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**AGENDA FOR THE CHILDREN'S SERVICES SCRUTINY COMMITTEE**

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Members of the Children's Services Scrutiny Committee are summoned to a meeting, which will be held in Committee Room 4, Town Hall, Upper Street, N1 2UD on **11 January 2016 at 7.30 pm.**

**John Lynch**  
**Head of Democratic Services**

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Despatched : 22 December 2015

Membership

**Councillors:**

Councillor Kaya Comer-Schwartz (Chair)  
Councillor Nick Ward (Vice-Chair)  
Councillor Alice Donovan  
Councillor Rakhia Ismail  
Councillor Michelline Safi Ngongo  
Councillor Angela Picknell  
Councillor Diarmaid Ward  
Councillor Nick Wayne

**Co-opted Members:**

Erol Baduna, Primary Parent Governor  
James Stephenson, Secondary Parent Governor  
Mary Clement, Roman Catholic Diocese  
*Vacancy, Church of England Diocese*

Substitute Members

**Substitutes:**

Councillor James Court  
Councillor Alex Diner  
Councillor Jenny Kay  
Councillor Alice Perry  
Councillor Dave Poyser

**Quorum is 4 Councillors**

**A. Formal Matters**

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1. Apologies for Absence
2. Declarations of Interest

If you have a **Disclosable Pecuniary Interest\*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

**\*(a) Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

**(b) Sponsorship** - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

**(c) Contracts** - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

**(d) Land** - Any beneficial interest in land which is within the council's area.

**(e) Licences**- Any licence to occupy land in the council's area for a month or longer.

**(f) Corporate tenancies** - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

**(g) Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to all members present at the meeting.

3. Declaration of Substitute Members
4. Minutes of the Previous Meeting
5. Chair's Report
6. Items for Call In (if any)
7. Public Questions

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<b>B. Scrutiny Items</b>	<b>Page</b>
1. Islington Safeguarding Children Board Annual Report 2014/15	9 - 86
2. Alternative Provision: Witness Evidence	
3. Impact of Special Educational Needs and Disability (SEND) Changes on Children and Families	87 - 96
4. Executive Member Questions	97 - 100
<i>Any questions should be submitted in advance to <a href="mailto:jonathan.moore@islington.gov.uk">jonathan.moore@islington.gov.uk</a> no later than Wednesday 6<sup>th</sup> January 2016. Further information is set out on pages 97 – 100.</i>	
5. Review of Work Programme	101 - 102

**C. Urgent Non-exempt Items**

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

**D. Exclusion of Press and Public**

To consider whether, in view of the nature of the remaining item on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

**E. Exempt Items for Call In (if any)**

**F. Urgent Exempt Items (if any)**

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Children's Services Scrutiny Committee will be on 2 February 2016

**Please note that committee agendas, reports and minutes are available from the council's website: [www.democracy.islington.gov.uk](http://www.democracy.islington.gov.uk)**

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# Agenda Item 4

London Borough of Islington

## Children's Services Scrutiny Committee - Monday, 9 November 2015

Minutes of the meeting of the Children's Services Scrutiny Committee held at Committee Room 5, Town Hall, Upper Street, N1 2UD on Monday, 9 November 2015 at 7.30 pm.

**Present:**           **Councillors:**           Comer-Schwartz (Chair), Donovan, Ismail, Ngongo, Picknell, Ward and Wayne

**Co-opted Member:**   James Stephenson, Secondary Parent Governor

**Also Present:**   **Councillors:**           Caluori

### Councillor Kaya Comer-Schwartz in the Chair

**77**           **APOLOGIES FOR ABSENCE (ITEM NO. A1)**

Apologies for absence were submitted on behalf of Erol Baduna.

**78**           **DECLARATIONS OF INTEREST (ITEM NO. A2)**

None.

**79**           **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. A3)**

None.

**80**           **MINUTES OF THE PREVIOUS MEETING (ITEM NO. A4)**

**RESOLVED:**

That the minutes of the meeting held on 15 September 2015 be confirmed as a correct record and the Chair be authorised to sign them.

**81**           **CHAIR'S REPORT (ITEM NO. A5)**

The Chair advised that Item B2, Child Protection Annual Report, would be considered before Item B1, Alternative Provision: Witness Evidence.

**82**           **ITEMS FOR CALL IN (IF ANY) (ITEM NO. A6)**

None.

**83**           **PUBLIC QUESTIONS (ITEM NO. A7)**

A member of the public queried if local schools were able to refer children to alternative provision as a means of improving their GCSE pass rates. The Executive Member confirmed that young people should be in mainstream schools as far as possible and the council only supported a referral to alternative provision when it was in the best interests of the child. It was commented that the reasons why children were referred to Alternative Provision would be explored as part of the scrutiny review.

**84**           **CHILD PROTECTION ANNUAL REPORT (ITEM NO. B2)**

Cathy Blair, Director of Targeted and Specialist Children's Services, answered questions on the report which provided an update on the council's safeguarding work.

- It was queried why some young people missing from care had not achieved good outcomes. In response it was advised that some of these young people had a history of offending and had entered the care system as older teenagers on remand in custody. It was noted that such young people were particularly difficult to stabilise.

## Children's Services Scrutiny Committee - 9 November 2015

- Further to paragraph 4.7, the Committee queried the use of abduction notices. It was explained that such notices were served on adults who had exploitative and unhealthy relationships with missing children. Officers considered abduction notices to be a useful tool in disrupting inappropriate relationships.
- It was queried why officers believed the number of children missing from home was under-reported. It was suggested that parents did not always notify police when their child was missing, especially if this was a regular occurrence.
- The Committee queried if the key performance indicators detailed at 5.3 were sufficiently oriented towards outcomes for children. It was advised that Children's Services was also the subject of regular quality assurance audits which objectively measured performance and outcomes for children.
- It was queried if the 45 days allowed for children in need assessments to be carried out was excessively long. Officers commented that 45 days was a reasonable standard, and whilst some assessments took a shorter time, some family circumstances were complicated and took much longer to assess.
- The Committee noted that the council applied for court orders to protect children more often than most other boroughs and queried why this may be. It was explained that the high levels of deprivation in Islington, together with significant levels of domestic violence and substance abuse, meant that Islington had a relatively high number of children requiring protection and such orders were considered to be the best way to safeguard children. It was commented that the court almost always agreed with the authority's judgement that the child was at risk of significant harm and required protection.
- The Committee noted that the number of Looked After children who had to move more than three times during a year was comparable to the council's statistical neighbours and queried if this was positive or not. In response it was advised that there was a shortage in foster carers, and although moving was disruptive for children it was often required to achieve the best outcomes.
- The Committee noted that the council had started using secure accommodation orders to protect children from absconding for the first time in six years and queried the reasons for this. In response it was noted that such orders were often used to protect children at risk of sexual exploitation who required their liberty to be deprived to ensure their safety. It was emphasised that this was only used as a last resort and the council had to demonstrate to the court that the order was required and that no suitable alternatives were available. Officers commented that children's homes would be an appropriate alternative in some cases; however there were very few residential resources available and homes could be reluctant to accept children which presented a significant risk.
- The Committee queried the significance of not recording changes in child circumstances in chronologies as detailed in paragraph 6.7 of the report. It was explained that chronologies were very useful in monitoring outcomes for children and these should be updated by social workers as required.
- A discussion was had on the anxieties of social workers as described at paragraph 7.1. It was queried why social workers raised anxiety with regard to managing risk and workloads. In response it was advised that social work was high risk by nature and although social workers had a significant work load this was comparable to other London boroughs.
- The Committee noted the results of a recent audit, which found that the rationale for why decisions were made was only recorded in around two-thirds of cases. Officers agreed that further work was required to make improvements in this area.
- The Committee was encouraged by the work of the Pause programme, although questioned if the project would become self-funding as intended due

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to the complexities of working with women with multiple issues. It was advised that permanent solutions for babies taken into care were usually found quickly.

- It was requested that a further report on the Pause programme and 'Doing What Counts and Measuring What Matters' be reported to the Committee in June 2016.
- The Committee noted that the number of safeguarding contacts had remained stable over the past three years (11,688 in 2013; 11,730 in 2014; 11,766 in 2015) and commented that an increase may have been expected given the increasing number of high-profile child exploitation cases nationally. Officers advised that referrals had become more appropriate in recent years. Around a quarter of referrals were received from the Police, and around a quarter were related to domestic violence.
- A discussion was had on how the Committee could best scrutinise the council's child safeguarding activity in future. It was concluded that ensuring the safety of children was central to all work carried out by the Committee and progress reports would continue to be received annually. In addition, members would continue to regularly review safeguarding matters through the work of the Corporate Parenting Board and the CSE Working Group.
- A member of the public queried if the Government's Prevent Strategy and the council's Youth Crime Strategy had an impact on the council's safeguarding work. Officers commented that both strategies had significant implications for how the council protected vulnerable children and Children's Services had an important role to play in reducing offending and reducing the risk of children being drawn to terrorism. It was noted that the council had carried out assessments under the Prevent duty.

The Committee thanked Cathy Blair for her attendance.

### **RESOLVED:**

That a further report on the Pause programme and 'Doing What Counts and Measuring What Matters' be reported to the Committee in June 2016.

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### **ALTERNATIVE PROVISION: WITNESS EVIDENCE (ITEM NO. B1)**

The Committee received evidence from two providers of Alternative Provision on the quality and range of local provision.

Anna Cain, Chief Executive and Head of the Boxing Academy, provided a summary of her work. A discussion was had during which the following main points were made:

- The Boxing Academy was based in Hackney and offered alternative education provision to pupils across North London at risk of exclusion due to violent or disruptive behaviour.
- The Boxing Academy was a small provider with charitable status. The curriculum included a minimum of five GCSEs alongside boxing which improved the fitness and discipline of pupils. The Academy also offered PSHE and helped pupils to develop life skills such as employability. Intervention work on personal difficulties was offered after school hours. The majority of pupils passed their GCSEs.
- Every pupil at the Academy had a personalised learning plan. There were only eight pupils per class, with each class having both a teacher and a support assistant. Some pupils attending the Boxing Academy had special educational needs and it was commented that Islington schools provided particularly good data to assist the Academy in this area.
- The Academy originated in Tottenham and promoted an inclusive 'family' atmosphere which was particularly conducive for intervention work. It was

## Children's Services Scrutiny Committee - 9 November 2015

suggested that many pupils struggled in traditional settings and had a low view of mainstream education. The different environment and focus on 'tough love' and team-work was thought to assist the pupils in their learning.

- The Boxing Academy offered full time education. Pupils arrived at 9am for a 9.15am start and worked until 3pm. Those arriving late were subject to appropriate sanctions which could be either a physical challenge, such as push-ups, or a practical task such as washing up.
- All pupils studied GCSE English, Maths, ICT, RE and PE. Pupils also received lessons on topical issues; the Academy had recently held a lesson on the Prevent strategy and democracy, and had also been visited by the Territorial Army and a barrister, who taught pupils about the legal system.
- Pupils could arrive from 8am for a breakfast club. Pupils could stay at the Academy up to 4pm and after-school activities were provided regularly.
- A placement at the Academy cost £10,500 per year which included meals, school trips and uniforms. Transport was not usually provided however was considered in exceptional circumstances. Some pupils requiring support with attendance were collected from their homes by their mentors.
- The Academy had 40 pupils in total, including 18 Year 11s. 56% of the previous year's cohort achieved a C or higher in maths, one pupil achieved an A. All pupils had passed GCSE PE.
- The Academy had been approved to become an Alternative Provision free school and would soon be offering three additional GCSEs: science, a language, and a humanities subject.
- It was noted that five of the 40 pupils were girls and these tended to perform best academically. The Academy welcomed both boys and girls however girls were rarely referred to the Academy due to the emphasis on previously violent and disruptive pupils.
- It was commented that many Boxing Academy pupils had previously been excluded or at risk of exclusion from school due to their behaviour. Some pupils struggled to cope in larger classes and had behavioural difficulties since primary school. Some pupils had learning disabilities however had previously rejected support. Some pupils had difficult home lives including domestic violence and substance abuse.
- The Academy did not set traditional homework as it recognised that many pupils did not have an appropriate home environment to work in. It was also recognised that homework could be the cause of arguments between pupils and their parents. The Academy instead set additional work to be completed at an on-site homework club.
- After completing their GCSEs the majority of pupils enrolled in college, often studying sports-related subjects. However, some returned to their schools to study and in such instances schools had commented on their improved behaviour.
- The Committee noted that schools retained responsibility for pupils on Alternative Provision. The Boxing Academy reported weekly to schools on their pupils' progress and alerted the school to any concerns. Reports were also provided to the Youth Offending Service as required. Most schools and boroughs referring visited the Academy every term and it was emphasised to pupils that they had not been excluded. Pupils were often invited to attend their school's Year 11 Prom, which meant a great deal to the pupils.
- As with all local providers of alternative provision, the Academy was evaluated annually by the Quality Monitoring and Evaluation Team (QMET) of the North London Strategic Alliance, a partnership of North London local authorities which collaborated on Children's Services matters. The Academy welcomed evaluation as a means of securing improvement in the Alternative Provision sector.



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- The Committee noted that the Boxing Academy was intended for pupils with a violent or disruptive background and queried how the Academy approached working with difficult pupils. It was advised that before pupils enrolled the Academy spoke honestly to parents and pupils about the curriculum, teaching style, and the Academy's expectations. This allowed pupils and parents to determine if the Academy was right for them. The Academy offered pupils a 'clean slate' and did not take decisions based on previous poor behaviour. It was expected for all pupils to struggle at some stage; however the Academy provided intensive support to pupils and never used exclusion as a punishment. The Academy was flexible to the needs of its pupils, for example offering pupils with ADHD short breaks during classes. The Academy sought to develop the independence of pupils, which ultimately allowed them to take responsibility for their own learning and actions.
- In very rare circumstances the Academy referred pupils to other providers; however this was only used when pupils would not engage and all parties agreed the Boxing Academy was not suitable for the pupil.
- The Academy was questioned on the council's goal to reduce the number of pupils entering alternative provision. In response it was advised that although minimising the circumstances which led to young people requiring alternative provision would be welcome, the Academy would not support an arbitrary reduction as some pupils struggled in traditional school settings and required an alternative provision environment to succeed. It was speculated if schools needed better mechanisms to support pupils struggling with mainstream education.

Rebekah Westgate, Assistant Principal at BSix Brooke House Sixth Form College, provided a summary of her work. A discussion was had during which the following main points were made:

- BSix was a sixth form college based in Hackney which accepted 14-16 year olds as a form of alternative provision. Pupils on alternative provision participated in mainstream GCSEs and entry-level vocational courses. Almost all pupils passed their chosen courses.
- Pupils sitting GCSEs were able to choose either the STEM pathway or the Humanities pathway. Each pathway was comprised of five GCSEs, with both including English and Maths. It was suggested that a pathway environment helped alternative provision pupils to see an end goal to their education.
- The quality of BSix's provision was regularly evaluated. The college was rated 'good' by Ofsted in March 2013 and received a 'good' rating by the North London QMET in October 2014. BSix carried out additional internal quality reviews each year and these involved input from pupils.
- BSix offered full-time education from 9am to 3.30pm.
- The Committee queried the college's relationship to its school and local authority partners. It was advised that although this varied for each school and authority, schools were keen to ensure their pupils achieved to the best of their ability and took their duty of care to each pupil seriously.
- Once alternative provision pupils completed their courses they could choose to stay at BSix, studying a higher level course, or participating in the post-16 GCSE re-sit programme if required.
- It was advised that pupils referred to BSix for alternative provision often had additional emotional needs and some struggled to cope in a traditional education setting. Officers compared this to the background of those referred to the Boxing Academy and explained the importance of referring pupils to an appropriate provider following consultation with pupils and parents.
- A placement at BSix cost £6,500 per annum. It was advised that this was less than the Boxing Academy due to the larger class sizes at BSix.

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- BSix considered that alternative provision was essential for pupils who could not engage with mainstream education, however the importance of schools maintaining responsibility for their pupils and engaging with providers of alternative provision was emphasised.

The Committee thanked Anna Cain and Rebekah Westgate for their attendance.

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### **EXECUTIVE MEMBER QUESTIONS (ITEM NO. B3)**

Councillor Joe Caluori, Executive Member for Children and Families, provided an update to the Committee on his recent work. The Committee noted the procedure for Executive Member questions set out in the agenda and questioned the Executive Member on the following topics:

- Councillor Picknell queried how Islington Council assessed the risk of abuse posed to unaccompanied asylum seeking children both prior to their arrival in the borough, and once they arrived. In response Councillor Caluori advised that there were two methods through which asylum seeking children came to the borough; some were allocated to the borough from the national asylum seeking unit in Croydon; whereas others presented themselves to the council, sometimes with an adult or a solicitor advocating on their behalf. The council collected information on asylum seeking children, particularly to identify the journey taken into the country and to assess if they had been trafficked. The majority were placed in foster care and all children were entitled to the full range of services available to looked after children in the borough. It was commented that Islington had recently received a steady arrival of Albanian children, the reasons for which were not clear as the borough did not have a historic Albanian community. As a result Albanian boys aged 14 to 17 comprised around 10% of the in-care population. Officers had noted that some of these children had given identical accounts of how they had travelled to the country and why they were seeking asylum and there was a concern that they were being brought to the country for illegitimate purposes. It was known that asylum seekers were being exploited to commit crime in other areas; for example young women had been trafficked to work in the sex industry in Manchester, and there were instances elsewhere of young men being brought to the country and coerced into organised crime. It was not known why the Albanian asylum seekers were arriving in Islington as opposed to other London boroughs; however it was possible that Islington was considered to be a better option than other boroughs; or the proximity to the Eurostar terminal at St Pancras could also be a factor. It was noted that the council had supported lobbying of the Attorney General to release detailed national data on crime committed by asylum seekers as this could help to identify the workings of international criminal networks, however to date this request had been refused. The Executive Member expressed concern that asylum seeking children were able to present themselves to the council without prior detection by the UK Border Agency.
- Councillor Picknell queried what evidence suggested that the Pause programme would become self-funding. In response, it was advised that the Pause programme estimated that if 100 women were spread over five sites over a five year period with no intervention, they could potentially have 264 children removed into care at a cost of almost £20million. In contrast, the cost of running the programme was £9million, making the potential saving greater than the cost of the programme.
- Councillor Picknell asked a supplementary question on the long-term effectiveness of the Pause programme. Councillor Caluori advised that there had been no pregnancies in the 18 month pilot period in Hackney, no

## Children's Services Scrutiny Committee - 9 November 2015

pregnancies in the Islington trial to date, and that a national evaluation of the programme would be carried out in 2016.

- Following a question from Councillor Ismail, Councillor Caluori confirmed that the Pause programme offered reversible contraception and did not affect a woman's potential to have a family at a later date.
- The Chair requested further information on the future of the Lough Road Centre for children and young people with severe and complex disabilities. Councillor Caluori advised that, following an extensive consultation, parents were not found to be supportive of the proposals as there was a degree of uncertainty over how different facilities may operate. It was advised that it was possible to co-design services due to the relatively small numbers of service users and the council would be seeking to work with parents before a final decision was made.
- The Chair queried the composition of the Personnel Sub-Committee due to consider applications to the Corporate Director of Children's Services role, and in particular why no women were members of the Sub-Committee. The Executive Member advised that he was also frustrated by the composition of the Sub-Committee, however no way could be found to incorporate women within the agreed governance arrangements. The Executive Member agreed that an all-male appointment panel was not best practice, and commented that the appointment process also involved interviews with head teachers, young people, and an informal evening event to which members of the committee were invited. The Committee resolved that their disappointment with the composition of the Sub-Committee be formally recorded.
- A member of the public queried the performance of schools in achieving the council's target of 40% energy reduction by 2020. Councillor Caluori advised that he did not have figures to hand however a response could be provided outside of the meeting.
- A member of the public noted that the revised equality objectives agreed by the Executive in July 2015 did not include the continued monitoring of the GCSE results of BME pupils, and requested details of the latest GCSE results of BME pupils. Councillor Caluori advised that he did not have figures to hand however a response could be provided outside of the meeting.

### **RESOLVED:**

- 1) That the procedure for Executive Member questions be agreed; and
- 2) That the Committee's disappointment with the all-male composition of the Personnel Sub-Committee be noted.

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### **REVIEW OF WORK PROGRAMME (ITEM NO. B4)**

A discussion was had on the focus of the Alternative Provision review, in particular if sufficient emphasis was to be given to pupil referral units and the outcomes of students excluded from mainstream school. The Committee considered the witness evidence plan and agreed that the proposal to receive evidence from two head teachers and a representative of New River College would provide sufficient opportunity for the committee to consider matters relating to exclusions.

The Committee requested further data on the performance of alternative provision providers and the outcomes of pupils.

MEETING CLOSED AT 9.30 pm

Chair

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Report of: **Corporate Director of Children's Services**

Meeting of:	Date	Agenda item	Ward(s)
Children's Services Scrutiny Committee	11 January 2016	B1	All

Delete as appropriate		Non-exempt
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## **SUBJECT: Islington Safeguarding Children Board Annual Report 2014/15**

### **1. Synopsis**

- 1.1 The attached report shows that safeguarding activity is progressing well locally and that the Islington Safeguarding Children Board (ISCB) has a clear consensus on the strategic priorities for the coming year (Appendix 1 and Appendix 2).
- 1.2 The ISCB has worked well in fulfilling its statutory functions under the revised 2015 'Working Together to Safeguard Children' statutory guidance. Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies.

