b>	<b>RBKC</b>	<b>WCC</b>	<b>FORECAST</b>
Reserves Brought Forward into 15/16	-5,500	-72,835	-90,579	<b>-168,914</b>
<b>Adjustment in year 2015/16</b>	<b>5,500</b>	<b>-16,557</b>	<b>-17,358</b>	<b>-28,415</b>
Contribution to LSCB balance sheet accounts	-36,433	0	0	<b>-36,433</b>
<b>Reserves to take forward into 2016/17</b>	<b>-36,433</b>	<b>-89,392</b>	<b>-107,937</b>	<b>-233,762</b>



## **GLOSSARY OF TERMS**

BAME	Black, Asian and Minority Ethnic
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CDOP	Child Death Overview Panel
CRC	Community Rehabilitation Company
CCG	Clinical Commissioning Group
CQUIN	Commissioning for Quality and Innovation (payments framework)
CP-IS	Child Protection-Information Sharing project
CSE	Child Sexual Exploitation
FGM	Female Genital Mutilation
HPCP	Health and Care Professions Council
HMRC	Her Majesty's Revenue and Customs
IGU	Integrated Gangs Unit
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASE	Multi-Agency Sexual Exploitation meeting
MASH	Multi-Agency Safeguarding Hub
NHSE	National Health Service England
NPS	National Probation Service
NSPCC	National Society for Prevention of Cruelty to Children
PHSE	Personal, Health and Social Education
Ofsted	Office for Standards in Education
SCR	Serious Case Review
SLWG	Short Life Working Group
VAWG	Violence Against Women and Girls (partnership)

## **CONTACT DETAILS**

In writing to: LSCB, c/o 3<sup>rd</sup> Floor, Kensington Town Hall, Hornton Street, London W8 7NX

Telephone: 020 8753 3914

Website: <https://www.rbkc.gov.uk/subsites/lscb.aspx>

## APPENDIX A: LEGISLATIVE AND STATUTORY CONTEXT FOR LSCBS

Section 14 of the Children Act 2004 and Working Together to Safeguard Children 2015 outlines the statutory obligations and functions of the LSCB as below:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

**Regulation 5 of the Local Safeguarding Children Boards Regulations 2006** sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

- 1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
  - (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
  - (ii) training of persons who work with children or in services affecting the safety and welfare of children;
  - (iii) recruitment and supervision of persons who work with children;
  - (iv) investigation of allegations concerning persons who work with children;
  - (v) safety and welfare of children who are privately fostered;
  - (vi) cooperation with neighbouring children's services authorities and their Board partners;
- (b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- (c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- (d) participating in the planning of services for children in the area of the authority; and
- (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

**APPENDIX B: LSCB BOARD ATTENDANCE 2015-2016**

**LSCB Main Board  
Attendance 2015-16**

<b>Role</b>	<b>21st April 2015</b>	<b>14th July 2015</b>	<b>13th October 2015</b>	<b>24th November 2015</b>	<b>19th January 2015</b>
LSCB Chair	y	y	y	y	y
Executive Director of Children's Services (Tri-borough)	y	y	y	y	y
Director of Family Services (H&F)	y	y	y	y	y
Director of Family Services (RBKC)	y	x	y	y	y
Director of Children's Services (WCC)	y	y	y	y	x
Director of Schools	y	y	y	x	y
Head of Combined Safeguarding & Quality Assurance	y	y	y	y	y
LSCB Business Manager	y	y	x	y	y
Director of Adults Safeguarding	y	y	y	x	y
Housing	y	y	y	y	x
Borough Command	y	y	y	y	y
CAIT	y	y	y	y	x
Probation	y	x	y	x	y
Community Rehabilitation Company	y	y	o	o	o
CAFCASS	x	x	x	y	y
Prisons	y	x	y	x	y
Ambulance Service	y	y	y	x	x
Voluntary Sector	y	y	y	y	y
Lay member	y	y	y	y	y

NHS England	x	x	x	x	x
Health CCGs	y	y	y	y	y
Designated Doctor	x	y	y	y	y
Designated Nurse	y	y	y	y	y
Head of Safeguarding, CLCH	y	y	y	y	o
CLCH Director of Nursing	x	y	y	x	y
Imperial Director of Nursing	y	x	x	x	x
Chelwest Director of Nursing	x	y	y	x	y
WLMHT	y	y	y	x	x
CNWL	y	y	y	y	y
Public Health	x	y	y	x	x
Community Safety Team (Commissioning)	y	y	y	x	y
Policy Team (Commissioning)	y	y	y	y	y
Head Teachers	x	x	x	y	y
Cabinet Member for Children's services, H&F	x	x	y	x	x
Cabinet Member for Family and Children's Services, RBKC	y	y	x	y	y
Cabinet Member for Children's Services, WCC	x	x	x	y	y


Please note for the purpose of this table 'y' means attendance of the LSCB Member of a representative, 'o' means a representative was not expected and 'x' that no representative attended. Please see the minutes of individual meetings for more in depth information.