### **2. Recommendations**

- 2.1 That the Islington Safeguarding Children Board Annual Report and recommendations of the Board set out in paragraphs 3.2 to 3.10 be noted.

### **3. Background**

- 3.1 The Independent Chair of the ISCB has a statutory duty to provide an annual report about the effectiveness of local arrangements to safeguard and promote the welfare of Islington's children.
- 3.2 The Board would like to see partners in universal agencies improve their engagement with the Early Help Assessment (formally referred to as the CAF) which would enable partner agencies to take greater ownership of, and be proactive in, providing services to help children at the earliest opportunity and that Early Help Assessments are not just seen as a request for service.
- 3.3 All services, but especially universal services can still do more to assist the good work that the local authority is doing to identify children and young people who are in private fostering arrangements.

- 3.4 We need to better understand the increase in serious youth violence and gang associations in Islington, to enable professionals to tackle this problem head-on and thereby reduce the harm that such activity causes.
- 3.5 The Board would like to that see individual agencies especially health, education and the police undertake and improve their single agency internal audits so that they can be scrutinised through the quality assurance framework and provide evidence of improved service provision to children and young people.
- 3.6 We would also want to see an increased overview of how the views of children are sought within agencies and how their voice is used to shape and influence service delivery.
- 3.7 In relation to child sexual exploitation, there is a well-established partnership approach to this issue in Islington. However the Board would like see greater analysis of this issue and a greater use of intelligence so that agencies can deploy their resources effectively to prevent child sexual exploitation (CSE) and target offenders.
- 3.8 The Board needs to build better partnerships with the Crown Prosecution Service (CPS) to understand the issues surrounding the small number of offenders who are prosecuted in cases of child abuse and neglect.
- 3.9 Our aim year on year is to make sure that children in Islington are best protected from harm. This can only be achieved through ensuring the right systems are in place, that agencies work well together for each individual child and family and we develop our learning culture. We need to be constantly reflecting whether children in the area are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene when children are at risk of suffering significant harm.
- 3.10 We will continue to raise awareness within our local community that safeguarding children is everybody's business.

## **4. Implications**

### **4.1 Financial implications**

There are no direct financial implications arising from the report.

### **4.2 Legal implications**

The Local Safeguarding Children Board must prepare and publish an annual report about safeguarding and promoting the welfare of children in Islington (section 14A Children Act 2004).

The objective of the LSCB is to co-ordinate what is done by public bodies offering safeguarding services to children who are being provided with care by others (section 14 (1) Children Act 2004; regulation 5 The Local Safeguarding Children Boards Regulations 2006/90).

The report should provide an assessment of the performance of local services, identify areas of weakness, set out proposals for action and include lessons from reviews (Working Together to Safeguard Children 2015).

### **4.3 Environmental implications**

There are no direct environmental implications arising from the report.

### **4.4 Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good

relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

An RIA has not been completed because an assessment is not necessary in this instance. The Committee is asked to receive the report, note the ISCB priorities and utilise the priorities to inform its future work. No negative equalities implications for any protected characteristic, nor any human rights issues, are envisaged as a result of these recommendations. The report proposes actions which are intended to strengthen the Council's safeguarding measures. Should the Scrutiny Committee decide to take any other specific actions in response to the report, separate consideration of the impacts of these actions may be required.

## 5 Conclusion and reasons for recommendations

5.1 The LSCB Annual Report and Executive Summary are for information and consideration by the Committee.

### Appendices

- Appendix 1: ISCB Annual Report
- Appendix 2: ISCB Annual Report – executive summary

**Background papers:** None.

Final report clearance:

**Signed by:**



Corporate Director of Children's Services

Date: 18 December 2015

**Received by:**

Head of Democratic Services

Date 18 December 2015

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2014/15



## Islington Safeguarding Children Board Annual Report 2014/15

Alan Caton, Independent Chair

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## Section II: Chair's introduction

I am pleased to present the Islington Safeguarding Children Board (ISCB) Annual Report covering the period April 2014 to March 2015.

This has been a challenging year for partners who are working in a context of shrinking budgets and resources, however this report provides evidence of the commitment and determination among agencies and professionals to keep children and young people safe across Islington.

This report highlights the performance and effectiveness of agencies to safeguard and promote the welfare of children and young people. It also outlines the difference we have made as a Board and the impact that those differences have had on children, young people and their families in Islington.

The challenge in last year's annual report for statutory assessments to be completed in a more timely manner has improved this year. As a result of that challenge the Board can evidence how it has influenced and shaped service delivery through effective multi-agency case audit and a robust quality assurance process.

As an example the Board provided a challenge to the Local Authority surrounding the timescales taken to undertake single assessments. As a result of that challenge an audit of cases was undertaken. The audit established that there was sound decision making in each case and that even in cases where timescales were exceeded, children were not being put at risk. The Board continues to monitor this activity and timeliness has improved.

Independent assessment of Early Help shows that Islington services are reaching families with multiple problems and are effective in solving those problems. Early help services are positively impacting on statutory services by reducing demand.

The Islington Safeguarding Children Board has appointed two new Lay Members who will be influential in making links between the ISCB and community groups, in addition they will enable public engagement in local child safety issues and an improved public understanding of the Board's child protection work.

The work of the Board has become mature in recent years and has taken the steps of formulating objectives which challenge partners to focus on the advanced work that is required by professionals to help children undo the harms caused by abuse, neglect and parental mental ill health.

The Board has made inroads to identify children at risk of CSE but is now pushing partner agencies to identify and prosecute those offenders who exploit and abuse.

As a Board we continue to face a number of challenges as we strive to constantly develop front-line practice with a view to improving outcomes for all children and young people.

These challenges are highlighted in this report and include;

Ensuring that the voice of children is heard and that their views are taken into account in all aspects of safeguarding.

Ensuring that lessons learned from local and national case reviews and audits are embedded in local practice and improve the quality of the provision of services to children and young people.

Ensuring the effectiveness of safeguarding support for children living with the consequences of domestic abuse, parental mental ill health and parental substance misuse.

To continue to monitor and evaluate the impact of early help.

Ensuring the Islington response to child sexual exploitation is identifying those children at risk of CSE at the earliest opportunity and evaluating the multi-agency response to keep children safe.

May I also take this opportunity to thank on behalf of the ISCB all of the organisations and individuals in the public, voluntary and private sectors who work tirelessly across the borough to improve the safety and quality of life of our children, young people and families.

I commend this report to you and invite you to feedback your thoughts on how we can continue to develop and improve in order to keep all of Islington's children safe.

Alan C Caton, OBE

**ISCB Independent Chair**



## Section III: Purpose of this report

### 1. Statutory duty

Legislation<sup>1</sup> compels Local Safeguarding Children Boards (LSCB / Board) to ensure that local children are safe and agencies work together to promote children's welfare. The board has a statutory duty<sup>2</sup> to annually prepare a report on its findings:

*"The chair of the LSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. 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"*

### 2. Remit of the report

This report follows the *LSCB Annual Report 2013-2014*, published in autumn 2014 and covers the financial year from April 2014 – March 2015.

Section 5 provides an outline of the board's main objectives, how well it has achieved those objectives, and what difference they have made. In doing so, the report reflects on successes but also identifies gaps in services. Occasionally, the report makes recommendations for partners to consider, and respond to (an action plan accompanies this report).

This report-outline continues the methodology from the previous year, based on the statutory duties of the board as they are found in the *Local Safeguarding Board Regulations 2006* (Government, 2006).

### 3. Audience

This report will be presented to all board partners and:

- The Chief Executive of Islington Borough Council, Lesley Seary;
- The Leader of Islington Borough Council, Cllr Richard Watts,
- London Police and Crime Commissioner, Mayor's Office for Policing and Crime (MOPAC)

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<sup>1</sup> Children Act 2004

<sup>2</sup> Apprenticeships, Skill, Children and Learning Act 2009

- Chair of Islington Health and Wellbeing Board
- The Borough Commander of Islington Metropolitan Police
- Schools forum (executive report).
- Youth Justice Management Board
- Adult safeguarding Board

**Action : ISCB to present the Annual Report all strategic partnership boards and for partners to indicate what actions they intend to take in relation to the report's findings.**

#### **4. Methodology**

In writing this report, contributions were sought directly from board members, chairs of sub-groups and other relevant partnerships. It drew heavily on the numerous monitoring reports presented to the board and subgroups during the year e.g. LADO report, private fostering report and corporate parenting report.

LSCB members were asked to give a summary of key achievements and challenges in 2014/15.

#### **5. Approval process**

The chair presented this report, in draft, to the ISCB on 14 July 2014 for oversight and commentary. Once the report has been finalised an executive summary will be prepared.

#### **6. Publication of this report**

The final version of this report, as well as the executive summary, will be prepared as a PDF and placed on the ISCB website.

## Section IV: London Borough of Islington, background and context

### 1. Demographics

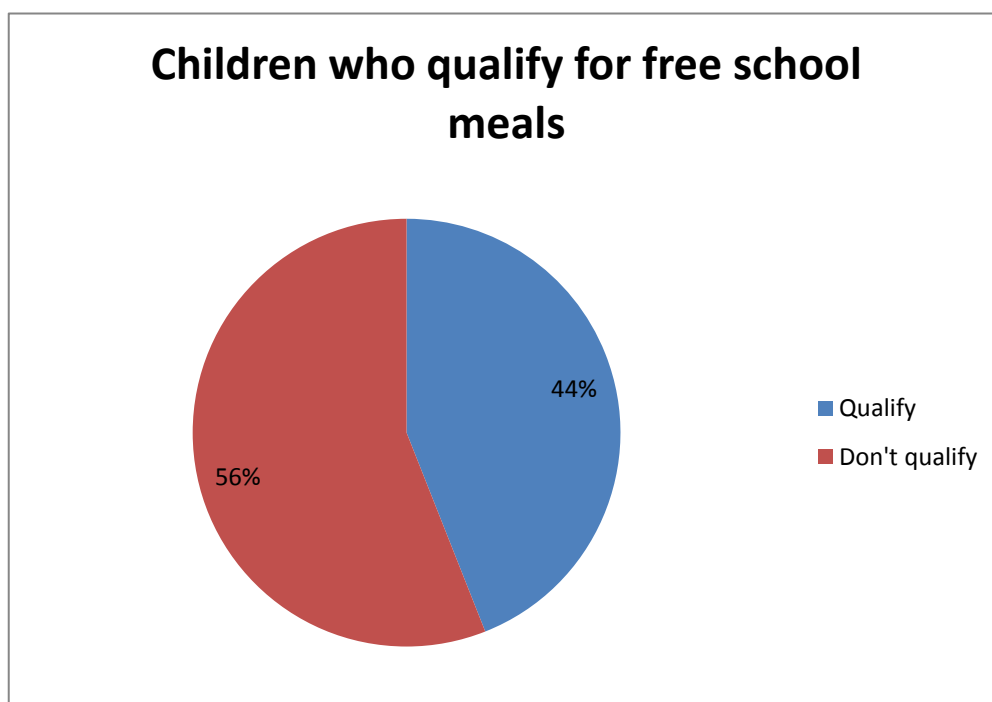
Islington has a population of 220 100. It is a small, densely populated inner-London borough with about 43,500 children (0-19), living in 21,000 households.

There is sharp contrast between wealth and poverty. The *Index of Multiple Deprivation* (2010) listed Islington as the 14th most deprived local authority in the country, whereas the *Income Deprivation Affecting Children Index* ranks it as the second most deprived area in the country.

Approximately 44% of children in Islington qualify for free school meals and 6 out of 10 families with dependent children live in social housing, compared to 2/10 nationally. 11% of households live in overcrowded conditions.

The child in need census (2013/14) showed that Islington had the 8<sup>th</sup> highest rate of children in need in the country. Islington had a higher proportion of CIN case open for less than three months than its statistical neighbours, as well as higher rates for cases open longer than three months. On average, the proportion of child in need cases that remains open for longer than 2 years are higher than comparable statistical neighbours.

A relatively high proportion of children in need also have special educational needs.



## Section V: Governance of ISCB

### 1. Independent chairing and leadership

The ISCB continues to be independently chaired by Alan Caton. Quarterly safeguarding accountability meetings take place between the Chief Executive Officer of LB of Islington, the Lead Member of the Council, the Lead Member for Children, DCS and the Director for Targeted and Specialist Children.

### 2. Structure

In May 2014, the ISCB had a planning day to consider how it is organised. Partners completed an online survey which showed that the e-safety sub-group had fulfilled its work plan. Also, it was thought that chairing arrangements fell disproportionately on the local authority. The board agreed that short term task-and finish group should be used where possible, e.g. e-safety.

To meet the requirements of *Working Together 2013*, the SCR (Case Review) sub-group's constitution was revised to become a full-time sub-group that will in future oversee the implementation action-plans emanating from reviews (previously held in the QA sub-group).

### 3. Sub-groups of the ISCB

Senior managers in the Local Authority previously chaired all subgroups. The Board wanted to see other agencies assume more responsibility for supporting the board and made the following recommendation in the 2013/14 annual report:

“Action 2: The ISCB would like to see that partners, especially s11 partners, take a greater lead in chairing and governance of the safeguarding board sub-groups. The board should continue to review its structure and governance”.

Islington Borough Police, Islington CCG and Whittington Health have all assumed more responsibility with the Head of Safeguarding (Whittington Health) now chairing the Training sub-group, the Designated Nurse for Islington CCG chairing the Policy and Procedure sub-group and a Detective Superintendent from Islington Borough Police chairing the Missing and CSE sub-group.

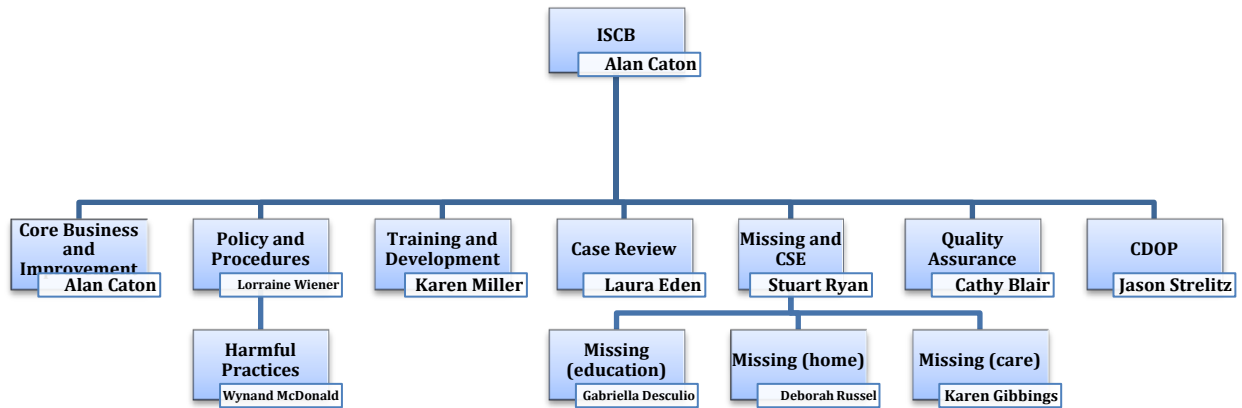


Figure 2 - Structure of the ISCB

### 3.1 Training and professional development subgroup

Key responsibilities of the subgroup are to:

- Identify the inter-agency training and development needs of staff and volunteers
- Develop and plan an annual training and development plan
- Monitor and evaluate the quality of single and multi-agency training
- Ensure lessons from Serious Case Reviews (SCRs) are disseminated
- Measure the impact of multi-agency training.

### 3.2 Quality assurance subgroup

Key responsibilities of the subgroup are to:

- Develop agreed standards for inter-agency safeguarding work
- Establish and maintain appropriate mechanisms and processes for measuring the quality of inter-agency safeguarding work
- Contribute to the development of strategies to address any shortfalls in effectiveness
- Monitor and evaluate the quality of safeguarding work within individual Board partner agencies
- Contribute to the development of strategies for single agencies to address any shortfalls in effectiveness

### 3.3 *Policy and procedure subgroup*

Key responsibilities of the subgroup are to:

- Continually review and monitor ISCB's policies, practices and procedures
- Plan the piloting of and / or introduce new working practices
- Maintain an up-to-date knowledge of relevant research findings
- Develop / evaluate thresholds and procedures for work with families
- Assume editorial control over the LSCB website and Newsletter

### 3.4 *E-safety task and finish group (when required)*

Key responsibilities of the subgroup are to:

- Be a central point of contact for guidance, advice and networking
- Set out the roles and responsibilities of the E-Safety Safeguarding Lead Officers (ESLOs)
- Raise the awareness of e-safety within the borough
- Hold agencies to account, through the incorporation of the e-safety Strategy into their existing safeguarding policies
- Ensure that agencies have robust procedures in place in relation to recognition, identification, reporting and appropriate response to e-safety issues

### 3.5 *Missing and CSE sub-group*

Key responsibilities of the subgroup are to:

- Agree and monitor the implementation of a CSE strategy and action plan to minimise harm to children and young people
- Raise awareness of sexual exploitation within agencies and communities
- Encourage the reporting of concerns about sexual exploitation
- Monitor, review and co-ordinate provision and practice

### 3.6 *Child Death Overview Panel*

Key responsibilities of the subgroup are to:

- Collect and analyse information about each death with a view to identifying any case giving rise to the need for an SCR
- Review and respond to any matters of concern affecting the safety and welfare of children
- Review and respond to any wider public health or safety concerns arising from a particular death, or from a pattern of deaths

- Put in place procedures for ensuring that there is a co-ordinated response by the authority and its Board partners and other relevant persons to an 'unexpected child death
- Alert the Board about professional practice concerns that may require a review

### 3.7 *Case Review Subgroup*

Key responsibilities of the subgroup are to:

- Plan and undertake reviews of cases where a child has died or has been seriously harmed in circumstances where abuse or neglect is known or suspected
- Identify lessons from the reviews for inter-agency working and the work of individual agencies.
- Produce and monitor action plans arising from SCRs and evaluate the effectiveness of their implementation.
- Audit and review the progress of the implementation of recommendations of Serious Case Reviews conducted by ISCB

### 3.8 *Core Business and Improvement Group*

- Develop, implement and monitor the Islington LSCB Annual Report and Business Plan.
- Oversee the functions of Islington LSCB Sub Groups,
- Oversee the Learning and Improvement Framework
- Agree priority actions against core business.
- Develop the forward plan and set the agenda for Islington LSCB meetings.
- Receive and agree policies and procedures received from subgroups.
- Review relevant national policy developments and initiatives and prepare briefing papers on relevance to the Islington LSCB and recommended actions.
- Monitor attendance and agency representation at the Islington LSCB and its Sub Groups and make recommendations as appropriate.
- Provide in-depth scrutiny around the board priorities, including s11 duties.

## 4. Engagement and participation

### 4.1 *Frontline staff*

The ISCB would like to hear the views from frontline practitioners working in the core agencies (e.g. social care, health, education and the police) about safeguarding in their agencies. Last year's report had the following action:

“Action 3: The board would like to receive an annual report, representing the views of front line practitioners about the robustness of safeguarding practices within their agencies from the Named Nurse(s) for Safeguarding, Designated GP, Designated Doctor, Designated Nurse, and Safeguarding Lead for Education and the Principal Social Worker”

In response to this recommendation reports from the Principal Social Worker, have been added to the forward plan of the ISCB. The Principal Social Worker presented her report to the ISCB already but it will only be reported in the next year's annual report.

**Action: The ISCB welcomed the report from the Principal Social Worker, and requested similar reports in relation to key staff, eg. Police, health visitors, schools nurse etc.**

## 5. Progress against strategic priorities in the 2013/15 business plan

A full copy of the *ISCB Business Plan 2013/15* can be found in the Appendix. This plan covers several years, which means that some priorities have already been addressed in previous Annual Reports. The key messages are:

### 5.1 *Priority 1: Develop early intervention and review its effectiveness (overarching priority)*

What we wanted to do:

#### 5.1.1 Further embedding and increase in number of Early Help Assessments (CAFs).

Considerable work has been undertaken in previous years. Recently, CAF has been developed to be used as both an Early Help Assessment and a request for service. Progress has been made in that it is now possible to distinguish between requests for service and early help assessments. Last year there were 1789 Early Help Assessments undertaken.

In Moorfields NHS trust, staff were trained using the Neglect Toolkit and the importance of Early Intervention, including the role and purpose of Early Help Assessments.

#### 5.1.2 Launch of eCAF as CSC Referral tool

This work has been done, although the majority of service requests are still completed on paper. 286 eCAFs were used as a request for service.

#### 5.1.3 Implementation of Children's Services Contact Team incorporating the Multi Agency Safeguarding Hub (MASH)



The LA Children's Services has established a single point of contact for all requests of service (both targeted and specialist). The Multi-agency safeguarding hub is situated within the Children's Services Contact Team and it is working well. Although Social Services received more contacts than last year, early help services appear to have a positive impact on statutory services by reducing demand and ensuring that those with complex needs are identified.

#### 5.1.4 Increase number of parents helped into work through Parental Employment Partnership (PEP)

The independent evaluation of Families First has shown positive impact in 7/10 in a range of areas, including employment, but also parenting, reduced offending, reduced aggression and improved education.

#### 5.1.5 Diversion of CSC contacts to Early help services

This year saw an 11% rise in referrals to Children's Service Contact Team but 13% fewer referrals to Children's Social Care, which indicates a significant diversion of appropriate cases to early help services. Furthermore, there has been a 2% reduction in re-referrals to Children's Social Care. The Quality Assurance subgroup audited repeat referrals in 2013/14 and found that 50% of repeat referrals were unavoidable.

#### 5.1.6 Continued use of 3 Families First (FF) early intervention teams to identify and support families

Early help services appear to be reaching families with multiple problems and to be effective in resolving problems which reduce risk in poor outcomes. An independent evaluation of Early Help Services showed that Children's Centres, Families First and Islington Families Intensive Team (IFIT) reached 12% of the local population. It confirmed that the tiered model of service delivery was successful.

### 5.2 *Priority 2: Evaluate the effectiveness of training (overarching priority)*

What we set out to do

#### 5.2.1 Training and Professional Development Sub-group audits and evaluates delivery and effectiveness of single and multi-agency training

The training sub-group has identified that multi-agency safeguarding training is not consistently delivered in all settings. Although agencies provide staff with safeguarding training, at different levels, the content of training is not always consistent with the Board's minimum requirements.

The sub-group has revised the training strategy (Competence Still Matters) that clearly sets out the expectations of training for staff in different roles. As a result of this work, the training to schools is reviewed so that they also receive multi-agency training.

The core safeguarding training has also been redesigned to be more skills-based and now focusses on the roles and responsibilities of professionals who are involved in the child protection process.

#### 5.2.2 Implementation of the London safeguarding children board Training Impact Analysis process.

The LA's Work-force Development team has set up an evaluation of training process for specific courses, *Conducting sec 47 enquiries* and *Neglect*. This includes auditing cases of social workers who have attended training 3 /6 months post course to assess how/if learning has been put into practice.

Health provider services ensure that staffs are regularly trained in safeguarding policies and procedures. Moorfields NHS trust has begun an audit process to ensure the effectiveness of learning.

This year the Board has begun to pilot a model following-up training by telephone to ascertain what difference the training attendance has made on practice. Initial results are encouraging: many agencies have identified direct changes in practices as a result of ISCB training, including: redesigning record keeping systems, beginning to do chronologies where there are concerns about a child and changing the content of own-agency training. This work will be developed in future.

### 5.3 *Priority 3: Parents with learning difficulties (joint work with adults)*

What we set out to do

#### 5.3.1 Regular communication between Children and Families Board, Adult Safeguarding Board and ISCB

The ISCB chair / business manager now attends the Children and Families Board as well as the adult safeguarding board.

#### 5.3.2 Parents with LD accessing parenting programme – Mellow Bumps and Mellow Babies.

This has been reported on in the previous year.

#### 5.3.3 Parents with LD accessing advocacy and parenting support.

Moorfields NHS Trust has placed a *Safeguarding, Learning Disability & Dementia* briefing leaflet on the trust's intranet for all staff and the Paediatric Patient Information Group has agreed admission information leaflets for parents and carers. It has also reviewed *the Patient Passport* to recognise children whose parents have a learning disability.

The Local Authority has commissioned an external service to assess parents with LD and also trained family Support workers in delivering intervention for parents with LD using the Premises Assurance Model (PAM).

Moorfield NHS trust has commissioned online learning disability assessment training for all staff.

#### 5.4 *Priority 4: Transition to adulthood (joint work with adults)*

What we set out to do

##### 5.4.1 Monitor management of transitions

The board has previously reported on this area. In addition, Moorfields NHS trust has developed a paediatrics transitions protocol. All patients that transfer to adults services are monitored by the Paediatric Matron using an agreed report pro-forma. The arrangements for preparation for transitions have also been strengthened.

##### 5.4.2 C&IFT early intervention team undertakes transitional work with CAMHS

##### 5.4.3 Strengthened TYS-YOS operational links with Integrated Offender Management arrangements

##### 5.4.4 Regular communication between Children and Families Board, Adult Safeguarding Board and ISCB

The ISCB, Children and Families Trust and Adult Safeguarding Boards have updated the protocol between them to ensure that regular communication takes place. Either the LSCB chair / business manager represent the voice of the ISCB on all these meetings. The ISCB annual report is received at the Adult Safeguarding Board and vice versa.

##### 5.4.5 Development of a protocol between CLA, IF and Adults in relation to YP at risk of abuse within the family

A protocol has been established between Children's Social Care, CAMHS and Adult Mental Health Services to ensure that professionals are clear about their responsibilities and the pathway to ensuring that young people with mental health needs make the transition to the appropriate adult mental health service. Young people's needs for an adult mental health service will be clearly identified in a timely manner by CAMHS services and referred to the appropriate adult service in line with the Care Act. The protocol will also ensure that services are reviewed between DCT and adult services.

## 5.5 Priority 5: Domestic violence (core business)

What we set out to do:

### 5.5.1 DV identified in CAF

The ISCB Examined process and procedure for DV between peers, which led to new procedures and training implemented leading to a rise in those considered at MARAC

### 5.5.2 Continue work on Deep dive Audit Action Plan

The action plan has been implemented. The learning from the Domestic Violence Deep Dive has gone on to inform the strategic planning of the Children and Families Trust.

### 5.5.3 Review use of DV risk assessment tools

Moorfields NHS Trust has introduced the SPECCS assessment tool in the adult accident and emergency department.

### 5.5.4 Develop guidance to assess impact of ethnicity, culture, religion on DV

### 5.5.5 Monitor implementation of local VAWG strategy

The VAWG strategy has been overseen by the Safer Islington Partnership. In May the ISCB decided to improve the governance arrangements between the Harmful Practices Steering Group and the Safeguarding Board. The current VAWG strategy has come to an end and has been implemented. The Harmful Practices sub-group has commissioned a task and finish group to ascertain the views of victims of violence, including those who are children. This will inform the VAWG strategy that is currently being developed.

### 5.5.6 Early intervention through use of CAF and LP

Moorfields NHS Trust has undertaken an audit of all their referrals in relations to domestic abuse, which lead to training improvements within the trust.

### 5.5.7 MARAC attendance expanded to include Early Years, Families First and TYSS

347 high risk cases (involving 430 children) were referred to the Islington MARAC which represent a 41% increase compared to last year. This is clear evidence that MARAC is embed and protecting more children and families from domestic violence.

### 5.5.8 Increase identification of cases and actions to reduce risk and Development of referral pathways for young victims referred to MARAC

In Moorfields NHS Trust a Domestic Abuse and Violence policy was developed and as part of CQUIN training was put in place to assist with the identification and management of domestic violence. Awareness raising posters were also circulated in the trust. Domestic abuse training is now included in all Level 2 safeguarding training in the Trust.

## 5.6 *Priority 6: Neglect (core business)*

What we set out to do

### 5.6.1 Promote the use of CAF to identify neglect

The board has reported on this before. Promoting the use of early Help Assessments to identify neglected children is now part of business as usual. Moorfields NHS trust has continued work on implement the neglect toolkit this year.

### 5.6.2 Implementation of the neglect toolkit

This board has reported on this previously, after the toolkit was launched. Moorfields NHS trust has continued work on implementing the neglect toolkit this year and work has been undertaken with staff who attended multi-agency meetings to promote multi-agency working and information-sharing.

### 5.6.3 Training provided on use of toolkit across children's partnership.

This work has been reported on in previous years, work around the Neglect Toolkit is maintained in the board's day-to-day training and awareness raising.

### 5.6.4 Awareness raising campaign about neglect to Islington professionals, production of information sheet/leaflet

This work has been reported on in last year's annual report. Several leaflets have been produced and are being distributed through the policy and practice sub-group.

### 5.6.5 Multi-agency audit of CP plan neglect cases

A multi-agency audit of the neglect action plan has been completed which evidenced the use of the Neglect Toolkit, good information sharing by agencies, launch of escalation procedure and confirmation to chair about use of early help assessments.

#### 5.6.6 Agencies produce Neglect and CAF implementation plans which includes identifying how staff awareness will be raised

This work was reported on in previous annual reports. Work around Early Help Assessments is ongoing through the multi-agency strategic CAF work-group lead by the Local Authority. As a result of learning from a multi-agency management review, the chair has written to all board partners seeking an assurance about the use of CAF. It is clear that more work needs to be done by partners to ensure that they use Early Help Assessments in the universal services.

### 5.7 *Priority 7: Child protection*

What we set out to do

#### 5.7.1 Monitor and evaluate implementation of SCR action plans

These areas are covered in the main report (sections 9 and 10)

#### 5.7.2 Monitor and evaluate implementation of action plans resulting from audits/inspections/ reviews

The ISCB Quality Assurance and assurance sub-group has done a considerable amount of work in this respect, reported in section 9.

#### 5.7.3 Review progress in improving engagement of fathers

Engaging fathers remains a priority but progress is slow. The reach of parenting programmes during the last year has increased and more fathers (11%) have been engaged than before (7%).

#### 5.7.4 Monitor impact of implementation of MASH

Both the Children Services Contact Team and the MASH are now embedded and functioning well, this is increasing the number of children who receive help in a timely way and simplifying the referral route.

More generally, Moorfields NHS Trust has employed a fulltime designated nurse in November 2014 to strengthen and raise the profile of children's safeguarding in the trust. The terms of reference of the safeguarding committee in Moorfields NHS has been reviewed and a safeguarding children' risk register has been developed.

## 6. ISCB Priorities: 2015 - onwards

Previously, the board set itself the task to effectively identify children who were abused and neglected. Next, the board agreed in January, to set priorities that will ensure we are more effective in

intervening to reverse the harm that children and young people have suffered as a result of abuse / neglect and, where that is not possible, to help them become more resilient.

The following objectives were agreed:

In future, we want to improve the collective effectiveness of agencies in:

- 1.) Addressing the impact of neglect on children, including by helping them to become more resilient.
- 2.) Addressing the consequences / harm suffered as a result of domestic violence, parental mental health and substance abuse.
- 3.) Identification of children who are vulnerable to sexual exploitation and holding perpetrators to account.

**Action: Other strategic partnerships, including the Youth Justice Management Board, Islington Children's partnership Board and Health and Wellbeing Board, Adult Safeguarding Board to consider the ISCB priorities and indicate what strategic steps they intend to take to ensure that services are planned and commissioned accordingly.**

**Action: ISCB to receive the agreed joint Islington CCG and Islington Council Child Health Strategy and contribute to the accompanying action plan.**

## 7. Objectives and functions of the LSCB

Legislation<sup>3</sup> describes the objective of the LSCB as co-ordinating what is done by each person or body represented on the board for the purpose of promoting the welfare of children in the area and to ensure the effectiveness of what is done by each such person. Regulations<sup>4</sup> set out the statutory functions to reach those objectives.

Previously, national guidance<sup>5</sup> comprehensively described the duties of safeguarding board but when *Working Together* (2013) came in to force on 15<sup>th</sup> of April 2013, prescriptive guidance was much reduced, allowing boards to take a more 'local' approach to achieving its statutory objectives.

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<sup>3</sup> The Children Act 2004, section 14(1)

<sup>4</sup> Local Safeguarding Children Boards Regulations( 2006)

<sup>5</sup> Working Together to Safeguard Children (2010)

## 8. Policy and procedure to promote welfare and safeguard children

Working Together (2013) was in effect for most of the reporting year, but a more recent edition: Working Together (2015) was published in the final month of this report. The board's Policy and Procedure sub-group is undertaking a GAP analysis and overseeing an action plan to ensure that all agencies are compliant with the new statutory procedure.

This has included:

- Regular update of the policy implementation check list, including the changes from the 5th edition of the London Child Protection procedures
- Threshold document, including updates to encompass CSE and radicalisation
- Assessment document
- Elective Home Education Policy
- Whittington Health FGM Policy
- Guidance for the transfer of records in children's centres, schools and colleges
- Guidance for organisations on DBS checks
- Young People and Domestic Violence procedure
- Strengthening Families Child protection Conferencing Procedure
- Care Leavers and Safeguarding into adulthood guidance
- Private Fostering leaflets
- Reviewing and advising on a substantial number of agencies' safeguarding policies
- Surveys of staff awareness of policies

The Policy & Practice Subgroup has evaluated the Strengthening Families child protection conference model. The evaluation was overwhelmingly positive both from families and professional's perspectives, therefore the sub-group recommended to the ISCB that the model be used continuously, and this was endorsed by the ISCB in November 2014.

**Action: the Board would like to see that all agencies use the board-approved case conference report format and provide reports in line with the Pan-London safeguarding procedures.**

### 8.1 *Threshold for intervention and Early Help*

The ISCB has developed and published an agreed multi-agency threshold document that sets out service delivery across the continuum between universal and specialist services. It has been updated this year to include criteria around child sexual exploitation and radicalisation.

### 8.2 *Training of the children's work force*

#### 8.2.1 Attendance and impact of LSCB training



The ISCB has offered 1087 places last year. The charts below set out the attendance of ISCB courses

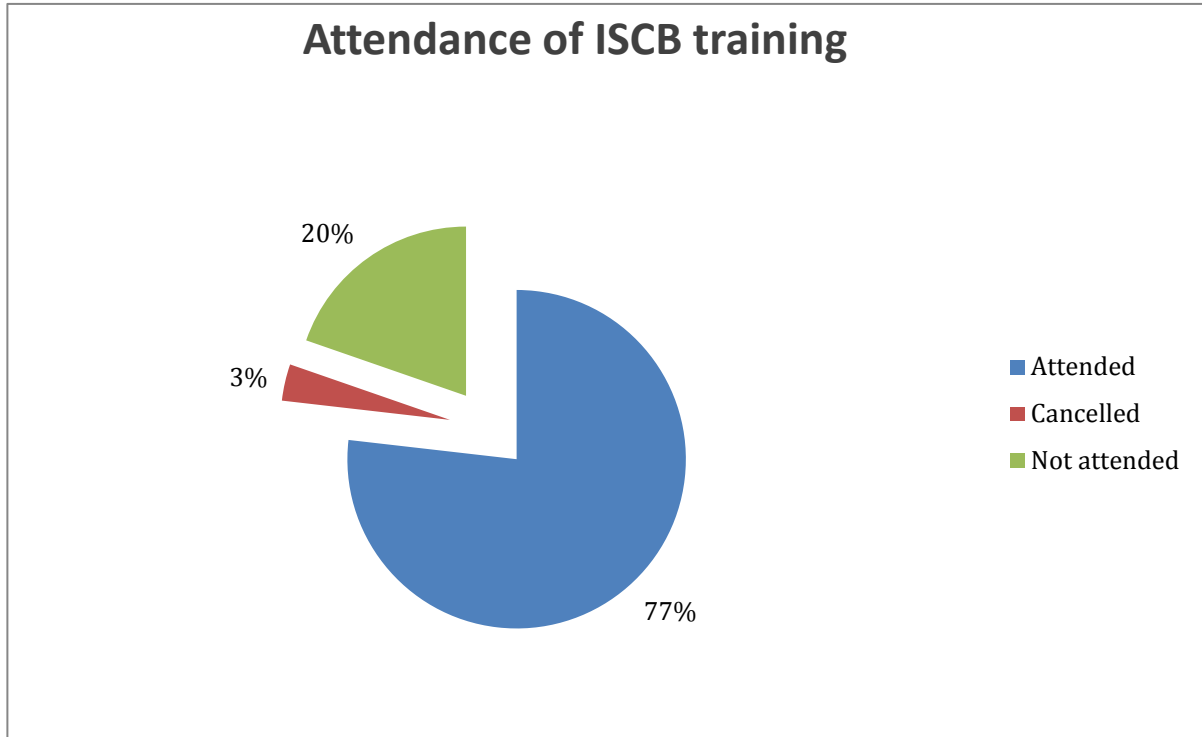


Figure 3 -Attendance of ISCB courses

Sector	Bookings made	Attended	Not-attended	Cancelled
Not stated	123 11.32%	94 11.26%	21 9.81%	8 21.05%
Statutory	567 52.16%	420 50.30%	137 64.02%	10 26.32%
Private and voluntary	397 36.52%	321 38.44%	56 26.17%	20 52.63%
Total	1087	835	214	38

Figure 4 - Attendance / non-attendance of ISCB courses

In the previous year's annual report the ISCB has included the following action for agencies:

Action 4: Board members to assure the ISCB that they have sufficient management mechanisms in place to ensure that staff members are identified and booked on relevant safeguarding training and that staff attend training that they have booked.

It is still the case that too many attendees do not arrive for training or arrive too late to be admitted. Many still do not cancel their bookings in sufficient time to allow the board to offer the place to someone else.

Courses are very popular, and are booked months in advance. It is a pity that some courses were then not fully filled to capacity, even when courses are technically overbooked to allow for those who do not attend.

In the previous year's report the boards asked that:

Action 5: Training and development sub-group to develop innovative ways to measure and understand the impact of training.

The board has begun a pilot to follow-up courses by telephone using standard questions to determine what actions course goers have taken as a result of attending safeguarding training. Initial results were encouraging in that 100% of responders have indicated that training had an impact on the way they approached safeguarding. More than 80% improved their safeguarding systems e.g. record-keeping, maintaining chronologies, improving supervision arrangements. The majority of those called, shared what they have learned either formally (trained staff) or informally at team meetings etc. Early indications are that staff were not consistently followed up by managers after they had attended training and it was not reflected on in supervision – fewer than 20% of managers enquired about training after attendance.

Although very time-consuming, the training sub-group was encouraged by the results and will continue to develop this process. During next year, the board may implement different training software that will provide new opportunities for post-course follow-up.

### 8.2.2 Child Sexual Exploitation training

ISCB has run several CSE training events for all agencies in terms of raising awareness following on from this it facilitated the running of training session days. This identified more direct work is required which is being put in place at the moment. All police officers have now been CSE awareness trained.

In February 2015 a CSE awareness day was held with partners and the community to identify delivery options across the area. Feedback was positive of the event.

All secondary schools in Islington have received the Chelsea's choice play to begin discussions and awareness of CSE.

Training and awareness has been provided as part of Operation Makesafe which launched in April 2015. To raise awareness within the hospitality, transport and licensed premises trades around the possible warning signs to look out for when coming into contact with young people they believe may be at risk of sexual exploitation. Taxi drivers, hoteliers and those working in licensed premises and GP surgeries, were provided with bespoke CSE-awareness training by specially trained officers, allowing them not only to recognise those scenarios which should raise concerns; but also what action should be taken if they suspect a child is at risk.

Individuals were encouraged to report any concerns to a dedicated hotline. (Missing / CSE Subgroup 2015)

The results of operation Makesafe will be reported in next year's annual report.

### *8.3 Recruitment and supervision of the children's work force*

The Policy and practice sub-group has agreed a sample, safer recruitment policy setting out good practice standards for employment. The Whittington Health trust was robustly challenged by the ISCB when it altered its DBS checking policy. As a result, health staff who work with vulnerable children in multi-agency settings will continue to be checked as required by the ISCB.

In a challenge from last year's annual report, named and designated staff (including the principal social worker) were asked to provide a report reflecting the views of the children's work force. CSCT teams took part in a very comprehensive staff survey that reflected high levels of satisfaction in both the quality and quantity of social worker's supervision. That Board has requested similar reports from other key-staff, and it is on the work plan outside the scope of this annual report.

### *8.4 Allegations against persons who work with children*

Safeguarding children by protecting them from contact with unsuitable professionals remains robust. There has been an increase in the number of referrals regarding education staff and a decrease in the number of referrals regarding Targeted and Specialist Children and Families Services (TSCFS) staff. Referrals from Whittington health remain low and there has been none from primary care services, CCG or Camden and Islington Mental Health Trust. It is clear more awareness raising needs to take place within health as a whole. There are no referrals about housing and tenancy management staff or from these areas. There are low numbers of referrals from and about voluntary sector staff.

There are 74 supplementary schools in Islington, and only one referral in relation to this area and there is a need to explore this further, some are commissioned others are not. There are also low numbers of referrals from the sports sector and this is an area which also needs further work.

Individual cases have led to wider learning and have enhanced and improved the LADO process both in terms of safeguarding children and the rights of the employee.

#### 8.4.1 LADO Steering group

There has been a continuation of the termly multi-agency Steering Group meeting, chaired by the LADO. Agencies who attend are: Fostering, Education, Early Years, Health, Housing, Faith Sector, Voluntary Sector, Police, Children's Services Human Resources as well as the Child Protection Co-ordinators who Chair the Strategy Meetings. This year saw the addition of an Islington's Community Learning representative to specifically address gaps within the practice of Supplementary Schools and an Area Play Officer, to ensure that groups who run extra activities are compliant with the legislation and practicing appropriately and, more recently, a representative from the Sports Sector.

Membership of the meeting is kept under review so that it reflects and encourages improved practice and compliance with procedures. The meetings are well attended. Requirements around the reporting of allegations have been tightened up within *Working Together 2013*, with all partner agencies now required to report all allegations to the LADO within 1 working day.

The LADO has undertaken a substantial amount of raising awareness with all agencies; maintaining the year-on year referral increase that started in 2012/13. As with last year, there were a variety of referrals from different agencies about different professionals and this is likely to be as a direct result of the awareness raising that took place in the 2 years previous.

The production of posters about the LADO continue to be distributed in council buildings, community centres, housing offices, youth centres, early years settings, custody suites, prisons, GPs, dentists, opticians and pharmacists.