This report was prepared by the LSCB Independent Chair, Jean Daintith, with support from Emma Biskupski (Interim LSCB Business Development Manager) and Steve Bywater (Service Manager, Strategy, Partnerships and Organisational Development).

We would like to thank the many members of the LSCB who also made contributions to the report.

**Draft Reviewed by LSCB:** 11 October 2016

**Published on** (tbc) 2016

<p><b>London Borough of Hammersmith &amp; Fulham</b></p> <p><b>CHILDREN AND EDUCATION POLICY &amp; ACCOUNTABILITY COMMITTEE</b></p> <p><b>21 November 2016</b></p>		
<b>WORK PROGRAMME</b>		
<b>Report of the Chair</b>		
<b>Open Report</b>		
<p><b>Classification:</b> For review and comment  <b>Key Decision:</b> No</p>		
<b>Wards Affected:</b> All		
<b>Accountable Executive Director:</b> Kim Dero, Director of Delivery and Value		
<p><b>Report Author:</b> David Abbott, Scrutiny Manager</p>	<p><b>Contact Details:</b>            Tel: 020 8753 2063            E-mail: <a href="mailto:david.abbott@lbhf.gov.uk">david.abbott@lbhf.gov.uk</a></p>	

**1. EXECUTIVE SUMMARY**

- 1.1 The Committee is asked to give consideration to its work programme.

**2. RECOMMENDATIONS**

- 2.1 The Committee is asked to consider the proposed work programme and suggest further items for consideration where appropriate.

**LOCAL GOVERNMENT ACT 2000**  
**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

None.

**LIST OF APPENDICES:**

Appendix 1 – Work Programme

## CEPAC Work Programme 2016/17

**21 November 2016** | Report deadline: 7 November

- **Local Safeguarding Children Board Annual Report** – A supplementary report to be provided on Child Protection and a focus on children with alcoholic parents or guardians. The Chair was interested in how these issues were brought to light – the training teachers receive etc.<sup>1</sup>
- **SEN Passenger Transport / Travel Care and Support Service** – Scrutiny of the vision and spec for the new service. Meeting to involve parents and teachers.
- **Partners in Practice** – An overview of the next stage of Focus on Practice work.

**30 January 2017** | Report deadline: 16 January

- **Budget Report**
- **Looked After Children and Care Leavers Annual Report** – To include UASC element.
- **Youth Council Manifesto Update** – to include Youth Takeover Day feedback

**27 February 2017** | Report deadline: 13 February

- **School Performance Report**
- **Primary School Curriculum** - Consideration of the introduction of the new primary school curriculum. To hear / share good practice from primary schools – invite Headteachers to share their views.
- **Transitions Task Force** – Final report.

**24 April 2017** | Report deadline: 10 April

- **School Organisation and Investment Strategy** - Annual Update
- **School Pupils with Medical Health Needs and Learning Disabilities** - The emphasis is to be on ensuring they are receiving a high quality education and that the move between hospital/home/school is smooth and supportive to ensuring the impact of their medical condition is not detrimental to their educational attainment. Mandy Lawson commissioned work on pathways and future planning for 0-5 year olds.
- **Skills for Young People** - to consider a range of initiatives aiming to provide new skills for young people. Link with the Youth Council manifesto / feedback from young people. Also link with NEETS work (Ian Heggs) – apprenticeships and other initiatives. Also include the support into work for disabled children / transition arrangements.

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NEW MUNICIPAL YEAR

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**12 June 2017** | Report deadline: 29 May

<sup>1</sup> There is an APPG on this topic: [www.starsnationalinitiative.org.uk/content/all-party-parliamentary-group-children-alcoholics](http://www.starsnationalinitiative.org.uk/content/all-party-parliamentary-group-children-alcoholics) - more info here: [www.nacoa.org.uk/news-and-events/event/2015/09/01/coa-week-2016/](http://www.nacoa.org.uk/news-and-events/event/2015/09/01/coa-week-2016/)

- **Childcare Sufficiency Strategy** – To include an update on the 8-6 Extended Nurseries work and holiday provision.
- **Supplementary Schools** – An update on the support given to supplementary schools and the contact between them and mainstream schools. The Chair wanted officers to investigate what supplementary schools wanted in the way of support and develop our policy on this. The Chair also requested that there was a single named person for them to contact.
- **Sports in Schools** - Provision of sports in schools.

#### **Unallocated Items**

- **Permanency and Adoption**
- **Fostering**
- **Update on the Arts Strategy (for young people)** - arts in schools, links with local arts venues, activities for young people etc.
- **DBS Delays** – The Chair suggested writing to the Mayor of London to make him aware as it remained a significant issue.
- **Child Poverty Strategy** – January 2017?
- **Children’s Services Complaints Report** – November 2016 / Jan 2017?
- **Troubled Families Phase 2?**