#### 8.4.2 What we achieved in 2014/5

##### 8.4.2.1 Raising awareness

Raised awareness with Whittington Health, CCG, primary care services, Camden and Islington mental health trust, Voluntary sector, supplementary schools and the Sports sector.

##### 8.4.2.2 LADO procedure

Amended procedures to include what employer records need to cover, especially where an allegation does not meet LADO criteria.

##### 8.4.2.3 Referral form

A LADO referral form was considered by the LADO Steering Group and one has been designed and was due to be piloted from January 2015 to March 2015. However Social Care database managers

advised that the database can now hold information on LADO cases (from referrals right through to Strategy meetings) and their outcomes. For that reason, the referral form was no longer required. Unfortunately there has been some delay in the database being ready from February 2015 to July 2015.

#### 8.4.2.4 Risk Assessment Template for employers.

A template risk assessment was designed and implemented. It guides employers on what areas to cover when considering if an offence (or the way in which the employee has behaved in their private lives) brings into question their suitability to continue to work with children.

#### 8.4.2.5 Training

ISCB has run 2 training sessions attended by a number of different agencies. The training was very well received and a number of organisations changed their policies and procedures as a result.

#### 8.4.2.6 LADO audit of unsubstantiated cases.

The LADO steering group decided that due to capacity this audit would not be undertaken this year.

#### 8.4.2.7 Advice and consultation

Provision of advice and consultation to named staff has continued this year. The LADO and the delegated Child Protection Co-ordinators have provided, in the main, named staff with advice and consultation about matters which didn't reach the LADO threshold. This continues to check thresholds and keep an overview on issues within organisations or sectors

#### 8.4.2.8 Other activities

- LADO steering group has strengthened links with groups that run extra activities for children that are not within schools.
- Undertook a self-assessment against the Department of Education Self-Assessment Tool for Allegations.
- Ensure that commissioning arrangements include allegations management within their contracts e.g. Community Centres.

#### 8.4.3 LADO Referrals

The majority (69%) of referrals were allegations against staff in their professional capacities, which is in absolute numbers, is a slight reduction from the previous year (73%); whereas allegations against professionals in their private lives has increased slightly from 27% to 31%. The changes are not statistically significant.

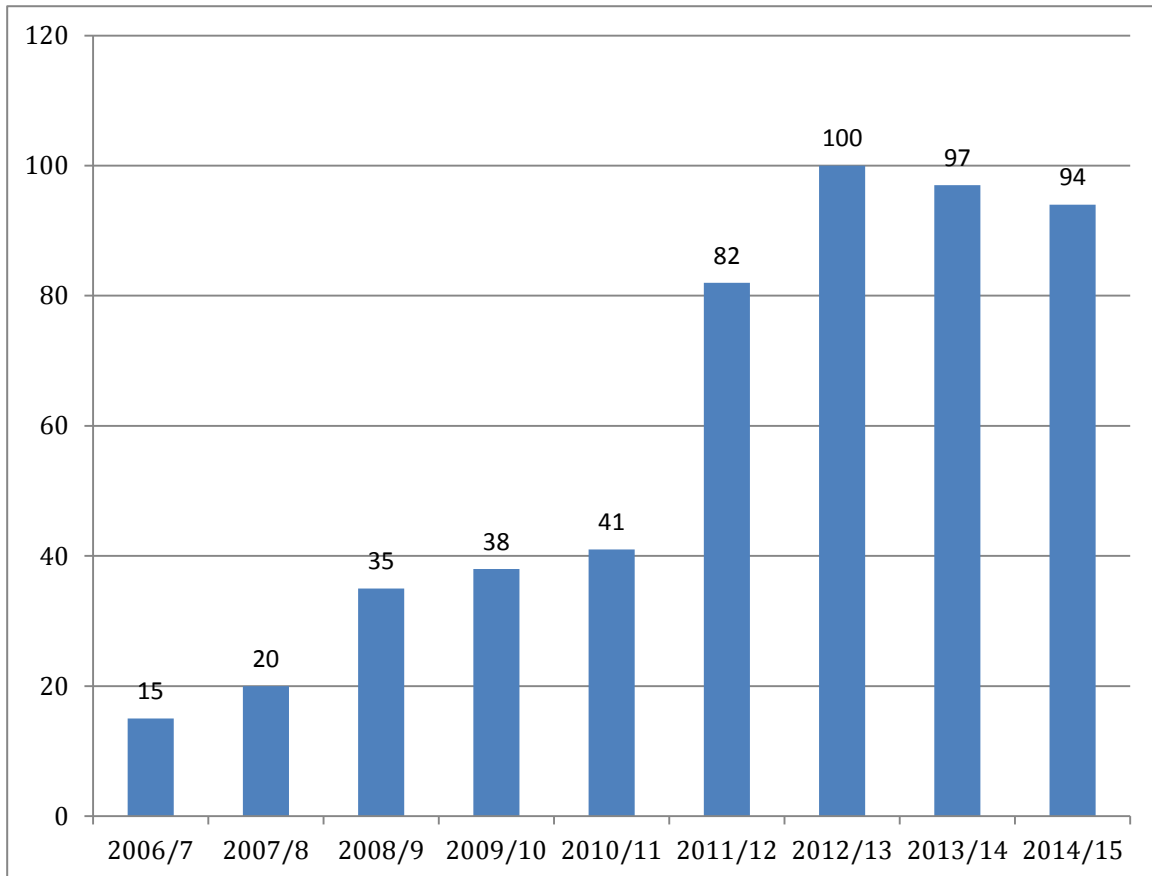


Figure 6 -Number of referrals to LADO

Figure 5 -Outcomes of LADO referrals (this year, outer circle. Last year, inner circle)

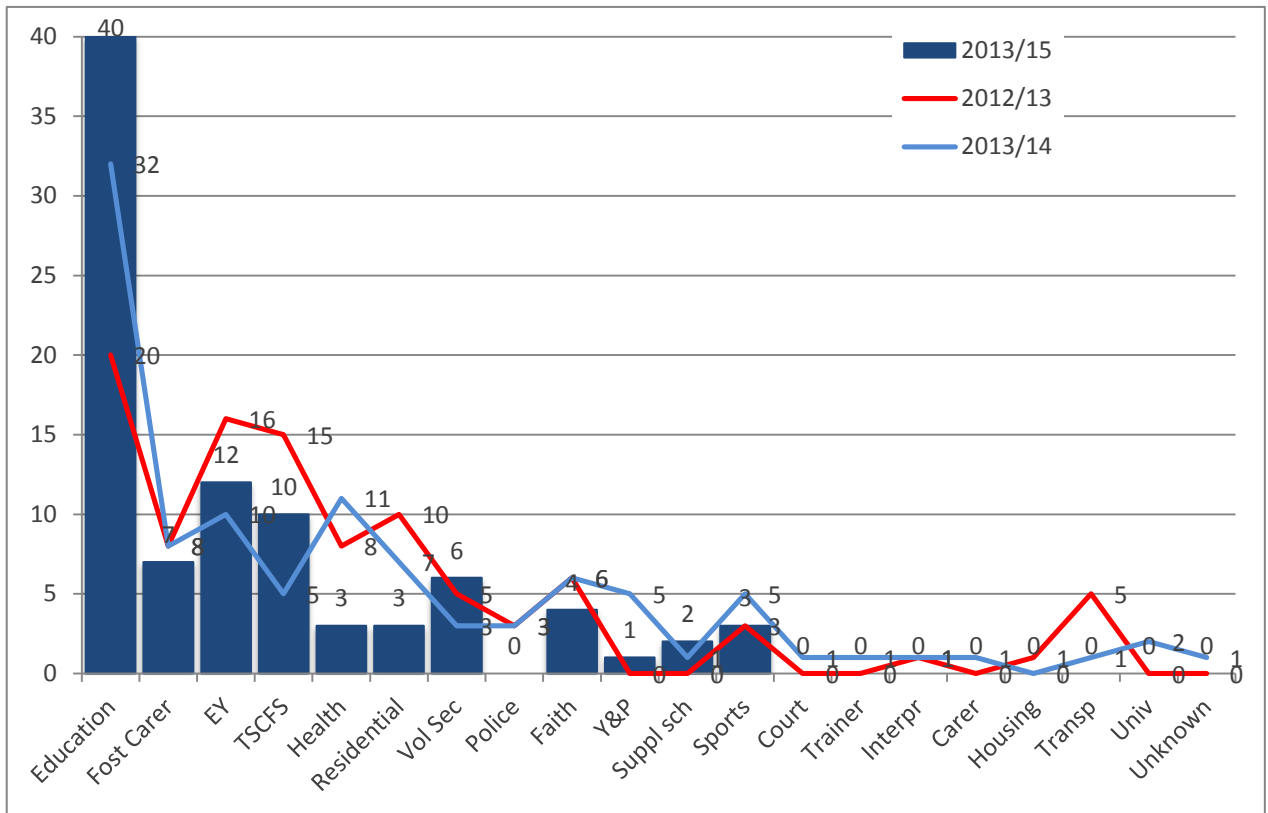


Figure 7 - LADO referrals from agencies

Last year, the board recommended the following action:

Action 6: Board Members to assure the Chair that they have suitable mechanisms in place through the Senior Named Officer structure to identify matters that need to be referred to the LADO.

Several agencies have responded to say they have the required mechanisms in place to report staffing concerns

### 8.5 Safety of privately fostered children

Minimum Standards<sup>6</sup> require that:

<sup>6</sup> Standard 7, National Minimum Standards for Private Fostering 2005

“The local authority reports annually to the Chair of the Area Child Protection Committee (or its successor body, the Local Safeguarding Children Board) on how it satisfies itself that the welfare of privately fostered children in its area is satisfactorily safeguarded and promoted, including how it co-operates with other agencies in this connection.”

The Private Fostering annual report to the ISCB is a statutory requirement<sup>7</sup> and should evaluate the local authority’s practise against the Private Fostering Regulations. The report also incorporates LBI’s response to the OFSTED publication in January 2014 ‘private fostering; better information, better understanding.

Through data analysis the quality assurance sub-group were concerned about the low number of arrangements identified, even though a full awareness raising programme was in place as well as a multi-agency action plan, it did not seem to be identifying new cases. As a result CSC, Early Help and Youth Offending services were asked to screen every open case to ensure that no arrangements were slipping through the net. A screening tool was developed and used and 4 new cases were identified.

In total, the LA received 11 new notifications this year, an increase of 2 over the last year.

#### 8.5.1 Standard 1 – Statement on Private Fostering

Islington Children’s Services Statement of Purpose on Private Fostering has been updated and is due to be published and made available on both the council and ICSB websites; it will be reviewed and revised on an annual basis. The LA has also reviewed and updated their local Private Fostering policy.

#### 8.5.2 Standard 2 – Notification

The Specialist Social Worker for Private Fostering (SSWPF) has worked to raise awareness and promote the issue of private fostering both within internal and external services. She has undertaken training via workshops to GP’s, Whittington health, Holloway prison, schools, children’s centres , housing and Services across TSCFS. The Head of Service for SQA has raised awareness of private fostering at both HMP Holloway and HMP Pentonville. Arsenal Football Club have also been approached in relation to awareness raising and possible private fostering cases; it was ascertained that their Host Family Programme did not include any private fostering cases.

There is now routine screening for private fostering cases taking place on the schools admissions board; with screening questions being added to all in-form admissions papers. A screening tool has been developed to ensure that Private Fostering cases are being recognised and it has been made available to all agencies on the ISCB website.

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<sup>7</sup> The Children (Private Arrangements for Fostering) Regulations 2005



8.5.3 Standard 3 – Safeguarding and promoting welfare

The SSWPF provides guidance to Social Workers so that they are able to undertake the required private fostering assessments and checks with the carer. All Private Fostering assessments are signed off at a managerial level. The private fostering panel has been re-configured and now forms part of the ACRP

8.5.4 Standard 4-6 – Advice and support

Private Foster carers, parents of privately fostered children and the children themselves are provided with written guidance and advice that has been developed specifically for them. This includes information on what Private Fostering is, why and how the Local Authority is involved and the support that is available to them through the Local Authority. They are also provided with contact number and details of social workers.

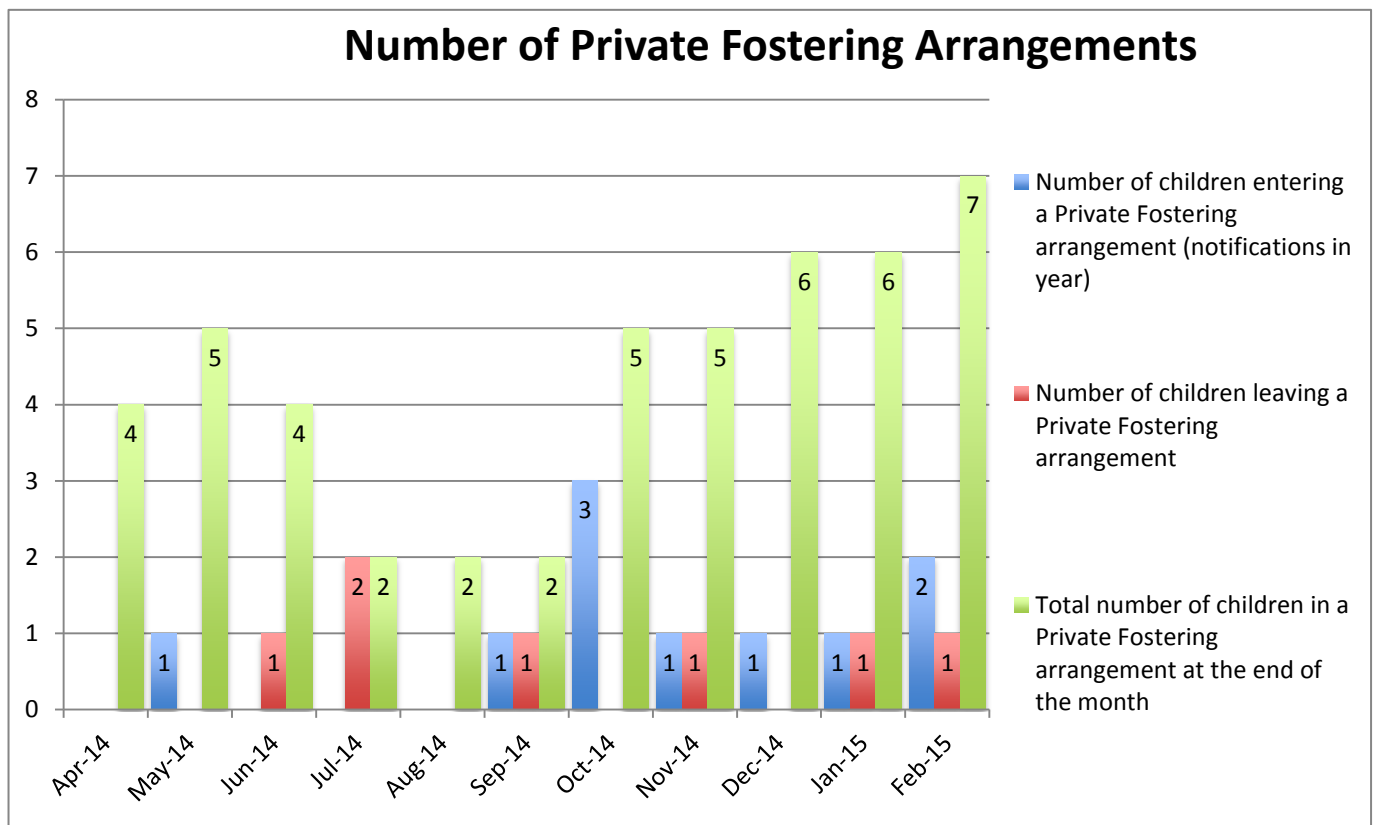


Figure 8 -Number of private fostering arrangements

#### 8.5.5 Standard 7 – Monitoring and compliance with duties and functions in relation to Private Fostering.

The council maintains confidential records of all Privately Fostered children, their carers and their parents on the ICS data system. Any visits, actions, decisions and information regarding the child, carers and parents are input onto the ICS system by the relevant involved professional. The SSWPF reviews and monitors that visits are being undertaken in line with regulations.

#### 8.6 *Co-operation with neighbouring children's services authorities*

The independent chair is an active participant in the National LSCB Chair group as well as the Pan-London Chair's Group. The Board Manager and the Workforce Development Manager attend the Pan-London Board Manager's network and the Training and Development Sub-group to ensure that the board is an influential partner in deciding issues that concern cross-border working, policy and procedure.

### 9. Communicating and raising awareness

A key Board duty is to communicate the need to safeguard and promote the welfare of children in Islington, and to make agencies aware of how this can be achieved.

The P&P subgroup is chiefly concerned with the ISCB communications strategy and awareness raising. In the last year there has been a focus on increasing the use of the ISCB website through promoting its purpose with partner agencies and raising awareness of policies and procedure in this manner. Continued advice and direction throughout the year has been given to professionals, including in all training, about utilising the website for information as well as documents such as the threshold or assessment document, escalation policy, the neglect tool kit etc rather than people being just sent the documents.

This year, the sub group has been able to establish that the number of hits is about 4000 hits / quarter. It is clear, that a main driver for visiting the website is multi-agency training, but the website is increasingly being used as a one-stop shop to access information about safeguarding

Last year saw the most leaflets being ordered since it has been established. Although the policy sub-group still distribute leaflets, increasingly agencies are requesting leaflets to replenish their supplies. There are now leaflet racks in all the main council offices holding all ISCB leaflets

The leaflets for professionals, parents and children on child sexual exploitation were distributed at the ISCB/ Children's Conference. Also every child in schools which hosted *Chelsea's Choice* was given a leaflet.

All licensing applicants receive a poster and a flowchart about what to do if they have concerns about a child. This includes a poster and a letter specifically to highlight the prevention of and protection from child sexual exploitation.

## 10. Monitoring the effectiveness of what is done by the authority and the board partners

### 10.1 Quality Assurance

#### 10.1.1 Quality Assurance subgroup Annual Report 2014/15

The objective of the Quality Assurance subgroup is to ensure the effectiveness of what is done by each partner agency for the purposes of safeguarding and promoting the welfare of children

The report highlighted notable improvement during the preceding year, but also identified a few areas for improvements.

### 10.2 Core data about the child protection system

#### 10.2.1 Early Help Assessments

The use of the Common Assessment Framework (CAF) has been developed so that it can be used as a request for a service, or an Early Help Assessment (EHA). Previously, it was not possible to distinguish from data between requests and assessments, which lead to the board recommending that:

“Action 8: Whilst it is positive that Early Help Assessments are being used, it is important that we can identify, where e-CAF is being used, how many are early help assessments and how many are requests for service. The board would like to see that universal services increasingly take on the duties of lead professional when required to do so.”

The ISCB is pleased to report that it is now possible to distinguish between EHAs and requests for service. During last year there were 1789 Early Help assessments undertaken for children over 5 years. There were 286 eCAFs used as a request for service. Most requests for service are still paper-based and not included in these numbers.

547 new CAFs have opened during the year, a 12% increase on last year. The number of Early Help Assessments done by agencies other than the Local Authority remains low by comparison (85)

10.2.2 Early help services

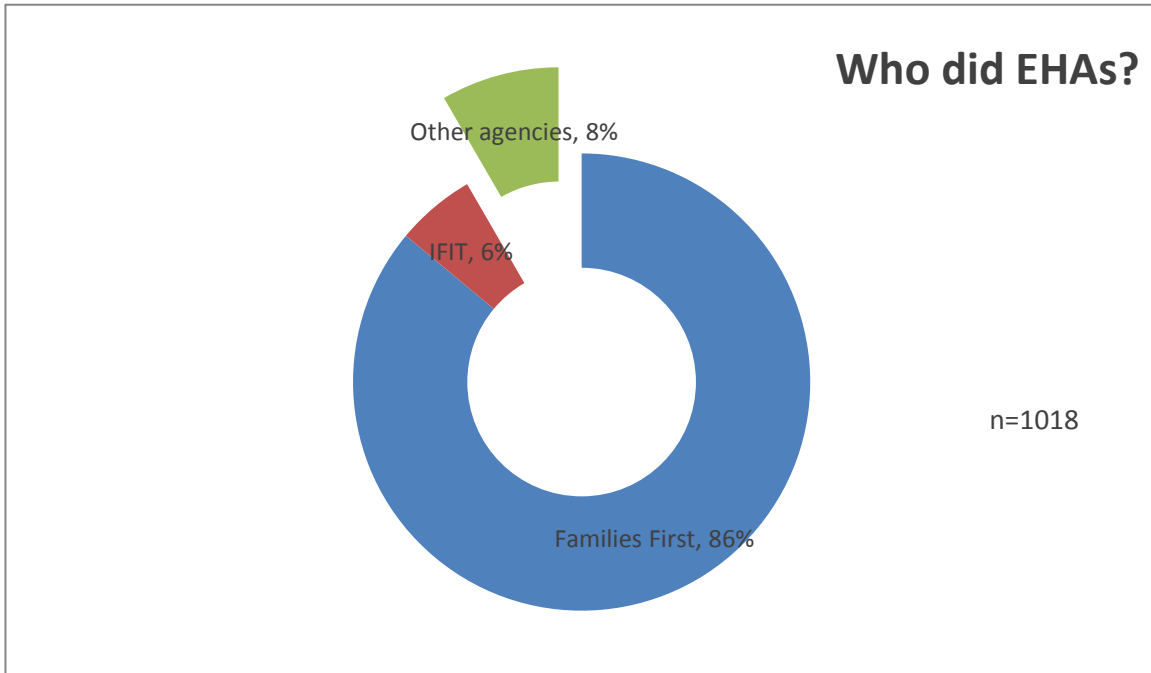


Figure 9 - Early Help Assessments

The work of *Families First* was first reported in 2012/13 and year on year it has increased its reach, now working with double the number of families since its inception.

	2012/13	% increase from prev. year	2013/14	% increase from previous year	2014/15	% increase from prev. year
Number of families worked with	833	-	1158	39.01 %	1788	54.4%

A recent independent evaluation of early help services showed a wide reach (12% of the population) and that services are effectively stepped up and down, which means the right families receive the

right service. Generally, families benefit from an effective single front door (Children's Services Contact Team) and do not have to wait long for a service.

Early Help services show promising results with families who have multiple needs. The reach of the service is very positive and they are working with the target group of families with good evidence of impact. Recommendations for improvement include increasing access to services for younger adolescents and those aged 3-5 years

Improvement is needed in assessment and recording in Children's Centres and in eCAF which can only be resolved through the provision of new IT system, due to be implemented during 2015-6

Parenting Programmes are evidence based, have good reach but there is more to do in ensuring that completion reaches national averages of 72%

The partnership needs to give further consideration to the role and expectation of universal services e.g. schools, and health services in the provision of early help

### 10.2.3 Referral to children's social care

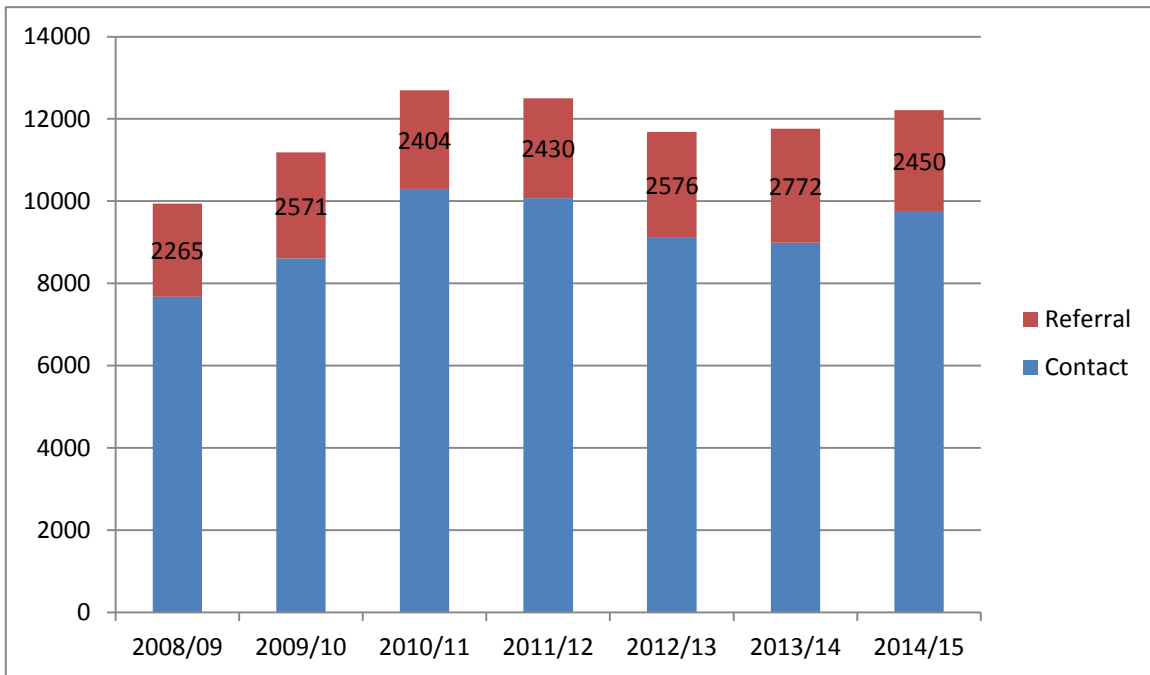
Children's Services have established a single point of contact, Children's Services Contact Team (CSCT), for all requests for service at Targeted and Specialist levels. The Multi Agency Safeguarding Hub (MASH) is located in the same team. CSCT received 13 240 contacts during the year, which is nearly 11% more than the previous year.

One in five contacts lead to a statutory referral, which is a 13% decrease from the previous year. Like the year before, the majority, 27%, of contacts came from the police which promoted the board to include the following action:

Action 9: Data shows that a substantial number of police referrals to CSCT do not lead to action by Targeted or Specialist services, MPS should review whether the BRAG rating is being correctly applied

The Police and CST have reviewed the BRAG system which may in part explain the 2% reduction in referral from the Metropolitan Police.

After the police, schools were the most likely referrer increasing from 16% to 21%.



20% of all contacts were referred to social care, 26% to Targeted services (of which 18% were referred to Children’s Centres, 18% to Targeted Youth Support , 58% to Families First) 19% of contacts were provided with Information and Advice and 34% received no further action compared to 50% in the previous year.

10.2.4 Child Protection meetings and multi-agency working

84% (previously, 84.5%) of all Strategy Discussions led to S47 enquires, of these 31% (previously 40.7%) led to an Initial Child Protection Conference which is lower than the England (46%) and London (45%) averages. The numbers of strategy discussions and child protection investigations (Section 47 enquiries) have increased by 150; Islington has a higher rate of Section 47 enquiries than their statistical neighbours as well as a higher conversion rate to initial child protection case conferences

Since 01 Apr 2014, an overall 48% (previously 57.6%) of all Initial Child Protection Conferences were held within 15 working days, this is a reduction on the previous year of 16%. In the previous report there was an action:

“Action 11: Initial Case Conferences should take place no later than 15 working days after the initial strategy discussion. CSC and the CAIT should assure the Board that SW managers and CAIT officers are exercising appropriate discretion in extending child protection enquiries beyond this timescale.”

Action 11, lead to an audit which shows that 78% of section 47 enquiries are completed within 15 days and the delay is between ending the enquiry and achieving the conference. 100% of review conferences were held within the statutory timescale.

At 31 March 2014 47/10,000 (previously 36/10,000) children were subject to protection plans compared to 31.9/10 000 at 31 March 2013 which is now on par with statistical neighbours (47 / 10 000).

Children under 1 year old continue to be proportionally over-represented in child protection numbers. Children do not remain on child protection plans for long, and this year children subject to plan for 2 years or more decreased from 5.7% to 4.0%

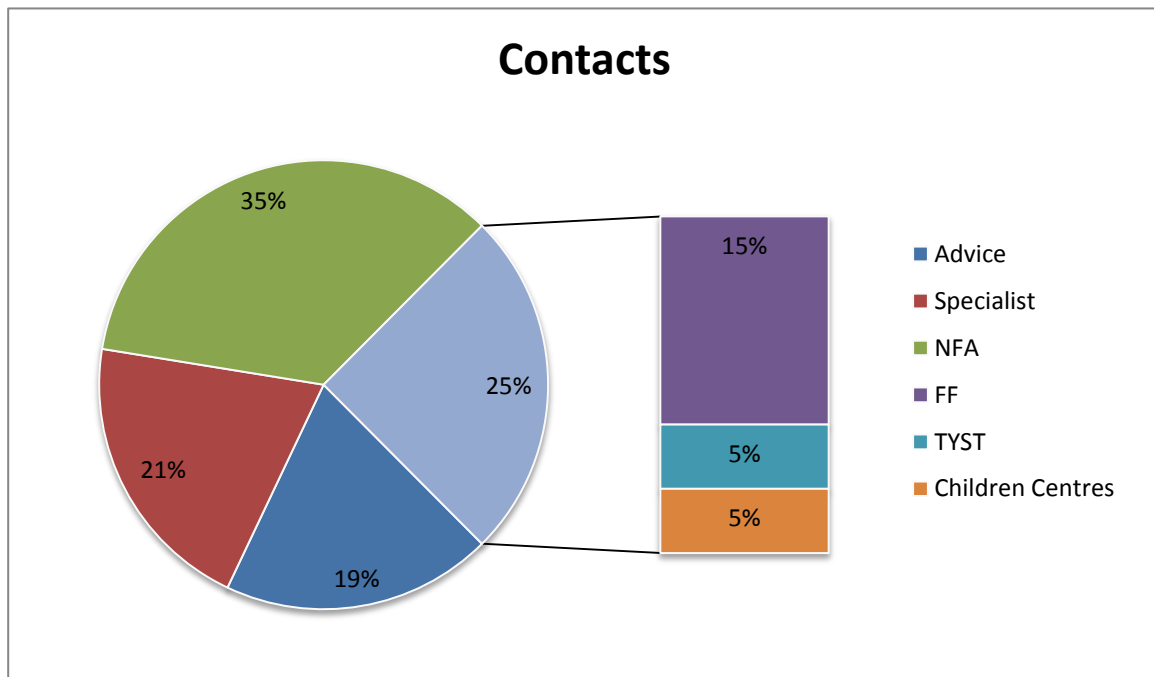


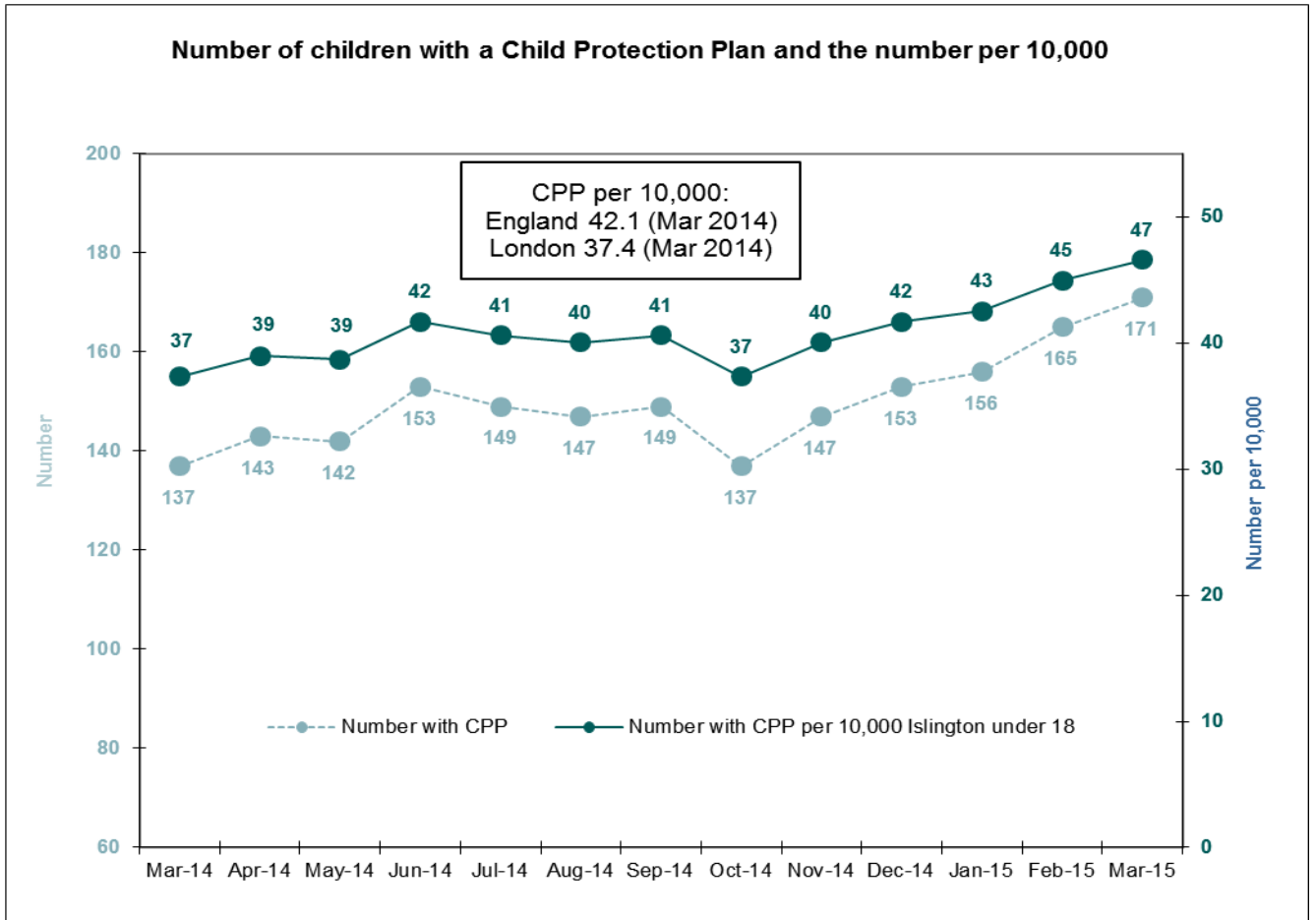
Figure 11 How contacts were distributed across services

### 10.2.5 Working with families

Mothers attended 79% (2014: 72%, 2013: 82%) and fathers 65% (2014: 68%, 2013: 54%) of Child Protection Conferences they were invited to. Feedback from parents indicates positive views about the child protection process and parents have stated that they felt included and heard.

This evidences that our work to engage fathers has been successful and that we do well to engage our parents in general

#### 10.2.5.1 Number of child protection plans during 2014/2015



10.2.5.2 Categories of risk in child protection plans

Category	Mar-14	Feb-15	Mar-15
Emotional	62	73	75
Neglect	64	76	79
Physical	10	14	13
Sexual	0	2	2
Multiple Categories	1	0	2
<b>Total</b>	<b>137</b>	<b>165</b>	<b>171</b>



### 10.3 Charge rates and prosecutions

Both the Quality Assurance sub-group and the board have scrutinised data that suggest the charge rate and number of prosecutions in Islington are low. Police data is collected across London and there are no specific statistical neighbours to compare with, which complicates analysis. Islington appears to do less well compared to its immediate neighbours.

The board heard that one factor is the shortage of staff in the CPS, sometimes leaving children for more than a year before they know if a perpetrator will be prosecuted or not. This delay is unacceptable, and more so for children.

**Action: The Police, CPS and Youth Justice Management Board should consider how this matter can be addressed and report finding to the LSCB**

### 10.4 Islington's looked After Children.

In 2014/15 The CLA population has increased from 307 to 354 children. Islington have 96/10,000 (2014: 84/10 000) CLA compared to 76/10,000 for SN. Data shows that increases are due to Unaccompanied Asylum Seeking Children (UASC), homeless 16+ and those remanded to custody. Audits have concluded that the threshold for becoming looked after is sound. The increase in the numbers of CLA is mainly as a result of issues beyond the control of the LA, new legislation, and London wide agreements about the care of UASC

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Islington	308	318	323	329	310	306	354
Stat Neighbour	467	486	469	456	448	470	not available
England	60,901	64,453	65,499	67,075	68,108	68,060	not available

### 10.5 Audits and evaluations

#### 10.5.1 Section 11 audit

The Section 11 safeguarding audit (self assessment against standards in Section 11 of the Children Act 2004 – duty to safeguard and promote the welfare of children), has been repeated this year.

The LSCB has agreed a new method for challenging these assessments which are now presented by the relevant agency to the Core Business and Improvement Sub Group.

#### 10.5.2 Multi-agency audit: unborn children subject to CP plans

This multi-agency audit has been carried but reporting falls outside the scope of the annual report.

#### 10.5.3 Inspection of Lough Road Children's Home

Lough Road had their Ofsted annual unannounced inspection in January 2015. Inspectors rated the services as Good for 'overall effectiveness', 'outcomes', 'management and leadership' and 'safe-guarding' and 'quality of care'

#### 10.5.4 Involvement of parents and carers

The social care complaints manager had conducted a survey of parents whose children had been subject of a child protection enquiry, which had not ended in a child protection conference, as this could suggest unnecessary intrusiveness into family life. 50 families were invited to express their views and 6 responded. All were interviewed and 2 completed a questionnaire. All 6 families reported a positive experience and most welcomed the intervention. Given the limited number of respondents it is difficult to draw firm conclusions. One recommendation was that families should be given an alternative contact for use when their social worker is not in the office.

#### 10.5.5 Looked After Children Placed at a Distance (Children's Social Care)

The subgroup examined the effectiveness of work with looked after children given the concerns about placing children at a distance from the borough. It is widely acknowledged that children placed at a distance are more vulnerable than those who are placed closer to home. There was good understanding expressed about the reasons that children were placed at a distance and decision making was at a senior level for these placements, children's plans are independently reviewed and visits are in excess of the statutory minimum.

#### 10.5.6 Schools safeguarding report

The subgroup scrutinised the arrangements to ensure safeguarding in schools. The LA Schools and Statutory Action Team continue to provide a statutory function in supporting and challenging schools, which includes providing advice and challenge in the field of allegations against staff, child protection referrals to the front door, appropriate staff conduct and boundaries, risk assessments for sexually harmful behaviour and recruiting safely assessments as part of the disciplinary process including the new requirement on Declarations regarding Risk by Association.

The team provide centralised or bespoke training and development for designated safeguarding leads (DSL), governing bodies (including safeguarding governors to oversee policy and practice) and Safeguarding Audits. Safer recruitment training is delivered in conjunction with Schools HR.

More than 70 designated staff received level 4 safeguarding training in the core module or as a refresher. To supplement this, free safeguarding briefings are run on a termly basis to keep senior staff up to date with changes in national guidance. In total over 1000 education staff have received safeguarding training during the last academic year to date including governors during out of hours sessions. The team undertook 6 safeguarding audits in schools.

The Annual Safeguarding Report to Governors was analysed and the findings reported to the QA subgroup in June 14. All schools except 10 returned their reports and these schools were challenged by the Chair of the ISCB. The annual report takes the place of a self-assessment under Section 11 Children Act 1989. Findings were made about training requirements, and the recording of practice was raised in relation to management reviews. The conclusion of the report was that the majority of the schools are meeting statutory and best practice recommendations for safeguarding.

The sub group requested a similar report for Early Years settings

The Annual Safeguarding Report to Governors is kept up to date with topical issues and is developed year on year. This year we have raised awareness and requested information relating to issues from serious case reviews, record keeping, the escalation policy, neglect (and use of the neglect toolkit) and specific issues taken from the Daniel Pelka recommendations. Annual Reports are collated and scrutinised. Following scrutiny of the reports where schools are identified as having gaps or weaknesses, a safeguarding audit is offered to support the school in addressing the issues and raising standards. If safeguarding is assessed as a concern by Ofsted either through an inspection or a complaint, immediate support is offered to the school through offering an audit, consultation and/or training.

#### 10.5.7 Audit of CP medicals Whittington Health

Electronic records (RIO) of all Islington children who attended Child Protection Medicals were included in the audit. All patients referred with acute injuries were seen on the day or within 24 hours. Consent for the medical assessment was not always recorded in the typed report. Only 1 patient had documented presence of a chaperone during the clinical examination, all children had documented opportunity to speak with the doctor alone. 100% of medicals evidenced holistic assessment. Only 21% of typed reports were sent out within 10 working days. Although a verbal report was given followed by written preliminary findings. In 100% of cases there was evidence of asking questions about alcohol/drug abuse, intellectual disability, and mental health problems in

carers. Recommendations made by the Paediatric team following the medical assessment were almost always followed. The audit demonstrated some positive findings and will be repeated.

The subgroup identified that whilst health are consistently involved when there needs to be child protection medical examination in the course of a section 47 enquiry, there is still insufficient involvement during a strategy discussion, this issue was identified for further work.

#### 10.5.8 Prevention Programmes for Schools in anti-bullying and DV

Islington schools fund a dedicated service to support the prevention of Domestic Abuse and bullying. The post holder works in all schools and colleges and her work includes raising awareness of harmful traditional practices including FGM. Most schools have been receptive of the training offer and have integrated lesson plans provided by the Healthy Schools team that support teachers in raising awareness of these issues within PHSE.

Targeted to support has been provided to schools whose catchment is known to be a 'hot spot'. The post holder provides whole school training for staff and parents and pupils.

It was identified that there needs to be a more integrated approach between the support offered to schools through the ISCB and CSC resources. Schools that were not accepting the offer of training would be identified and support provided.

As a result of multi-agency consideration of these issues changes have now been made to the interface between the Safer Islington Partnership and the ISCB, and the safeguarding roles in education and social care to support a more integrated approach to these issues within universal settings.

#### 10.5.9 Audit of FGM

Two audits have been reported to the sub group by Whittington health during the year. The first audit which took place in April 2014 identified significant weaknesses in the acute trusts response to information sharing about FGM in pregnant women. As a result of this audit, a number of cases were reviewed to ensure that the multi-agency response was appropriate and where necessary remedial actions were put in place. The repeat audit in March 2015 evidenced considerable improvement against the 9 standards evaluated.

Whilst improvements have been made it is acknowledged that there are further actions needed in supporting health staff to discuss FGM with extended family members and the work that universal settings need to do following referral where no risk to the child is identified.

#### 10.5.10 ISCB Dataset.

During the year the sub group reviewed the safeguarding data available to the partnership from health, education, social care and police.

It was agreed that nationally reportable health data concerning A+E attendances, infant mortality and admission to hospital for self-harm would be analysed on an annual basis.

It was agreed that the London Board data for police performance would be used, despite concerns by local CAIT that this is inaccurate. Considerable work was undertaken by the local CAIT in demonstrating their performance to the board and evidencing that their sanction detection rates were at prescribed Met targets. The sub group decided that the police need to decide Met wide about the most appropriate data set, and then to ensure its accuracy.

Multi agency data is collected by CSC e.g. in respect to attendance at child protection conference, referrals to CSC etc.

It was recognised that data shows a limited picture about the quality of services and that we should not be placing increased expectations on agencies for more reports unless this would improve outcomes for children.

CSC were challenged to provide a broader data set, to include private fostering, children placed in LBI by other boroughs and CSE and missing data

The chair of the ISCB, the Police and the DCS have been asked to discuss the Police data set at the London Board

#### 10.5.11 Repeat CP plans

Evaluation of the cases that had repeat plans showed that most were related to neglect. Of the 35 children who had repeat plans, 8 were pre-birth, 3 were shortly after birth. No themes could be identified and there was not a view that plans had ended prematurely in any of the cases. However, discussion around rule of optimism and the knowledge that many cases were being de planned after three months suggested that there is a need to ensure robust decision making at the first review conference.

This evaluation was shared with staff and a clear focus put on evidence at the first review conference to avoid colluding with disguised compliance

#### 10.5.12 Young Carers

Focus on young carers enabled the sub group to understand the services available and the work in raising awareness of young carers in universal settings. The KidsTime programme for children whose parents have mental health problems has been positively evaluated

#### 10.5.13 Child Sexual Exploitation

#### 10.5.13.1 CSE Audit

CSC presented an audit of case where CSE had been an issue, the audit showed that the referrals regarding concern about CSE had been spread across all agencies, and that multi agency working had been sound in sharing information, identifying those at risk and ensuring protective actions had been taken.

#### 10.5.13.2 CSE London Challenge

The purpose of the London challenge was to enable each borough to scrutinise the depth, quality and range of their work to prevent, disrupt and protect children from sexual exploitation. Using sector led improvement each borough was challenged by the London Safeguarding Board to examine the quality of their own work and to report to the London Board so that a London wide perspective could be obtained. During this work the Ofsted Thematic Inspection was published and Islington were able to use the findings to inform their scrutiny.

Islington prepared a self-assessment against the London Safeguarding Board Key Lines of Enquiry (KLOE) and the recommendations from the Ofsted thematic inspection; 'It Couldn't Happen Here Could it?'. A multi-agency challenge session was hosted by London Borough of Brent and key Islington partners were challenged by Brent to evidence the KLOE used by Ofsted when inspecting Brent. In attendance at the challenge session were the Assistant Director, Head of Safeguarding and Operational Manager in Brent. For Islington the Assistant Director, Head of Safeguarding; Head of YOS; Head of CLA; Head of CIN; Detective Superintendent; Named Nurse; Education Lead; and Community Safety lead attended.

The findings from this peer review included:

- Overall multi agency work in Islington has been shown to be well developed; there is strong strategic leadership from the Local Authority and the LSCB.
- Partnerships are strong and have delivered demonstrable improvements in the identification of children at risk and the disruption of perpetrators.
- All agencies have senior representative who lead on CSE and Police have a very strong leadership role in the MASE and Missing Children.
- Action plan for CSE in place since 2010 and being updated presently
- CSE core strategy for ISCB for 2015.
- Active Missing / CSE group with representatives from police, council, health, education, other statutory and 3rd sector partners
- Strong multi-agency links and belief strong foundations have been set
- Clear safeguarding in place and more pro-active interventions targeted through MASE, Bronze, IOM, DV MARAC, 18-24 group.

- Missing from Education identified all persistent absentees over the age of 10 and have provided this information to the police and CSC to cross check
- Children at risk of CSE and gang affiliation have access to a Young women's Advocate this is for low level risks as well as high level cases through NiA and Safer London foundation.
- The CLA nurse has been trained in CSE identification and in undertaking direct work on the issues during health assessments- this is done routinely with adolescents.
- Targeted PHSE sessions are run by the CLA health team and Brook, they are offered to CLA in years 6, 8 and 10. A separate session is run for UASC.
- Professionals who care for and work with children that could be or are at risk of CSE have had training to be able to prevent, identify, respond and protect appropriately.
- Each secondary school has a safer schools profile which considers CSE, offending and gang involvement as part of this. Schools are informed by their safer schools police officer of children at risk of CSE/ being exploited.
- There is an education rep on the MASE who feeds in and out information relating to children.
- Young people on AP know where to go if they have concerns as there is a designated CP staff member in each placement. They can also discuss it during tutorials.
- Personal and Social Development sessions cover the subject and at the Boxing Academy, other professionals come in to talk to them.

#### 10.5.14 MARAC

Concern was expressed by the Safer Islington Partnership about low levels of referral to MARAC by education and health, the sub group evaluated the situation and found that due to child protection procedures it would be expected that where the adult is a parent the referral should be made by CSC and not the universal agency. Children's services staff were also of the opinion that MARAC was not using time effectively. Discussions between the Police, and SIP resulted in changes to the MARAC process.

#### 10.5.15 Section 47 Audit

Data analysis indicated concern about the number of section 47 enquiries reaching initial conference within 15 days of the first strategy discussion. CSC audited 48 cases and undertook more detailed data analysis to try and understand and improve the situation.

It was evidenced that 80% of section 47 enquiries concluded within 15 days, and in many cases conferences were not arranged until the 15 day point, leading to an apparent delay in meeting the

target timescale. Managers had not always appreciated the need to complete the enquiries more urgently to enable the timescale to be met. Audit indicated that managers had not consistently recorded the reason for the delay and in some cases administrative errors in recording had been found. In one case there was concern about the impact of delay to the child.

### 10.6 *Child Sexual Exploitation*

Missing and CSE sub group has been amalgamated since December 2014 with the purpose of:

- Identify to the Islington Safeguarding Children's Board (ISCB) the gaps in multiagency practice in terms of Missing and CSE provision.
- Identify options to improve delivery.
- Identify trends to target multi-agency intervention around Missing and CSE subjects.

Group aims are:

- To reduce the risk of children going missing or being sexually exploited.
- To identify perpetrators who aid in children going missing or for CSE.
- To build a problem profile of Missing / CSE in Islington.
- To plan disruption activity for the frequent Missing children or those of increased risk of CSE.

The main challenges for CSE in Islington going forward which the sub group are prioritising are:

- Better diversion with perpetrators - is Abduction notices enough?
- Better intelligence to assist prevention
- Cross London information sharing and cross boundary work needs embedding
- Dedicated CPS lead for consistency

In terms of impact of the Multi-Agency Sexual Exploitation meetings (MASE) and existing CSE targeting: 25 MASE subjects, 11 Abduction notices served, 2 convictions for rape, 1 suspect charged with CSE, 56 cases identified by police of which 49 are non crime, 9 frequent CSE subjects being targeted.

Targeted Youth Support (TYS) took over from Barnardos in December 2014 in completing return home interviews. So far (May 2015) referrals have been received for 86 young people who have been reported missing and returned home or to care. 72 Return Home Interviews have been completed. 40 young people are currently open to Islington CSC teams. 7 young people were known to Islington YOS, 16 Young people were known to YYS. The youngest referral was aged 10 (1), the oldest 17 (16).

#### 10.6.1.1 *MisUnderstood*

The MisUnderstood report was published with the following recommendations which the Missing / CSE sub group are assessing and auctioning:



1. Develop, and pilot, a cluster-wide strategy for responding to young people who are identified as, or suspected of, having abused their peers and partners.
2. Build, and monitor, a process through which the six MASE meetings within the cluster focus on thematic issues of concern and share relevant information across boundaries to build a cluster-wide problem profile of CSE (and within this peer-on-peer abuse and exploitation).
3. Capture evidence of the approaches currently taken to neighbourhood-based harm across the cluster and use it to produce a framework for delivering public space interventions when responding to peer-on-peer abuse.
4. Work with a network of PRU and alternative education heads and safeguarding leads to pilot whole-school approaches to tackling violence and abuse.
5. Create a structure through which LSCBs within the cluster can have an oversight of the numbers of vulnerable adolescents within their local area, and the geographical and institutional localities most strongly associated with this cohort of young people.

### 10.7 Youth Violence

Increased youth violence within the borough, led to the QA sub group enquiring into the services in place to identify and divert young people and hence protect them from harm. The group heard from the Targeted Youth Support team and noted that 85% of young people who received their service following an offence did not further offend.

### 10.8 Missing from Care, Home and School

In 2014 the Government released Statutory Guidance about children who run away or go missing from home or care. This has informed the guidance on *Children Missing from Care, Home and school* in the *Pan London Child Protection Procedures 2014*.

This year, the board has moved the Missing Steering Group under the governance of the CSE sub-group and re-configured the steering groups around three distinct areas: missing from home, care and education. The TOR of the CSE sub-group has been extended to include missing and is now known as the Missing and CSE subgroup. It is hoped that the intelligence about children going missing will be better used to inform practices for children who have been sexually exploited.

All children who go missing will be interviewed upon return to establish the circumstances around why they go missing to prevent them from going missing but also to ensure that safeguarding procedures are followed for children who were abused and who may be at risk of abuse.

### 10.8.1 Return home interviews:

Since December 2014 TYS have received referrals for 86 young people involved in 101 episodes of going missing from home or care. 72 Return Home Interviews (71%) were conducted, which means that return to home interviews could not be carried out for 29 cases.

The chart bellows show the nature of concerns identified through return to home interviews.

Concern	Number of young people
CSE concern	18
Gangs	7
Safety concerns	8
Engagement in criminal activity	2
Violent / controlling interpersonal behaviour	2

Analysis showed that the number of return to home interviews were much high than anticipated after they were brought back in-house to TYSt. Many young people were already known to services (70%) and that many go missing as a result of interpersonal stressors or unhappiness at home or in care.

A risk assessment is completed where there are risks that a child or young person may go missing. Missing from Care (MFC) meetings take place within a maximum of 48 hours of a child or young person going missing. The board is assured that there is robust senior management oversight and the Director of Children's Services inform elected members of any child who have been missing for 5 days or more. Safety plans for children are reviewed on a regular basis.

## 11. Participating in the planning of services

### 11.1 Working with other boards

The LSCB Chair continues to attend and update the Children and Families Partnership Board on LSCB activity.

The Board has considered and commented on the JSNA to ensure that the needs of children are considered, it would, however, like to see that all partners and the strategic board formally consider and respond to the ISCB' priorities.

The previous annual report asked that:

Action 13: Safer Islington Partnership and Islington Safeguarding Children Board to refresh the protocol and procedures between them to ensure that children' welfare is the primary consideration in their work plans.

This action has led to a reconfiguration of the Harmful Traditional Practice Board to report directly to the Policy and Practice sub-group. Further work will be done in this sub-group around the VAWG strategy as well as radicalisation.

### *11.2 Membership, attendance and participation*

The LSCB has a membership pack available for all new board / sub-group members which is reviewed as part of the annual reporting/business planning cycle and further documents will be made available as required. The ISCB manager meets with all new board / sub-group members for an induction.

#### *11.2.1 LSCB attendance of agencies / represented sectors.*

Key to the effectiveness of the LSCB is regular attendance by members (see appendix)

All required agencies attend the board regularly and have formed as strong partnership to carry out board business. In future the board will want to be more strategic in its approach and deepen its scrutiny function.

#### *11.2.2 Participation in the work of the board*

The active participation by the LSCB's members in the agenda and activity of the Board could be said to demonstrate effectiveness of the strategic leadership of the safeguarding system in terms of understanding their part in the safeguarding system. One way to gauge this is through the involvement in the LSCB agenda by members.

### *11.3 Challenge and response to challenge*

The LSCB independent chair, Alan Caton meets regularly with Eleanor Schooling (DCS), Cathy Blair, the Director of TSCFS, and Lesley Seary, Chief Executive. Alan Caton also attends the Children and Families Partnership Board to update them on the work of the LSCB.

## 12. Serious Case Reviews

During this year, the board has commissioned two serious case reviews and contributed to a serious case review of another LSCB.

### 12.1 *Serious Case Review – Child E*

The ISCB have previously undertaken a multi-agency management review on Child E who died after she fell from the balcony of her home. She had a diagnosis of autistic spectrum disorder. A housing policy was created in light of the findings and an extensive action plan was overseen by the Quality Assurance subgroup. Child E's mother asked the board to conduct a serious case review, and even though the criteria were not met the Board agreed to carry out an SCR. It will soon be ready for publication.

### 12.2 *Serious Case Review – Child F*

Towards the end of 2014, a newly born child sustained a serious, life-threatening injury. It is not possible to say when and in whose care the child sustained the injury but she was at the time of discovering the injury a looked after child. The serious case review report is in the final stages of completion before it will be published. Agencies have already begun implementation of their action plans which will continue to be overseen by the Case Review sub-group.

### 12.3 *Serious Case Review – Child J (Lambeth)*

Lambeth Safeguarding Board is carrying out a serious case review on an adolescent who committed suicide. The young person was raised in Islington and lived here for the early part of the terms of reference of the review. Several agencies including health, housing and children's social care contributed background reports / independent management reviews to the report. The SCR case review has not yet been finalised.

### 12.4 *Other cases considered*

The Case Review sub-group considered three further cases this year, including two adolescent boys who were referred via CDOP arrangements and who were victims of knife-crime. The third young person was considered because of his involvement in one of these incidents. The criteria for serious case reviews were not met, but the sub-group has commissioned a task and finish group develop and action plan.

## 13. Child Death Overview

In its 7th year of working, Child Death Overview Panel continues to be well attended by a core group of professionals from health, social care and the police. Additional members from other services (e.g. Education, Housing, Community Children's Nursing Team and the Life Force Team) are invited to attend depending on the cases being discussed.

In 2014/15 there were 18 deaths of Islington residents under the age of 18 years; the average for the previous 6 years being 14 deaths per year, with a range of 9 to 19 deaths.

The Panel discussed 15 deaths in 2014/5, of which 3 were identified as having modifiable factors. The issues that were identified as contributing to these deaths and the actions that were undertaken were:

- An SI completed and further training of staff initiated and completed according to an action plan
- Smoking during pregnancy – panel reviewed the points in which smoking cessation is offered – at booking with midwife, during pregnancy at midwifery classes, post-natal in the hospital and at home by the Health visitor
- Insufficiency in tertiary neonatal intensive care provision – Panel hoped that the review of neonatal deaths will highlight the lack of neonatal cots.

During the course of the year two young people were victims of knife crime, which CDOP brought to the attention of the ISCB chair. The ISCB and partners are working on an action to plan to raise awareness about knife and weapon crime in school.

## Section VI: Resources and Capacity

## 1. Budget

	12/13	13/14	14/15
<b>INCOME</b>			
<b>Agreed contributions</b>			
London Borough of Islington	118 754.00	118 754.00	118 754.00
Islington PCT	33 456.00	-	-
Islington CCG	-	6 500.00	6 500.00
NHS England (London)	-	6 500.00	6 500.00
Camden and Islington NHS Trust	-	5 500.00	5 500.00
Whittington NHS Trust	-	10 000.00	10 000.00
Moorfields NHS		5 000.00	5 000.00
Probation	2 000.00	2 000.00	2 000.00
Metropolitan Police (MOPAC)	5 000.00	5 000.00	5 000.00
CAFCASS	1 100.00	550.00	550.00
<b>Sub-total</b>	<b>160 310.00</b>	<b>159 804.00</b>	<b>159 804.00</b>
<b>Other income</b>			
Other grants, reimb & contributions	31 882.00	28,271.72	-
Carry over from previous year	5 453.00	38 370.00	28 221.15
<b>Sub-total</b>	<b>37 335.00</b>	<b>66 641.72</b>	<b>28 221.15</b>
<b>TOTAL INCOME</b>	<b>197 645.00</b>	<b>198 895.72</b>	<b>188 025.15</b>
<b>EXPENDITURE</b>			
<b>Staff:</b>			
Salaries, 2.5 staff, Chair	122 148.00	147 546.42	148 984.94
Training / conferences	575.00	8.33	
Travel	290.00	172.10	220.00
Agency		6 241.25	4 045.05
<b>Sub-total</b>	<b>123 013.00</b>	<b>153 968.10</b>	<b>153 249.99</b>
<b>Board courses:</b>			
Hire facilities	2 187.00	1319.75	3 807.10
External trainers / e-learning	900.00	853.00	1 818.00
Refreshments	2 806.00	262.50	-
Printing (leaflets, newsletter)	4 012.00	5 032.00	955.00
<b>Sub-total</b>	<b>9 905.00</b>	<b>7 467.25</b>	<b>6580.10</b>
<b>Board Expenses:</b>			
SCRs	-	-	13 351.40
Legal costs	-	-	19,327.99
Annual conference	-	-	-
Board development	-	-	1 231.75
<b>Sub-total</b>	<b>24 599</b>	<b>8 469.77</b>	<b>33 911.14</b>
<b>Office expenses:</b>			

Stationary	1 758.00	768.45	2412.00
<b>Sub-total</b>	<b>1 758.00</b>	<b>768.45</b>	<b>2412.00</b>
<b>TOTAL EXPENDITURE</b>	<b>159 275.00</b>	<b>170 673.57</b>	<b>196 153.23</b>
<b>Total income</b>	<b>197 645.00</b>	<b>198 895.72</b>	<b>188 025.15</b>
<b>Total expenditure</b>	<b>159 275.00</b>	<b>170 673.57</b>	<b>196 153.23</b>
<b>Surplus / shortfall</b>	<b>38 370.00</b>	<b>28 222.15</b>	<b>(8128.08)</b>

In the previous annual report, the board asked:

Action 14: The board should review the financial contributions of members so that they do not disproportionately fall on a small number of agencies.

The board received a response from the Local authority and heard that partners in the health economy are reviewing the Board's request. Funding of the board will remain on the board's work plan.

## Section VII: Conclusions

This report has provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of Islington's children. It has evidenced that safeguarding activity is progressing well locally and that the Islington Safeguarding Children Board has a clear consensus on the strategic priorities for the coming year as articulated in the ISCB Business Plan 2015 - 2018

The ISCB has worked well in fulfilling its statutory functions under the revised Working Together to Safeguard Children (2015). Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies

In conclusion as a Board we would like to see partners in universal agencies improve their engagement with the Early Help Assessment (formally referred to as CAF) which would enable partner agencies to take greater ownership of, and be proactive in, providing services to help children at the earliest opportunity and that they are not just completed and seen as a request for service.

Universal services can still do more to assist the good work that the local authority is doing to identify children and young people who are in private fostering arrangements.

As a Board we need to better understand the increase in serious youth violence and gang associations in Islington, to enable professionals to tackle this problem head on and thereby reduce the harm that such activity causes.

As a Board we want to see individual agencies, especially, health, education and police undertake and improve their single agency internal audits so that they can be scrutinised through the quality assurance framework and provide evidence of improved service provision to children and young people

We would also want to see an increased overview of how the views of children are sought within agencies and how their voice is used to shape and influence service delivery.

In relation to child sexual exploitation, there is a well established partnership approach to this issue in Islington. However the Board would like see greater analysis of this issue and a greater use of intelligence so that agencies can deploy their resources effectively to prevent CSE and target offenders.

The Board needs to build better partnerships with the CPS to better understand the issues surrounding the small number of offenders who are prosecuted in cases of child abuse and neglect.

Our aim year on year is to make sure that children in Islington are best protected from harm. This can only be achieved through ensuring the right systems are in place, that agencies work well together for each individual child and family and we develop our learning culture. We need to be constantly reflecting whether children in the area are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene when children are at risk of suffering significant



harm. We will continue to raise awareness within our local community that safeguarding children is everybody's business.

**Section VIII: Summary of actions**

Action : ISCB to present the annual report to all strategic partnership boards and for partners to indicate what actions they intend to take in relation to the report's findings.

Action: The ISCB welcomed the report from the Principal Social Worker, and requested similar re-ports in relation to key staff, eg. Police, health visitors, schools nurse etc

Action: Other strategic partnerships, including the Youth Justice Board, Islington Children and Families Partnership Board, Health and Wellbeing Board and Adult Safeguarding Board to consider the ISCB priorities and indicate what strategic steps they intend to take to ensure that services are planned and commissioned accordingly.

Action: The Board would like to see that all agencies use the board-approved case conference report format and provide reports in line with the Pan-London safeguarding procedures

Action: In relation to increases in serious youth violence and the apparent lack of prosecutions the Police, CPS and Youth Justice Management Board should consider how these matters can be addressed and report findings to the LSCB

Action: Initial Case Conferences should take place no later than 15 working days after the initial strategy discussion. CSC and the CAIT should assure the Board that SW managers and CAIT officers are meeting these timescales in all but exceptional circumstances.

## Section IX: Glossery of terms

ABE	Achieving Best Evidence
AMASS	Adolescent Multi-Agency Specialist Service
BME	Black and Minority Ethnic
C&IFT	Camden & Islington Foundation Trust
CAF	Common Assessment Framework
CAIC	Child Abuse Investigation Command
CAIT	Child Abuse Investigation Team
CAMHS	Child & Adolescent Mental Health Services
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UKBA	UK Border Agency
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YJS	Youth Justice System
YOS	Youth Offending Service
YPDAS	Young People’s Drug and Alcohol Service

Section X: Bibliography

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# Islington Safeguarding Children Board

## Annual Report 2014 - 2015

### Executive Summary

Islington Safeguarding Children Board

3 Elwood Street

London

N5 1EB

[www.islingtonscb.org.uk](http://www.islingtonscb.org.uk)

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## 1. Introduction

This executive summary presents the key points from Islington Safeguarding Children Board's 2014-2015 Annual Report. The full report is available on the ISCB website [www.islingtonscb.org.uk](http://www.islingtonscb.org.uk)

### 1.1 *ISCB's objectives and functions:*

The Children Act 2004, section 14(1) describes the objective of the LSCB as co-ordinating what is done by each person or body represented on the board for the purpose of promoting the welfare of children in the area and to ensure the effectiveness of what is done by each such person. Regulations set out the statutory functions to reach those objectives.

Previously, national guidance, Working Together to Safeguard Children (2010) comprehensively described the duties of safeguarding board but when Working Together (2013) came in to force on 15th of April 2013, prescriptive guidance was much reduced, allowing boards to take a more 'local' approach to achieving its statutory objectives.

## 2. Effectiveness of safeguarding – ISCB Priorities 2015 Onwards

Previously, the board set itself the task to effectively identify children who were abused and neglected. Next, the board agreed in January, to set priorities that will ensure we are more effective in intervening to reverse the harm that children and young people have suffered as a result of abuse / neglect and, where that is not possible, to help them become more resilient.

In future, we want to improve the collective effectiveness of agencies in:

- 1.) Addressing the impact of neglect on children, including by helping them to become more resilient.
- 2.) Addressing the consequences / harm suffered as a result of domestic violence, parental mental health and substance abuse.
- 3.) Identification of children who are vulnerable to sexual exploitation and holding perpetrators to account.

### 2.1 *Evaluate the effectiveness of training*

- The training sub-group has identified that multi-agency safeguarding training is not consistently delivered in all settings. Although agencies provide staff with safeguarding training, at different levels, the content of training is not always consistent with the Board's minimum requirements.
- The sub-group has revised the training strategy (Competence Still Matters) that clearly sets out the expectations of training for staff in different roles. As a result of this work, the training to schools is reviewed so that they also receive multi-agency training.
- The core safeguarding training has also been redesigned to be more skills-based and now focusses on the roles and responsibilities of professionals who are involved in the child protection process.

### 2.2 *Domestic violence (core business)*

- The ISCB Examined process and procedure for DV between peers, which led to new procedures and training implemented leading to a rise in those considered at MARAC

- The Deep Dive Audit action plan has been implemented. The learning from the Domestic Violence Deep Dive has gone on to inform the strategic planning of the Children and Families Trust.
- Moorfields NHS Trust has introduced the SPECCS assessment tool in the adult accident and emergency department.
- The VAWG strategy has been overseen by the Safer Islington Partnership. In May the ISCB decided to improve the governance arrangements between the Harmful Practices Steering Group and the Safeguarding Board. The current VAWG strategy has come to an end and has been implemented. The Harmful Practices sub-group has commissioned a task and finish group to ascertain the views of victims of violence, including those who are children. This will inform the VAWG strategy that is currently being developed.
- Moorfields NHS Trust has undertaken an audit of all their referrals in relations to domestic abuse, which lead to training improvements within the trust.
- 347 high risk cases (involving 430 children) were referred to the Islington MARAC which represent a 41% increase compared to last year. This is clear evidence that MARAC is embedded and protecting more children and families from domestic violence.
- In Moorfields NHS Trust a Domestic Abuse and Violence policy was developed and as part of CQUIN training was put in place to assist with the identification and management of domestic violence. Awareness raising posters were also circulated in the trust. Domestic abuse training is now included in all Level 2 safeguarding training in the Trust.

### 2.3 *Neglect (core business)*

- Promoting the use of early Help Assessments to identify neglected children is now part of business as usual. Moorfields NHS trust has continued work on implement the neglect toolkit this year.
- This board has reported on this previously, after the toolkit was launched. Moorfields NHS trust has continued work on implementing the neglect toolkit this year and work has been undertaken with staff who attended multi-agency meetings to promote multi-agency working and information-sharing.
- This work has been reported on in previous years, work around the Neglect Toolkit is maintained in the board's day-to-day training and awareness raising.
- A multi-agency audit of the neglect action plan has been completed which evidenced the use of the Neglect Toolkit, good information sharing by agencies, launch of escalation procedure and confirmation to chair about use of early help assessments.

### 2.4 *Child protection*

- The ISCB is pleased to report that it is now possible to distinguish between Early Help Assessments and requests for service. During last year there were 1789 Early Help assessments undertaken for children over 5 years. There were 286 eCAFs used as a request for service. Most requests for service are still paper-based and not included in these numbers.
- 547 new CAFs have opened during the year, a 12% increase on last year. The number of Early Help Assessments done by agencies other than the Local Authority remains low by comparison (85)

- A recent independent evaluation of early help services showed a wide reach (12% of the population) and that services are effectively stepped up and down, which means the right families receive the right service. Generally, families benefit from an effective single front door (Children's Services Contact Team) and do not have to wait long for a service.
- Children's Services have established a single point of contact, Children's Services Contact Team (CSCT), for all requests for service at Targeted and Specialist levels. The Multi Agency Safeguarding Hub (MASH) is located in the same team. CSCT received 13,240 contacts during the year, which is nearly 11% more than the previous year.
- One in five contacts lead to a statutory referral, which is a 13% decrease from the previous year. Like the year before, the majority, 27%, of contacts came from the police

### 3. Progress on other key work

#### 3.1 *Children looked after (CLA) and care leavers*

- In 2014/15 The CLA population has increased from 307 to 354 children.
- Islington have 96/10,000 (2014: 84/10 000) CLA compared to 76/10,000 for SN.
- Data shows that increases are due to Un-accompanied Asylum Seeking Children (UASC), homeless 16+ and those remanded to custody.
- Audits have concluded that the threshold for becoming looked after is sound. The increase in the numbers of CLA is mainly as a result of issues beyond the control of the LA, new legislation, and London wide agreements about the care of UASC

#### 3.2 *Child sexual exploitation (CSE)*

- CSC presented an audit of case where CSE had been an issue, the audit showed that the referrals regarding concern about CSE had been spread across all agencies, and that multi agency working had been sound in sharing information, identifying those at risk and ensuring protective actions had been taken
- CSE London was to enable each borough to scrutinise the depth, quality and range of their work to prevent, disrupt and protect children from sexual exploitation. The findings from this peer review included:
  - Partnerships are strong and have delivered demonstrable improvements in the identification of children at risk and the disruption of perpetrators.
  - All agencies have senior representative who lead on CSE and Police have a very strong leadership role in the MASE and Missing Children.

#### 3.3 *Private fostering*

- Through data analysis the quality assurance sub-group were concerned about the low number of arrangements identified, even though a full awareness raising programme was in place as well as a multi-agency action plan, it did not seem to be identifying new cases. As a result CSC, Early Help and Youth Offending services were asked to screen every open case to ensure that no arrangements were slipping through the net. A screening tool was developed and used and 4 new cases were identified.
- In total, the LA received 11 new notifications this year, an increase of 2 over the last year.

- There is now routine screening for private fostering cases taking place on the schools admissions board; with screening questions being added to all in-form admissions papers. A screening tool has been developed to ensure that Private Fostering cases are being recognised and it has been made available to all agencies on the ISCB website.

### 3.4 *Child death overview panel (CDOP)*

- In 2014/15 there were 18 deaths of Islington residents under the age of 18 years; the average for the previous 6 years being 14 deaths per year, with a range of 9 to 19 deaths.
- The Panel discussed 15 deaths in 2014/5 , of which 3 were identified as having modifiable factors.
- During the course of the year two young people were victims of knife crime, which CDOP brought to the attention of the ISCB chair. The ISCB and partners are working on an action to plan to raise awareness about knife and weapon crime in school.

### 3.5 *Local Authority Designated Officer (LADO)*

- The LADO has undertaken a substantial amount of raising awareness with all agencies; maintaining the year-on year referral increase that started in 2012/13. As with last year, there were a variety of referrals from different agencies about different professionals and this is likely to be as a direct result of the awareness raising that took place in the 2 years previous.
- The production of posters about the LADO continue to be distributed in council buildings, community centres, housing offices, youth centres, early years settings, custody suites, prisons, GPs, dentists, opticians and pharmacists.
- Procedures amended to include what employer records need to cover, especially where an allegation does not meet LADO criteria.
- ISCB has run 2 training sessions attended by a number of different agencies. The training was very well received and a number of organisations changed their policies and procedures as a result.

### 3.6 *ISCB/Children's Services annual conference*

- The theme of the conference held in February 2015 looked at:
  - Identifying and responding to Child Sexual Exploitation -Working together to make Islington safer for Children and Young People
- The day was very well attended and feedback was overwhelmingly positive

## 4. Multi-agency inspections and audits

### 4.1 *Section 11 Audit*

- The Section 11 safeguarding audit (self assessment against standards in Section 11 of the Children Act 2004 – duty to safeguard and promote the welfare of children), has been repeated this year. The LSCB has agreed a new method for challenging these assessments which are now presented by the relevant agency to the Core Business and Improvement Sub Group.

### 4.2 *Multi-agency audit: unborn children subject to CP plans*

- This multi-agency audit has been carried but reporting falls outside the scope of the annual report.

### 4.3 Inspection of Lough Road Children's Home

- Lough Road had their Ofsted annual unannounced inspection in January 2015. Inspectors rated the services as Good for 'overall effectiveness', 'outcomes', 'management and leadership' and 'safeguarding' and 'quality of care'

### 4.4 Involvement of parents and carers

- The social care complaints manager had conducted a survey of parents whose children had been subject of a child protection enquiry, which had not ended in a child protection conference, as this could suggest unnecessary intrusiveness into family life. 50 families were invited to express their views and 6 responded. All were interviewed and 2 completed a questionnaire. All 6 families reported a positive experience and most welcomed the intervention. Given the limited number of respondents it is difficult to draw firm conclusions. One recommendation was that families should be given an alternative contact for use when their social worker is not in the office.

### 4.5 Looked After Children Placed at a Distance (Children's Social Care)

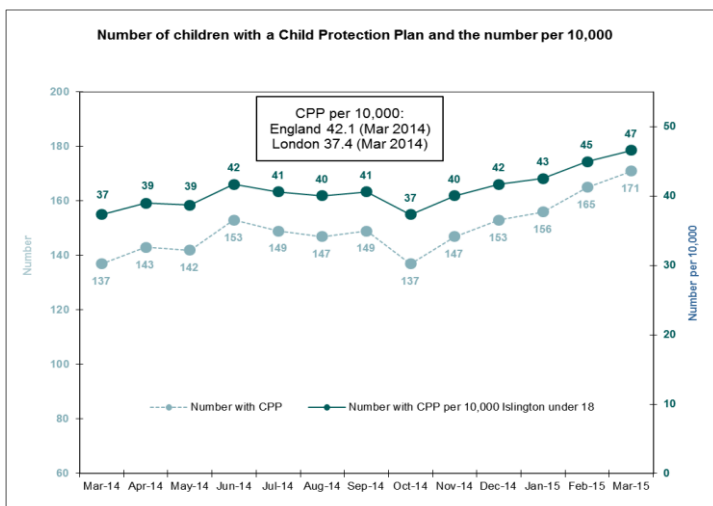
- Audit undertaken to measure how well Pan London Child Protection Procedures and CSE supplementary procedures were embedded. Audit found that a wide range of agencies could identify a risk of CSE and knew how to make appropriate referrals.

### 4.6 CSE audit

- Children's Social Care presented an audit of case where CSE had been an issue, the audit showed that the referrals regarding concern about CSE had been spread across all agencies, and that multi agency working had been sound in sharing information, identifying those at risk and ensuring protective actions had been taken

## 5. Child protection data

### 5.1 Number of children with a Child Protection Plan and the number per 10,000



### Categories of abuse for children subject to CP arrangements

Category	Mar-14	Feb-15	Mar-15
Emotional	62	73	75
Neglect	64	76	79
Physical	10	14	13
Sexual	0	2	2
Multiple Categories	1	0	2
Total	137	165	171

#### 6. 2015/18 Priorities

- Addressing the impact of neglect on children, including by helping them to become more resilient
- Addressing the consequences /harm suffered as a result of domestic violence, parental mental health and substance abuse.
- Identification of children who are vulnerable to sexual exploitation and holding perpetrators to account.

#### 7. Conclusion

This report has provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of Islington's children. It has evidenced that safeguarding activity is progressing well locally and that the Islington Safeguarding Children Board has a clear consensus on the strategic priorities for the coming year as articulated in the ISCB Business Plan 2015 - 2018

The ISCB has worked well in fulfilling its statutory functions under the revised Working Together to Safeguard Children (2015). Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies

In conclusion as a Board we would like to see partners in universal agencies improve their engagement with the Early Help Assessment (formally referred to as CAF) which would enable partners agencies to take greater ownership of, and be proactive in, providing services to help children at the earliest opportunity and that they are not just completed and seen as a request for service.

Universal services can still do more to assist the good work that the local authority is doing to identify children and young people who are in private fostering arrangements.

As a Board we need to better understand the increase in serious youth violence and gang associations in Islington, to enable professionals to tackle this problem head on and thereby reduce the harm that such activity causes.

As a Board we want to see individual agencies, especially, health, education and police undertake and improve their single agency internal audits so that they can be scrutinised through the quality assurance framework and provide evidence of improved service provision to children and young people

We would also want to see an increased overview of how the views of children are sought within agencies and how their voice is used to shape and influence service delivery.

In relation to child sexual exploitation, there is a well established partnership approach to this issue in Islington. However the Board would like see greater analysis of this issue and a greater use of in-telligence so that agencies can deploy their resources effectively to prevent CSE and target offenders.

The Board needs to build better partnerships with the CPS to better understand the issues surrounding the small number of offenders who are prosecuted in cases of child abuse and neglect.

## 8. Resources and Capacity

	12/13	13/14	14/15
<b>INCOME</b>			
<b>Agreed contributions</b>			
London Borough of Islington	118 754.00	118 754.00	118 754.00
Islington PCT	33 456.00	-	-
Islington CCG	-	6 500.00	6 500.00
NHS England (London)	-	6 500.00	6 500.00
Camden and Islington NHS Trust	-	5 500.00	5 500.00
Whittington NHS Trust	-	10 000.00	10 000.00
Moorfields NHS		5 000.00	5 000.00
Probation	2 000.00	2 000.00	2 000.00
Metropolitan Police (MOPAC)	5 000.00	5 000.00	5 000.00
CAFCASS	1 100.00	550.00	550.00
<b>Sub-total</b>	<b>160 310.00</b>	<b>159 804.00</b>	<b>159 804.00</b>
<b>Other income</b>			
Other grants, reimb &	31 882.00	28,271.72	-
Carry over from previous year	5 453.00	38 370.00	28 221.15
<b>Sub-total</b>	<b>37 335.00</b>	<b>66 641.72</b>	<b>28 221.15</b>
<b>TOTAL INCOME</b>	<b>197 645.00</b>	<b>198 895.72</b>	<b>188 025.15</b>
<b>EXPENDITURE</b>			
<b>Staff:</b>			
Salaries, 2.5 staff, Chair	122 148.00	147 546.42	148 984.94
Training / conferences	575.00	8.33	
Travel	290.00	172.10	220.00
Agency		6 241.25	4 045.05
<b>Sub-total</b>	<b>123 013.00</b>	<b>153 968.10</b>	<b>153 249.99</b>
<b>Board courses:</b>			
Hire facilities	2 187.00	1319.75	3 807.10
External trainers / e-learning	900.00	853.00	1 818.00
Refreshments	2 806.00	262.50	-
Printing (leaflets, newsletter)	4 012.00	5 032.00	955.00
<b>Sub-total</b>	<b>9 905.00</b>	<b>7 467.25</b>	<b>6580.10</b>
<b>Board Expenses:</b>			
SCRs	-	-	13 351.40
Legal costs	-	-	19,327.99
Annual conference	-	-	-
Board development	-	-	1 231.75
<b>Sub-total</b>	<b>24 599</b>	<b>8 469.77</b>	<b>33 911.14</b>
<b>Office expenses:</b>			
Stationary	1 758.00	768.45	2412.00
<b>Sub-total</b>	<b>1 758.00</b>	<b>768.45</b>	<b>2412.00</b>
<b>TOTAL EXPENDITURE</b>	<b>159 275.00</b>	<b>170 673.57</b>	<b>196 153.23</b>
<b>Total income</b>	<b>197 645.00</b>	<b>198 895.72</b>	<b>188 025.15</b>
<b>Total expenditure</b>	<b>159 275.00</b>	<b>170 673.57</b>	<b>196 153.23</b>
<b>Surplus / shortfall</b>	<b>38 370.00</b>	<b>28 222.15</b>	<b>(8128.08)</b>



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Report of: **Corporate Director of Children's Services**

Meeting of:	Date	Agenda item	Ward(s)
Children's Services Scrutiny Committee	11 January 2016	B3	All

Delete as appropriate		Non-exempt
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## **SUBJECT: Impact of Special Educational Needs and Disability (SEND) Changes on Children and Families**

### **1. Synopsis**

- 1.1 The Children and Families Act 2014 came into force in September 2014 and the SEND Code of Practice (statutory guidance to support implementation) followed in January 2015. The Act, supported by the Code, introduced a range of reforms to the ways children and young people with special educational needs and disabilities (SEND) and their families are supported.
- 1.2 This report looks at the impact of these reforms both nationally and locally, and whether outcomes for children and young people with SEND are improving. This is also considered in the context of the Government's proposed introduction of a Local Area SEND Inspection from May 2016, that will focus on whether local areas are effectively identifying all children and young people with SEND and meeting their needs, and whether their outcomes are improving.
- 1.3 This report therefore considers local evidence of progress, looking at areas of strength, and areas for further development as well as plans for further improvement.

### **2. Recommendations**

- 2.1 That the progress outlined in the report be noted and a further update be received in one year's time.

### **3. Background**

- 3.1 The Children and Families Act 2014 (enacted in September 2014) introduced a new assessment process for children and young people with learning difficulties or disabilities from birth to the age of 25, resulting where appropriate in a single Education, Health and Care (EHC) plan. It also introduced the

requirement to publish a 'Local Offer' to help families engage better in a local service provision 'market'. To enable this to happen, the Act included a focus on improved multi-agency working and placed a requirement on Local Authorities (LAs) to ensure that the views of children, young people and families are central to the assessment and planning process, both at an individual and strategic level.

- 3.2 A new SEND Code of Practice was published in January 2015, and set out the rights of children, young people and families to impartial information and advice, to request an EHC assessment, to be consulted by LAs and others involved in providing services, and to be involved in the development of strategy and policy. It set out the expectations on LAs, health services and providers in terms of joint commissioning, the Local Offer, and assessment processes leading to an EHC plan. It also covered personal budgets, and arrangements for those in specific circumstances, such as those looked after or crossing local authority boundaries.

## **National picture**

- 3.3 A study was undertaken jointly by Ofsted and the Care Quality Commission into the readiness of LAs to implement the disability and SEN reforms set out in the Act. This was published in December 2014 as an advice note to the Secretary of State. The report recognised that social care services and health services faced particular challenges in making the changes proposed in the new legislation and shifting culture within their professional settings while maintaining their other statutory obligations. It also identified other important aspects of the reforms which were insufficiently developed nationally, which included:

- Joint commissioning arrangements and a lack of focus on achieving good outcomes;
- Inconsistency of agreements about contributions to and communication about the Local Offer to parents and carers of disabled children;
- A lack of shared understanding of what constituted 'good progress' for the lowest attaining children and young people.

- 3.4 The advice note urged the Department for Education (DfE), the Department of Health and NHS England to consider introducing inspection of the effectiveness of local areas in fulfilling their responsibilities. The Government has since announced that they will begin a national SEND inspection regime from May 2016.

- 3.5 A final evaluation of the Pathfinder programme (ten Local Authorities additionally funded from 2011 to 'pilot' the changes) was published in August 2015. The evaluation report showed that in the Pathfinder areas, changes to process were having a positive impact on perceptions, but not yet on outcomes. It also confirmed that there was still a lot of work to do in these areas on developing the Local Offer, and communicating this to families.

- 3.6 Finally, in June 2015 the DfE published national research on funding for young people with SEND, undertaken in response to concerns raised nationally by parents. The report looked at:

- National distribution, recommending that a fairer distribution would be achieved if receipt of Disability Living Allowance (DLA) was included as a further indicator of need;
- How effectively schools are providing the first £6,000 of support for children with high needs. Their conclusion was that this was not being provided very effectively. The report recommended that the DfE publish national directions for the Local Offer framework, to include a 'core' entitlement that all schools will provide for children with SEND, and that local funding formula should also include receipt of DLA as an indicator of need.
- How well are 'notional' SEN budgets working for schools; again the conclusion was not encouraging. The DfE are urged by the report to consider removing notional SEN budgets for schools and instead, set out clear expectations from the total budget available to them.

## **4. Local Review**

- 4.1 This section of the report considers local progress in producing Education, Health and Care Plans and converting the existing 850 statements of special educational need to Education, Health and Care plans by March 2018 as required; parents and young people's engagement in the process; in the development

of Islington's Local Offer; joint commissioning arrangements; developing a local framework for measuring progress towards outcomes; and arrangements for supporting progression to adulthood - a major area of concern for young people and their families.

## **Education Health and Care Plans**

- 4.2 We have made good progress in converting existing statements to EHC Plans, with approximately 247 (29%) conversions completed, comparing favourably to the national rate of progress at 15%.
- 4.3 We have completed 42 new plans. The DfE have evaluated our local plan and confirm they are statutorily compliant with some 'outstanding features'. We have a robust quality assurance framework in place, involving parents feedback, dip sampling and joint agency review.
- 4.4 Since September 2014 we have been involved in one formal mediation between the Local Authority and parent, and there have been seven appeals to the SEN Tribunal - five of these appeals were subsequently withdrawn by the parent, one appeal was upheld and one dismissed. Our rate of appeal per 1,000 of the population is 3.7. The national average rate is 4.4 and the Inner London rate is 7.9.

## **Parent involvement with their child's assessment**

- 4.5 Feedback from parents through telephone and on-line survey, emails, quality assurance questionnaires, comments at meetings and events include:

### **Areas of strength:**

- 'Very supportive. The Islington format (of EHC Plans) makes a great deal of sense and is a very good working document'
- Positive feedback on transfer (conversion) reviews – 'smooth handling', 'the review was very positive', 'thank you for the time you have taken to keep me fully involved throughout the process'
- Positive feedback on EHC assessment and Plans – 'thanks for all your work on the Plan', 'A lovely, straightforward, positive experience', 'Thank you for your support and direction – we will miss interacting with you' (to SEN Keyworker), 'Islington is lucky to have people like you who support families during a challenging time'
- 'I like the way the pupil / parent voice feeds, with the schools view, into the outcomes. I can see this working well'
- Input from services 'helpful and informative'.

### **Areas to improve:**

- Lack of knowledge among staff (across the LA and Health) about disability and 'person-centred' approaches, and too much focus on paperwork. [This is being addressed through a joint workforce development programme and a review of procedures, involving parents, to see if they can be streamlined.]
- A view that decision makers 'put money before people' [Action is being taken to make funding decisions more transparent through the piloting of a funding 'matrix'.]
- Some miscommunication, but in the process of change there will always be hiccups... [This will be addressed through better promotion of the Local Offer as the 'go-to' place for information.]
- Variability of response from schools; too much depends on 'who' you get. [We are looking at ways to strengthen the relationship between SEND and School Improvement.]

## **Parent involvement with strategic development**

- 4.6 The SEN Code of Practice sets out in detail the role that children, young people, parents and representative groups such as Parent Carer Forums and Youth Forums have in informing joint-commissioning arrangements and the review of SEN provision.
- 4.7 The Islington Clinical Commissioning Group, in partnership with the LA, is looking to develop a programme of 'parent consultants' to undertake parent to parent consultation regarding the Local Offer

that underpins local commissioning arrangements. Parents would be expected to carry out initial surveys or 'run' a focus group.

- 4.8 The SEND Code of Practice also makes many references to the involvement of parents in strategic development of services and provision via Parent Carer Forums, defining a Parent Carer Forum as 'a group of parents and carers of disabled children who work with local authorities, education, health and other providers to make sure the services they plan and deliver meet the needs of disabled children and families'.
- 4.9 Locally, we commission an 'arm's length' Information, Advice and Support Service (currently provided by Centre 404) to provide a single point of contact for parents, support the development of the Local Offer and support the involvement and participation of parents at a strategic level as required by the legislation. In addition, the Government also currently provide a Parent Carer Participation grant of £15K to Local Parent Carer Forums, and Centre 404 currently receive this grant.
- 4.10 Centre 404 currently provide 'Talking Shop' as a bi-monthly open meeting that all parents can attend. In order to move towards co-production with parents, we will need to work together with Centre 404 to re-align the role of Talking Shop, with a clearer separation between this and the Information, Advice and Guidance role. To do this, we need to be confident that parents know the correct pathway to access the information advice and support they need to manage their individual problems and concerns at the right time, starting with the Local Offer.

### **Local Offer**

- 4.11 All LAs must publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEND, including those who do not have Education, Health and Care plans.
- 4.12 The Local Offer has two key purposes:
- To provide clear, comprehensive and accessible information about the available provision and how to access it, and
  - To make provision more responsive to local needs by directly involving children with SEND and their parents, and service providers in its development and review.
- 4.13 The Local Offer should be easy to understand, factual and jargon free. It should be structured in a way that relates to young people's and parents' needs (for example by broad age group or type of special educational provision). It should be well signposted and well publicised.
- 4.14 Our Local Offer can be found at: [www.islington.gov.uk/Localoffer](http://www.islington.gov.uk/Localoffer). We have made good progress across the partnership in developing content, in consultation with user groups, and it has been assessed by the DfE as compliant, with some useful information, 'although sometimes difficult to find'.
- 4.15 Our challenge has been to develop a fully accessible and user friendly on-line version of the Local Offer that meets current corporate standards. There has been a delay in progressing this work while the council has been redesigning its digital offer (including the public-facing website), with a further delay in procuring an alternative web-platform for the Local Offer until a best solution for the wider Children's Services directorate had been identified.
- 4.16 We have now (December 2015) procured our Local Offer on-line platform from the biggest national provider (currently supporting 62 local authorities), and design work is well underway. It is intended that the redesigned Local Offer will be fully functional by April 2016.

### **Joint Commissioning**

- 4.17 LAs and their health partners are required under the Children and Families Act 2014 to commission services jointly for children and young people with SEND, both those with and without EHC plans.

- 4.18 Joint commissioning must include arrangements for securing Education, Health and Care assessments and the education, health and care provision specified in EHC plans.
- 4.19 Parents and young people should be involved in joint commissioning arrangements, for example as members of decision making groups, involved in interviews for new contracts or in reviewing services. All parents can also provide feedback on the content of the Local Offer which will help inform commissioning decisions.
- 4.20 A Joint Commissioning Strategy and plan are in place and a Joint Commissioning Group is now well established. The following areas of work have been completed:
- Services are co-operating where necessary to arrange agreed provision in an EHC plan, including agreement to share costs where appropriate so that they do not fall on one agency through a joint agency Education, Health and Care Needs Panel that meets fortnightly to agree provision against individual plans;
  - Partners should identify local priorities through a Joint Strategic Needs Assessment (JSNA). A JSNA for children with SEND has been produced to provide forecasting information alongside evidence from placements and reviews to help identify gaps and pressures;
  - A multi-agency SEND Workforce Development group has completed a training needs analysis to support delivery of a joined-up continuous professional development programme;
  - A Quality Assurance framework for EHCP assessment is in place - parents are regularly surveyed alongside dip-sampling of plans and this information is then considered by the Joint Commissioning Group;
  - There has been good progress of developing an Annual Review format for EHC Plans so that information on progress can be consistently captured once we begin the process of reviewing the new plans;
  - A protocol for Housing Risk Assessment where the household includes a child with complex SEND has been agreed and is being implemented;
  - A review of specialist provision for children with SEND at Lough Road is underway, including consideration of developing an intensive intervention model to support families of children and young people who present challenging behaviour at home and in the community and promotes family resilience, in response to an identified gap in local provision;
  - Work is underway through the employment sub-group of Islington Learning Disability Partnership (ILDPP) to increase the number of young people with learning difficulties and/or disabilities securing employment with training through the apprenticeship programme or other pathways;
  - An Autism Review has been commissioned to inform on population growth and sufficiency of provision in this area;
  - A policy and process has been agreed to support access to Auxiliary and Communication Aids via schools;
  - Parents and young people are involved in commissioning and procurement panels and provider reviews where possible;
  - A review of education provision for children with SEND is underway, involving parents, young people, schools and partners.
- 4.21 The following are joint commissioning priorities for the next year:
- To support the major redesign of services to assess, intervene and plan with young people with SEND beyond the age of 14 through Joint Transition Programme Board;
  - Continue to develop and define our 16-25 offer, working with post-16 educational providers to ensure that a broad and inclusive curriculum offer is available for young people with a range of learning difficulties and/or disabilities;
  - Work with existing providers to develop new provision or explore the possibilities of bringing new providers to market where needs analysis identifies any significant gaps in provision (e.g. Autism). This will include the work of the Autism Planning Group across children's and adult services;
  - Develop personal budgets to deliver health, care and education specified in integrated plans, building on the families own resources (to include tariffs and rates).

## **Measuring progress towards outcomes**

- 4.22 The SEND Code of Practice requires partners to agree how they will work together to monitor how outcomes in education, health and care are being improved as a result of the provision they make. The challenge is to demonstrate both how and why progress is taking place.
- 4.23 The first Education Health and Care Plans issued under the new system will become due for annual review from March 2016 and a framework is in place to capture information at an individual and borough-wide level against the four main outcomes identified within the SEN Code of Practice, namely:
- Employability
  - Independent living
  - Maintaining good health
  - Participating in society

For this information to be reliable, we must also have a consistent borough-wide view of what good progress looks like.

- 4.24 Measuring progress has been a prominent issue for schools for some time, with a strong focus on children and young people making at least two levels of progress across a key stage. Measuring progress for children with SEND can be particularly challenging however, as they tend to make progress in very individual ways, and sometimes in very small increments.
- 4.25 Most pupils identified with SEND have difficulties with literacy, with reading ages and spelling ages well below their chronological age. Tracking of gains should nevertheless show solid progress if the intervention is effective, and we are recommending tools and approaches that all schools can use that will ensure consistency.
- 4.26 Most schools have also developed in-house approaches to measuring the qualitative progress of pupils with SEND, e.g. by recording engagement, understanding and mastery of skills, case studies and anecdotal commentary. However, to obtain a reliable borough-wide view, for example on how effective SEND interventions have been, and whether they have been value for money both for individuals and groups, and for parents to be assured that their child is making good progress relative to a wider group, we need to standardise the capture of such qualitative progress across all schools an settings. Work is currently underway therefore to ensure a common approach across all schools. We are also working with health and care colleagues to ensure clear ways of measuring progress against outcomes in related areas of need.

## **Preparing for adulthood - service redesign**

- 4.27 The SEN Code of Practice requires us to consider the needs of children and young people with SEN and disabilities, and their families as they prepare for adult life. This includes provision to help prepare them for independent living – employment, accommodation and other support which allows them to participate fully in society.
- 4.28 Partners are expected to work with commissioners of adult services to ensure that there are smooth transitions between children's and adult services. Although we have identified transition pathways as a priority area, with a multi-agency and cross-departmental Transitions Programme Board overseeing this work, project implementation has progressed less well than other areas for a number of reasons:
- Although there is a shared vision across Children's and Adult services, differing responsibilities emanating from the Children and Families Act 2014 and the Care Act 2014 present challenges;
  - Each young person may have a long and individualised pathway (from 0-25 years) involving numerous professionals with a variety of roles and responsibilities, making plotting the journey to inform service design difficult;
  - There have been two changes of Project Manager, resulting in some disconnect in workflow.



- 4.29 A critical appraisal of current transition provision has now been undertaken with actions identified to clarify and inform roles and responsibilities, culture change, access criteria, capacity and data sharing arrangements, and some common principles have now been agreed regarding process and service redesign. Adult Social Services are in the process of appointing a new Project manager, after which accelerated progress in implementing a redesigned service is expected.

## **5. Preparation for Local Area SEND Inspection**

- 5.1. The Department for Education (DfE) has asked Ofsted and the Care Quality Commission (CQC) to inspect local areas on their effectiveness in fulfilling their new duties, and £1m of extra funding has been made available by central Government to support these new inspections.
- 5.2. The inspection will evaluate whether children and young people with SEND are identified properly, if their needs are met, and if their outcomes improve. A formal consultation on the principles under which the two inspectorates will undertake these joint inspections was launched on 12 October 2015 and closes on 4 January 2016.
- 5.3. All local areas will be inspected over a five-year period - first inspections will commence May 2016. The inspection teams will usually consist of one inspector from Ofsted, a children's services inspector from CQC, and a trained inspector from a local authority with specialist knowledge of SEND. The inspection will last five days. The Director of Children's Services of the local authority (and the Chief Executive for the CCG) will be notified two working days before the start of the inspection.
- 5.4. Inspectors will begin with an expectation that the local area has a good understanding of how effective it is, including of any areas for further development. The inspection will evaluate how effectively the local area meets its responsibilities for those with and without education, health and care plans.
- 5.5. The inspection will also evaluate the effectiveness of the local area as a whole working together to identify, meet and improve outcomes. Inspectors will look at a wide range of groups of children and young people, e.g. disabilities, ages and settings.
- 5.6. Three 'pilot' inspections took place in October / November 2015 to test and refine the proposed inspection framework. Islington's Head of Pupil Services was invited by Ofsted to join the inspection team for one of those pilots and this has assisted local learning and preparation.

## **6. Priorities for 2016**

- 6.1 The following are priorities for 2016:
- Self-evaluation that engages all partners and widest possible representation from parents and children and young people that focuses on arrangements for identifying need, meeting need and demonstrating progress towards outcomes;
  - Service redesign to improve transition to adulthood - an absolute priority;
  - Improving local arrangements for capturing progress towards outcomes, with a clearly understood and consistently applied framework for measuring progress;
  - Parents and young people's engagement / participation / co-production - individual and strategic;
  - Building family resilience through a refocusing of Information, Advice and Support services that also better support parents to be involved at a strategic level;
  - Redesign of the Local Offer to make it more accessible;
  - Improving local provision so that we can meet children and young people's needs as close to their home as possible;
  - Maintaining good health;
  - Continuing to ensure Value for money;
  - Continuing to support young people with SEND into employment and towards independent living;
  - Parents would like us to hold Schools more to account for the funding they are allocated to

support children with SEND.

## **7. Implications**

### **7.1 Financial implications**

There are no direct financial implications arising from this report.

### **7.2 Legal implications**

Part 3 of the Children and Families Act 2014 requires the council to keep local provision for children and young people with special educational needs and disabilities under review, to co-operate with partners to plan and commission provision for those children and young people and to publish information on available services. The Act sets out the statutory framework for identifying, and assessing the needs of, children and young people with special educational needs and disabilities who require support beyond that which is normally available, including 0-25 Education, Health and Care plans.

The Special Educational Needs and Disability Code of Practice provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations. The council, governing bodies and other specified organisations must have regard to the Code of Practice in their arrangements for children and young people with special educational needs or disabilities.

### **7.3 Environmental Implications**

There are no direct environmental implications arising from this report.

### **7.4 Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A full Resident Impact Assessment was carried out in September 2014 and is being kept under review.

## **8. Conclusion and reasons for recommendations**

8.1 The Government estimate that it will be several years before the SEN Reforms are fully embedded and sustained evidence of improved progress towards outcomes can be demonstrated. We have made a good start in Islington.

8.2 The Committee are asked to note the progress outlined in this report and receive a further update in one year's time.

**Appendices:** None.

**Background papers:** None

Final report clearance:

**Signed by:**



Corporate Director of Children's Services

Date: 18 December 2015

**Received by:**

Head of Democratic Services

Date: 18 December 2015

Report Author: Candy Holder, Head of Pupil Services

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## Children's Services Scrutiny Committee

11 January 2016

### Executive Member Questions

The Committee is invited to note the below update and question the Executive Member on his work and the work of the Committee.

**Any questions that the Committee or members of the public may have should be submitted in advance to [jonathan.moore@islington.gov.uk](mailto:jonathan.moore@islington.gov.uk) no later than Wednesday 6<sup>th</sup> January 2016.**

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### Executive Member Update – December 2015

- We have appointed a new Corporate Director of Children's Services. Carmel Littleton, formerly DCS at Thurrock, will start at the end of February. Carmel lives in Highgate and grew up in Hackney – she has also previously worked in Islington, so she knows the patch well. She brings an excellent reputation and the right set of skills to meet the big challenges ahead of us.
- Cathy Blair, our inspirational Director of Targeted and Specialist Children and Families Services, and current acting DCS, has announced her retirement. For my money she is the best Children's Social Care director in London, if not the UK, so we will miss her greatly. We have begun recruitment of her successor. Cathy's last day will be at the end of February.
- Islington has been named as one of nine 'Practise Leaders' for child protection social work. This is a huge accolade, and is testament to the work of Cathy Blair and her team. This will mean continued funding for our innovation pilot in social work; 'Doing What Counts and Measuring What Matters', which utilises motivational interviewing with families. Social workers will have fewer cases, spend more time with families, and have fewer administrative responsibilities. I look forward to reporting back on this work as it progresses.
- Some more good news came our way as verified results from last summer's SATS exams, which are taken by all 11-year-old children in their final year of primary school, revealed that 79% of disadvantaged pupils in Islington achieved the benchmark Level 4 or better in reading, writing and maths – the ninth-best performance in England. The data, released by the Department for Education, reveals that overall, 83% of pupils achieved Level 4 or better and Islington has no schools below the floor target – bettering the averages for both London (2%) and England (5%). Islington is also mentioned in Ofsted's recent Annual Education Report, which cites the borough's secondary schools as an example of high performance despite challenging levels of deprivation. As a borough with the third-highest rate of child poverty in the UK it is incredibly important to us that primary schools do their bit in tackling inequality of outcomes, and they do so with gusto. Congratulations to everyone involved.

- Over Christmas our thoughts should be with the family of Vaso Kakko, who face the festive period without their youngest son, who was murdered last month. The Leader, Cllr Convery, Cllr Kay and I went to meet the family. They were devastated by loss; determined not only that the guilty parties should face justice, but that we all do more to stop the serious youth violence that we have seen in our borough over the last 12 months.
- The draft report of the Youth Offending Service inspection shows that we have moved up one level in the inspection scale, but the lead inspector picked out our relationship with the police as a particular area for improvement. She felt that although we had developed the right plan for improvement, our strategies and structures won't be effective without good joint working with the police. This is a priority area for us and we expect to see swift progress; but there is much more to do, and this is an area of work that will require close scrutiny over the next 12 months.

## **Procedure for Executive Member Questions at Children's Services Scrutiny Committee**

- (a) Elected members and members of the public may ask the Executive Member for Children and Families questions on any matter in relation to the executive portfolio or the work of the committee.
- (b) The intention of the session is to complement and enhance the work of the committee. The Executive Member may submit written information in advance of the meeting to advise of his recent work and other topical and timely matters of relevance. The session is not intended to replace or replicate the questions sessions held at each ordinary meeting of the Council.
- (c) Questions should be submitted in writing to the committee clerk no later than three clear working days in advance of the meeting. Such questions will be notified to the Executive Member which may facilitate a more detailed answer at the meeting. Details of how questions should be submitted will be detailed on the agenda for the meeting.
- (d) Questioners should provide their name to enable this to be recorded in the minutes of the meeting. The minutes of the meeting will include a summary of the question and the response.
- (e) The Chair may permit questions to be asked at the meeting without notice.
- (f) The time set aside for questions shall be no longer than 15 minutes.
- (g) No individual may ask more than two questions at each meeting.
- (h) Where there is more than one question on any particular subject or closely related subjects, the Executive Member may give a joint reply to the questions.
- (i) The committee clerk shall have power to edit or amend written questions to make them concise but without affecting the substance, following consultation with the questioner.
- (j) An answer may take the form of:
  - A direct oral answer;
  - Where the desired information is in a publication of the Council or other published work, a reference to that publication; or
  - Where the reply cannot conveniently be given orally, a written answer circulated later to the questioner within 5 working days provided the questioner has given contact details.
- (k) Priority shall normally be given to questions notified in advance.
- (l) The Chair may permit supplementary questions to be asked. Supplementary questions must arise directly out of the original question or the reply.
- (m) A question may be rejected by the committee clerk, or the Chair at the meeting, if it:
  - does not relate to the executive portfolio or the work of the committee;
  - is defamatory, frivolous or offensive;
  - is substantially the same as a question asked to the Executive Member at any meeting within the last six months;
  - requests the disclosure of information which is confidential or exempt; or
  - names, or clearly identifies, a member of staff or any other individual.

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## CHILDREN'S SERVICES SCRUTINY COMMITTEE

### WORK PROGRAMME 2015/16

#### **15 SEPTEMBER 2015**

1. Work Programme 2015/16
2. Alternative Provision: Scrutiny Initiation Document and Presentation
3. Update on the Youth Crime Strategy  
(to cover the engagement of adolescents)

#### **9 NOVEMBER 2015**

1. Alternative Provision: Witness Evidence
2. Child Protection Annual Report
3. Executive Member Questions
4. Review of Work Programme

#### **11 JANUARY 2016**

1. Islington Safeguarding Children Board: Annual Report
2. Alternative Provision: Witness Evidence
3. The Impact of SEN Changes on Children and Families
4. Executive Member Questions
5. Review of Work Programme

#### **2 FEBRUARY 2016**

1. Alternative Provision: Witness Evidence
2. Review of Work Programme

### **3 MARCH 2016**

1. Alternative Provision: Witness Evidence
2. Education in Islington: Annual Report 2015
3. The Educational Attainment of BME Children
4. Executive Member Questions
5. Review of Work Programme

### **12 APRIL 2016**

1. Alternative Provision: Draft Recommendations
2. Engagement with and the Consistency of Early Years Provision
3. Update on Youth Crime
4. Executive Member Questions

### **9 MAY 2016**

1. Alternative Provision: Final Report
2. Executive Member Annual Presentation
3. Scrutiny Topics 2016/17